EMERGENCY ACTION PLAN

This Emergency Action Plan form shall be displayed or made available anywhere production crews are working. **Accountability must be taken by each department head or appointed designee and reported to the UPM.**For EAP Guidebook: https://sites.disney.com/wdproductionsafety/general-guidelines/

Production Name					Production Office Ad	ddress and Phone Number	
Effective Date(s)							
				_			
Contact			Name			Phone Number	
Unit Production Mana	ger						
1st AD							
Locations Contact							
Production Safety Representative							
Location Informatio	n					Fire / Medical	
Location A	ddress					-	
(be specific including zip					CALL 911 for amargancies		
code and building number)						CALL 911 for emergencies, then notify:	
Location Name / Identifier						•	
Assembly Area							
Shelter-In-Place Lo	cation						
Nearest hospital to this location				Meth	nod of communication		
Hospital Name					Medic Name / Phone		
Address & Distance					Radio Channel		
Phone #					Alarm System		
				ı			
Immediate Actions							
Fire							
Evacuation							
Shelter-In-Place							
Medical							
Other Potential Emergencies		All locations should be evaluated for other high risk emergency situations. details of response plan are to be attached to this document and reviewed in daily safety meetings.					

PS_FORM_EXT EAP v1 10/31/24