Details of Annual ERP Exercise/Test

KM COMPLIANCE LIMITED

Location/Company Name/PCBU:	
Date of Exercise:	Any new substances since last exercise? Yes / No
Name:	**Signature:**

Persons involved in exercise (must include any person named in the ERP):
Site Address:
Location of Substances, as above or:
Substances &/or classes requiring ERP (See class and quantity list in "Guide – Emergency Response Plan Test" on our website): List any new substances:

Items to check (please complete all sections):	Correct	Actions
1. Is the Inventory up to date?	Yes / No	Update inventory assigned to?
2. SDS available and in correct places. Are SDS dated in last 5 years?	Yes / No	Update SDS assigned to?
3. Site Plan up to date? ALL hazardous substances must be identified?	Yes / No	Update site plan assigned to?
4. Contact information is up to date in plan? Note: Your ERP **must** list contact details and/or provide details on the actions to be taken to warn people in the 'surrounding area', as per Regulation 5.7(3)(a)(i) - your neighbours and/or the businesses surrounding your site. You don't have to contact them or notify them directly. But you must have details on how you will warn them of an emergency in your ERP. If you have no neighbours or they are a substantial distance away note this in the ERP. If you don't have this in your ERP then it needs to be added. If this is missing when we review your ERP we will have to issue as conditional.	Yes / No	☐ Site Manager ☐ Emergency Services ☐ Gas Supplier ☐ First Aiders ☐ Fire Wardens ☐ Any other named personnel ☐ People in Surrounding Area (Neighbours) ☐ _____ ☐ _____

5. Availability of equipment, facilities and people. Is it/are they:
☐ Present in locations as described in plan?
☐ Available to reach location of substances within time specified in plan?
☐ If a trained person, are they available to provide advice or information in the plan within a time specified in the plan?
	Yes / No	☐ Fire Extinguishers – available? In date?
		☐ Hoses
		☐ Spill Kit
		☐ First Aid Kit
		☐ Safety Showers
		☐ Eye Washes
		☐ PPE
		☐ BWOF
		☐ **Emergency Stops/Shut off valves checked?**
		  ☐ LPG
		  ☐ Fuel
		  ☐ _____
		☐ Other: _____

6. Was every procedure or action detailed in the plan **workable and effective**?	Yes / No	Update procedure or action assigned to?
7. Does the plan cover all procedures or actions required to deal with the specific incident?	Yes / No	Update plan assigned to?
8. How was the plan exercised? Eg: desktop walkthrough/discussion, scenario enactment, practical scenario. **You must provide details about the scenario exercised. Just ticking or writing "practical scenario" etc does not meet the requirements of the regulations.**	We need to know – What scenario was exercised, how it was exercised & was it successful (separate page if needed):	
9. What issues were identified during the exercise?	Indicated above or itemise below:	
The plan must be amended, so far as reasonably practicable, in response to the findings above to ensure it is **workable and effective**. The exercise and the results of the exercise must be recorded and retained for at least 2 years.		