

Public Transport Emergency Response Checklist Template

Incident Overview

Initial assessment and documentation of the emergency.

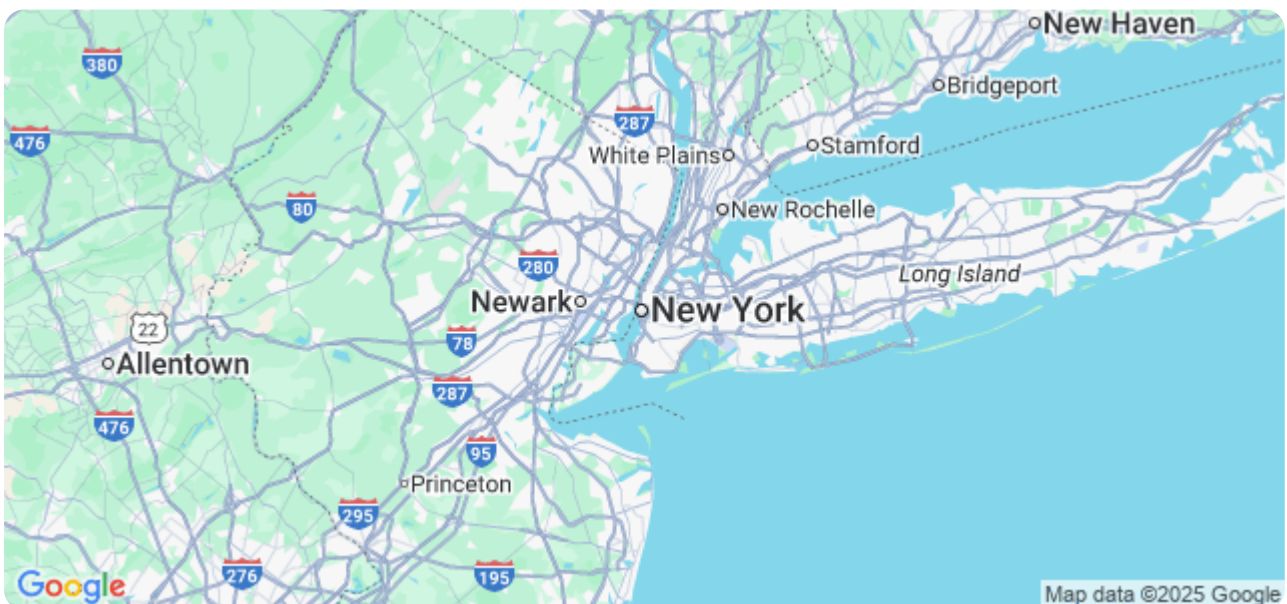
Date of Incident

Enter date...

Time of Incident

Incident Location (GPS Coordinates/Address)

 [Set My Current Location](#)



Type of Incident (e.g., Medical, Fire, Mechanical)

- Medical Emergency
- Fire
- Mechanical Failure
- Security Threat
- Accident/Collision
- Other

Brief Description of Incident

Write something...

Number of Passengers Affected

Enter a number...

Number of Staff Involved

Enter a number...

Detailed Narrative of Incident

Write something...

Passenger Safety & Evacuation

Procedures for ensuring passenger well-being and evacuation.

Estimated Number of Passengers Onboard

Enter a number...

Injuries Reported (Select all that apply)

- Minor
- Moderate
- Severe
- None

Description of Evacuation Procedure Followed

Write something...

Time of Evacuation Started

Evacuation Routes Used (Select all that apply)

