



Emergency and Crisis Management Plan (ECMP)

Rev 0 – April 2016

Appendix D

Response Aids / Misc Proformas

Revision History

REVISION	DATE	DESCRIPTION	AUTHOR	REVIEWER	APPROVAL
A – E	2015/1016	Compilation & DP review	Jim Morrison (add energy)	DP GMO & PMG	
0	8 April 2016	Authorisation for issue	Jim Morrison (add energy)	DP GMO	DP CEO

APPENDIX D – RESPONSE AID / MISC PROFORMAS

D.1 INCIDENT / EVENT NOTIFICATION CHECKLIST

Notification Taken By:		Date/Time:
Notification Provided By:		Date/Time:
INCIDENT DESCRIPTION	DETAILS	
What has happened?		
Where has the incident happened?		
When did the incident happen?		
What is currently at risk?		
Is everybody accounted for?		
Are there any known casualties?		
INCIDENT STATUS	DETAILS	
Contained or escalating?		
Potential to escalate – what is potentially at risk?		
What are your objectives?		
What are you trying to make happen / prevent from happening?		
What actions are being undertaken?		
Is the area secured from unauthorised access?		
Who is undertaking these actions?		
Who is responding?		
What resources are currently being used?		
ADDITIONAL SUPPORT REQUIRED	DETAILS	
Personnel		
Resources		
Specialist Equipment		
COMMENTS		

D.2 Initial DP EMT / CMT Mobilisation Checklist

This 'Checklist' is intended to be used by the EMT or CMT Leader (or Alternate)

As soon as possible after becoming aware of an incident, the **EMT / CMT Leader** shall consider the following checklist to assist in obtaining incident information from the ERT Leader or person reporting the incident:

Notification Taken By:	Date/Time:	
Notification Provided By:	Date/Time:	
INCIDENT ISSUE		
INCIDENT INFORMATION		
Incident description:		
• What happened?		
• Where did it happen?		
• When did it happen?		
• How did it happen?		
• Is everybody accounted for?		
• What casualties (if any) have occurred?		
• How have you been notified and how accurate is the information?		
Incident status		
• Is the incident contained or escalating?		
• What is potentially at risk?		
• What are your objectives?		
• What actions are being taken?		
• Who is taking them?		
• What resources (equipment/manpower) being used?		
• Have regulatory authorities been informed?		
• Has there been any media attention?		
How effective is the response?		
• What support does IC / ERT need from EMT/CMT – immediate / long term?		
Initial incident assessment		
• What are likely impacts on HSE / community?		
• What are likely social / cultural heritage issues?		
• What are likely community, government, media and / or reputation issues?		
• What is operational impact – short, medium and long term?		
• Any impact on Business Continuity?		
• What are actual / potential consequence and severity ratings?		
Follow up		
• Exchange / confirm contact details		
• Establish time for next ERT / EMT / CMT call		
COMMENTS		

D.3 Telephone Log Sheet

(One Page Per Call)

Call Taken/Made By:		Call In:	<input type="checkbox"/>	Call Out:	<input type="checkbox"/>
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Caller Details:	Extn. No:	Date:	Time:		
Phone Number:					
Name:					
Title:					
Organisation:			Department:		
Mobile:			Fax Number:		
Message For:			Return Call By:		
Call Source:	Port User <input type="checkbox"/>	EPA <input type="checkbox"/>	Worksafe NT <input type="checkbox"/>	Mutual Aid <input type="checkbox"/>	AMSA <input type="checkbox"/>
Media	<input type="checkbox"/>	Public <input type="checkbox"/>	Employee <input type="checkbox"/>	Employee Family <input type="checkbox"/>	Community <input type="checkbox"/>
Other:					

Message/Response:					
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Comments:					
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Action required:	Call Them Back	<input type="checkbox"/>	Meeting Req'd	<input type="checkbox"/>
	Send Fax/Email	<input type="checkbox"/>	Will Call Back	<input type="checkbox"/>

Other:					
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Actioned by:		Date:		Time:	
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D.4 Situation Report (SITREP)

Information for internal DP use only

Emergency @					Report No:		
Date:				Time:			
Incident Type:	Injury:	Accident:	Other:				
Release Details:							
Injury Details	Number Of Fatalities:		Number Of Serious Injuries:		Number Of Minor Injuries:		

Do Not List Names on This Sheet¹

Have names of fatalities and/or serious injuries been reported verbally to EMT/CMT?							
Give details of cause(s):							
Give details of injuries:							
General Info	Weather:	Dry	Wet	Windy	Wind Direction/Speed		
Impact on facilities	Facilities Damaged:						
Facilities Shutdown/Evacuated							
Operational /Commercial Impact							
External Assistance Requested	Medical	DOT	Police	EPA	Navy		
Other Information:							

Response Forward Plan

Next 60 Minutes:							
Next 6 Hours:							
Next 12 Hours:							

Last External Contact

Agency	Contact Name	Time	By Whom	Agency	Contact Name	Time	By Whom

ECC Room Personnel (role & person)

Update Prepared By:				Update Approved By:			
Distribution:	<ol style="list-style-type: none"> 1. DP Managing Director 2. DP CEO 3. DP CMT Leader 4. DP EMT Leader 						

D.6 Emergency / Crisis Control Centre (ECC / CCC) Equipment – Checklist

Kick-off Checklist		✓
Emergency and Crisis Management Plan (ECMP) wall prompts		<input type="checkbox"/>
Large location wall maps and blow-up photographs of incident area and coastline		<input type="checkbox"/>
Site environmental wall map		<input type="checkbox"/>
Large organisational wall chart identifying DP EMT and CMT incumbent roles		<input type="checkbox"/>
1 x Copy of the DP site <i>Emergency Response Plan</i> & ECMP (minimum)		<input type="checkbox"/>
1 x Copy of the DP <i>Oil Spill Contingency Plan</i> (minimum)		<input type="checkbox"/>
1 x Copy of any relevant Port User / Contractor ERP (where applicable)		<input type="checkbox"/>
2 x Dedicated direct dial telephone lines or immediate vicinity access (minimum)		<input type="checkbox"/>
1 x Dedicated speaker-phone - direct inside line from incident site		<input type="checkbox"/>
2 x Dedicated fax machines; 1 x incoming, 1 x outgoing (minimum of 1 at least)		<input type="checkbox"/>
Local Phone Books		<input type="checkbox"/>
Spare copies of the current DP Emergency Contact Directory		<input type="checkbox"/>
Dedicated and labelled in/out communications trays and ring binders		<input type="checkbox"/>
Mobile phone battery chargers or spare batteries		<input type="checkbox"/>
1 x main ECC / CCC time clock (for use on all Log Sheets)		<input type="checkbox"/>
White board(s) (electronic if possible)		<input type="checkbox"/>
Computer with e-mail capability		<input type="checkbox"/>
Close access to video recorder, television and AM/FM radio		<input type="checkbox"/>
Close access to photo copy machine		<input type="checkbox"/>
Access to projector and screen		<input type="checkbox"/>
Port Map and facility description drawings		<input type="checkbox"/>
Incident Notification proformas (padded and punched)		<input type="checkbox"/>
Telephone Call Record proformas (padded and punched)		<input type="checkbox"/>
Emergency Response Logs (padded and punched)		<input type="checkbox"/>
Stationery material (solar/battery calculators, pens, pads, highlighters, staplers, punches etc.)		<input type="checkbox"/>
Name tags (showing name, external company and role in the response)		<input type="checkbox"/>
Personnel roster for monitoring relief timetables (for extended incidents)		<input type="checkbox"/>
Refreshments (and contact details for ongoing replenishment)		<input type="checkbox"/>
Response pack (lockable box, aluminium case etc.) to secure appropriate items		<input type="checkbox"/>
Dedicated "Response Pack" Coordinator role allocated		<input type="checkbox"/>
Notes:		
Response Pack Contents Checked By:	Name: Signature:	
Last Date Checked:	Date:/...../.....	

D.7 Event Status Board – pages 1 & 2

Update No.	Time	Chronological list of Events	Resource Assets		Page No.
			Resource Requirements	Weather Conditions	
				6 hour Forecast	
				12 hour Forecast	
				24 hour Forecast	

Resource Type	Status	Time/Date	Location Required
Personnel			
Transport			
Materials			
Hand Equipment			
Mobile Equipment			
Other			

D.8 Event Contact Tracking

Time	Contact Name / Organisation	Contact Number	DP Contact Person	Next Contact Required

D.9 Master Event Log**Title of Incident:** [i.e. Emergency @...]**Incident Date:** / / 20**Name of Event Logger:****Page:** of

Date/ Time	Message		Details of Message or Event	Comments / Action
	From	To		

D.10 Casualty Status Board

CASUALTIES (Fatalities / Injuries / Missing Persons)