- Front Door
- Rear Door
- Emergency Windows

Observations Regarding Passenger Behavior During Evacuation

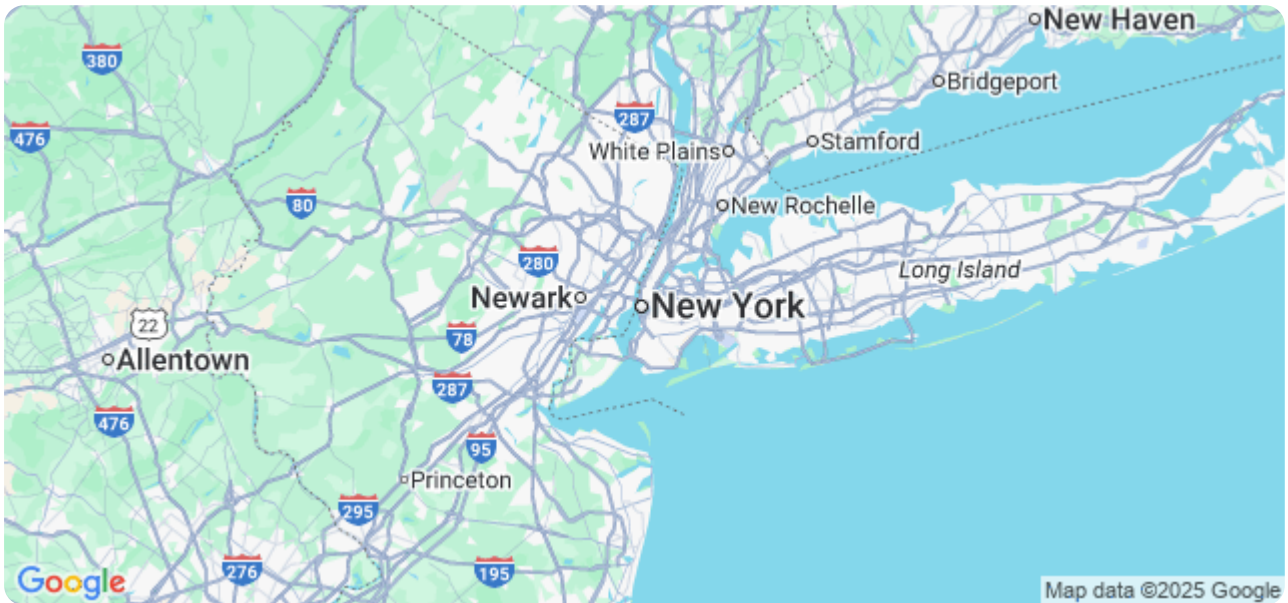
Write something...

Assistance Provided to Passengers (e.g., elderly, disabled)

- Yes
- No

Precise Location of Passenger Assembly Point

 [Set My Current Location](#)



Staff Responsibilities & Communication

Tasks and communication protocols for transport personnel.

Staff Role Involved?

- Driver
- Conductor
- Supervisor
- Security Personnel

Time of Initial Response

Summary of Actions Taken by Staff

Write something...

Number of Passengers Assisted

Enter a number...

Communication Method Used?

- Radio
- Phone
- Mobile App
- Direct Verbal

Details of Communication with Control Center

Write something...

Date of Communication with Emergency Services

Enter date...

Which departments were notified?

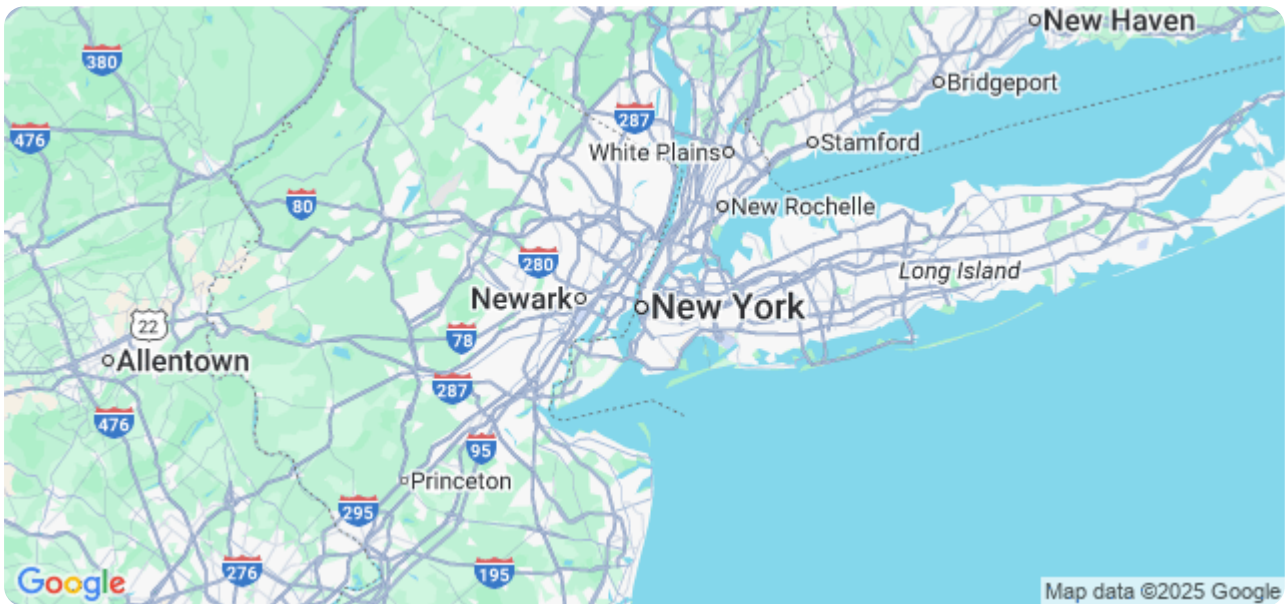
- Operations
- Maintenance
- Security
- Public Relations

Vehicle Security & Containment

Measures to secure the vehicle and prevent further incident.

Vehicle Location (GPS Coordinates)

 [Set My Current Location](#)



Vehicle Damage Severity (1-10, 1=Minor, 10=Severe)

Enter a number...

Potential Hazards Secured (Check all that apply)

- Hazardous Materials
- Unstable Passengers
- Traffic Flow
- Nearby Infrastructure

Description of Securing Actions Taken

Write something...

Date of Vehicle Containment

Enter date...

Time of Vehicle Containment

Signature of Responding Personnel

External Agency Coordination

Contacting and collaborating with emergency services (police, fire, medical).

Police Department Contacted?

- Yes
- No

Fire Department Contacted?

Yes

No

Ambulance/EMS Contacted?

Yes

No

Police Dispatch Time (minutes)

Enter a number...

Fire Dispatch Time (minutes)

Enter a number...

EMS Dispatch Time (minutes)

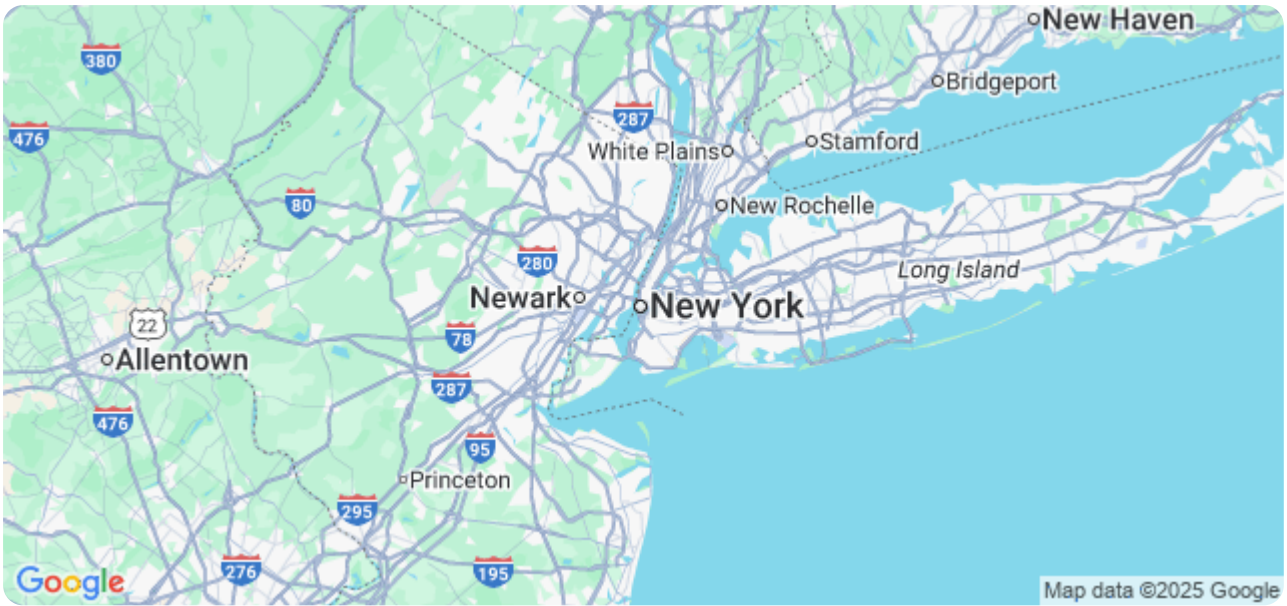
Enter a number...

Summary of Communication with Agencies

Write something...