Name	Organisation	Condition	Verified	Current Location	Police Advised	NOK Notified	NOK Support	Remarks

D.11 Fatality Checklist

INITIAL / IMMEDIATE ACTIONS	DETAILS	✓
Contact Emergency Services immediately:		<input type="checkbox"/>
Bar access to fatality area until investigation has been concluded:		<input type="checkbox"/>
Move all non-essential personnel away from the incident area:		<input type="checkbox"/>
Identify deceased and ensure their dignity is preserved:		<input type="checkbox"/>
Contact EMT Leader immediately – provide all available details:		<input type="checkbox"/>
Advise Contracted Doctor with all details:		<input type="checkbox"/>
Ensure Police/Coroner are notified:		<input type="checkbox"/>
Ensure WorkSafe NT are notified:		<input type="checkbox"/>
Check for relatives working on Site:		<input type="checkbox"/>
Log date and time of incident:		<input type="checkbox"/>
Log incident location details:		<input type="checkbox"/>
Have photographs taken of incident area:		<input type="checkbox"/>
Log details of any First Aid given:		<input type="checkbox"/>
Advise employer of fatality:		<input type="checkbox"/>
FOLLOW UP ACTION	DETAILS	✓
Ensure Ambulance transfer requested/arranged:		<input type="checkbox"/>
Arrange notification to Next of Kin with Police (confirm certification of death first):		<input type="checkbox"/>
Advise Safety Coordinator:		<input type="checkbox"/>
Advise Trauma Counsellor(s):		<input type="checkbox"/>
Obtain statement from initial witness or first person on the scene:		<input type="checkbox"/>
Initiate incident investigation:		<input type="checkbox"/>
Authorise Supervisor to collect deceased personal effects:		<input type="checkbox"/>
Log who itemised personal effects:		<input type="checkbox"/>
Witness to itemising of personal effects:		<input type="checkbox"/>
Log who personal effects passed to:		<input type="checkbox"/>
Log who Fatality checklist sent to:		<input type="checkbox"/>
Comments:		
Signature:	Date:	Time:

D.12 Business Recovery Status Board

OBJECTIVES

Priority Order	Support activities	Remarks

BUSINESS IMPACTS

Issue	Impact	Remarks

RECOVERY CONSIDERATIONS

Issue	Considerations	Remarks

D.13 Bomb Threat Checklist

Remember.....DO NOT HANG UP THE PHONE; obtain as much information as possible to assist with identifying the nature, location and likely support required for the emergency

EXACT WORDING OF THREAT

QUESTIONS TO ASK ...

1. Where is the bomb now?
2. When will it explode?
3. What does it look like?
4. What kind of bomb is it?
5. What will set it off?
6. Did you place the bomb?
7. Why are you doing this?
8. What is your name?
9. What is your address?
10. Where are you now?
11. When will you call again?
12. What group / cause do you represent?

COMMENTS (✓)

13. Is the voice is familiar? Yes No - who does it sound like?

14. Did the caller appear familiar with operations? Yes No

15. Will the caller ring back with further information or demands? Yes No

- | | | | |
|----------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> calm | <input type="checkbox"/> slurred | <input type="checkbox"/> soft | <input type="checkbox"/> deep breathing |
| <input type="checkbox"/> angry | <input type="checkbox"/> rapid | <input type="checkbox"/> loud | <input type="checkbox"/> cracking voice |
| <input type="checkbox"/> excited | <input type="checkbox"/> stutter | <input type="checkbox"/> laughter | <input type="checkbox"/> unusual accent |
| <input type="checkbox"/> slow | <input type="checkbox"/> clearing throat | <input type="checkbox"/> crying | <input type="checkbox"/> yelling |
| <input type="checkbox"/> fast | <input type="checkbox"/> disguised | <input type="checkbox"/> normal | <input type="checkbox"/> threatening |

CALLER DESCRIPTION

Sex: M / F Age: Race:

TELEPHONE (✓)

Local	Long/D	S/phone	Public	Mobile
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CALL DESCRIPTION

Time: AM/PM:

Duration: Sec/Min:

Your Phone Number:

Other Background Sounds:

BACKGROUND SOUNDS (✓)

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> clear | <input type="checkbox"/> motor |
| <input type="checkbox"/> voices | <input type="checkbox"/> factory |
| <input type="checkbox"/> static | <input type="checkbox"/> office |
| <input type="checkbox"/> local | <input type="checkbox"/> street noise |
| <input type="checkbox"/> music | <input type="checkbox"/> animal noise |
| <input type="checkbox"/> crockery | <input type="checkbox"/> PA system |
| <input type="checkbox"/> booth | <input type="checkbox"/> train |
| <input type="checkbox"/> aircraft | <input type="checkbox"/> house noises |
| | <input type="checkbox"/> children |

THREAT DELIVERY (✓)

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> foul mouthed | <input type="checkbox"/> irrational |
| <input type="checkbox"/> taped | <input type="checkbox"/> message read out |
| <input type="checkbox"/> well spoken | <input type="checkbox"/> nervous |

**REMAIN CALM AND
REPORT THE THREAT TO A SUPERIOR AND/OR THE
AUTHORITIES IMMEDIATELY**

Remarks / Comments:

D.14 Establishing a Family Room – Guidelines

Family Room Equipment / Requirements – Considerations		✓
1.	A quiet room away from traffic and the media	<input type="checkbox"/>
2.	Ensure the family members are not visible to the media and are not in a position to overhear conversations from staff or senior management	<input type="checkbox"/>
3.	Consider privacy from other family/relatives/NOK vs. locating together	<input type="checkbox"/>
4.	Located in close proximity to amenities such as bathrooms	<input type="checkbox"/>
5.	At least a dedicated phone line and close proximity to a fax machine	<input type="checkbox"/>
6.	Sufficient and comfortable seating	<input type="checkbox"/>
7.	Tissues	<input type="checkbox"/>
8.	Computer (laptops) with internet and email access and a printer	<input type="checkbox"/>
9.	Stationery	<input type="checkbox"/>
10.	TV, radio and current newspapers	<input type="checkbox"/>
11.	List of appropriate DP contacts	<input type="checkbox"/>
12.	Tea and coffee-making facilities and/or catering services (or close access to these)	<input type="checkbox"/>
13.	Access to a counsellor / external counselling service	<input type="checkbox"/>
14.	Regular updates (in-person) on the situation and what information is being released to the media	<input type="checkbox"/>
15.	Consider grouping family/relatives/NOK against injury classification of victim – e.g. minor injuries vs. serious to life threatening.	<input type="checkbox"/>
Relative Response / NOK Checklist		
1)	Release only authorised / confirmed (validated) information provided by EMT or CMT Leader	<input type="checkbox"/>
2)	Maintain a calm, genuine, compassionate and professional manner at all times	<input type="checkbox"/>
3)	Obtain sufficient details from calling relative, family friend and/or NOK to establish bona fide verification of their identity and relationship with victim/injured party	<input type="checkbox"/>
4)	Establish whether the caller is about an employee or a contractor	<input type="checkbox"/>
5)	Forward NOK/ relative/ friends' enquiry to appropriate contact if contractor	<input type="checkbox"/>
6)	Ensure relatives are not put through to message services	<input type="checkbox"/>
7)	Keep names of EMT / CMT members confidential unless authorised to use them	<input type="checkbox"/>
8)	Verify call back contact details before ending call	<input type="checkbox"/>
9)	Ensure accurate log taking of all call details	<input type="checkbox"/>
10)	Ensure regular collection of log sheets by TST Leader	<input type="checkbox"/>
11)	Refer to TST Leader for difficult calls/ advice	<input type="checkbox"/>

D.15 Typical Media Briefing Room – Checklist

EQUIPMENT / REQUIREMENTS		✓
1	At least two dedicated phone lines	<input type="checkbox"/>
2	Sufficient desks/seating for spokespeople, journalists, camera operators, sound and microphone technicians	<input type="checkbox"/>
3	Large desk at the front of the room, where spokespeople would be seated (to enable radio media to prop their microphones if necessary)	<input type="checkbox"/>
4	Stationery	<input type="checkbox"/>
5	TV, DVD player, projector/screen, particularly if the spokesperson wishes to show video footage or other graphic material. Extension cords should also be available	<input type="checkbox"/>
6	Copies of DP corporate information/media kits	<input type="checkbox"/>
7	Professional DP banner or signage on the wall (i.e. this could be used as a backdrop for television media interviews)	<input type="checkbox"/>
8	Small tape recorder/tapes or digital recording device (may be useful to record media conferences, for DP 's records)	<input type="checkbox"/>
9	Tea and coffee-making facilities (or close access to these)	<input type="checkbox"/>
10	Located in close proximity to amenities such as bathrooms, to avoid media walking extensively through the offices	<input type="checkbox"/>

D.15.1 Typical Media Briefing Room – Layout