Agency Response Location (if different)

 [Set My Current Location](#)



Contact Person at Agency (Police)

Write something...

Contact Person at Agency (Fire)

Write something...

Post-Incident Reporting & Review

Documentation, investigation, and lessons learned for future prevention.

Date of Incident

Enter date...

Time of Incident

Detailed Incident Description

Write something...

Contributing Factors

- Mechanical Failure
- Human Error
- Environmental Conditions
- Communication Breakdown
- Other (Specify)

Number of Passengers Affected

Enter a number...

Recommendations for Preventative Measures

Write something...

Supporting Documentation (Photos, Reports)

 Upload File

Investigating Officer Name

Write something...

Equipment & Resource Check

Verification of emergency equipment functionality and availability.

First Aid Kit Expiry Date

Enter a number...

Fire Extinguisher Pressure (PSI)

Enter a number...

Emergency Radio Functionality

- Working
- Faulty
- Needs Repair

Breathing Apparatus Cylinder Pressure

- Full
- Partial
- Low

Last Refill/Inspection Date (Breathing Apparatus)

Enter date...

Attach Photo of Fire Extinguisher Labels

 Upload File

Number of Life Jackets Available

Enter a number...

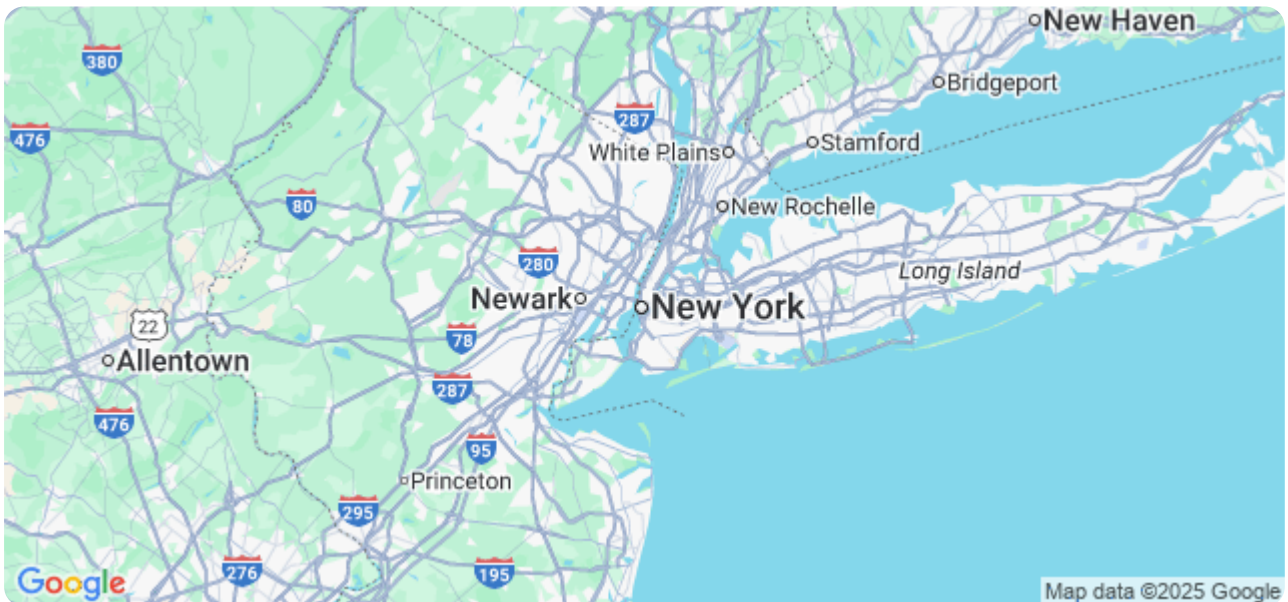
Time of Last Equipment Test

Area Lockdown & Traffic Management

Procedures for securing the incident area and managing traffic flow.

Incident Location (GPS Coordinates)

 Set My Current Location



Distance of Road Closure (meters)

Enter a number...

Road Closure Type

- Full Closure
- Partial Closure - One Lane
- Detour Route Established
- Traffic Control Officer Required

Time Road Closure Started

Estimated Time of Road Reopening

Detour Route Description (if applicable)

Write something...

Traffic Management Measures Implemented

- Traffic Cones
- Barriers
- Signage
- Flashing Lights

Notes on Traffic Flow and Diversions

Write something...