



CBTA

Emergency Management Team

SP/TRN/TM70

Candidate's Name: _____

Candidates Signature: _____

Assessor's Name: _____

Assessor's Signature: _____

Date Completed: CBTA Reassessment: ____/____/____



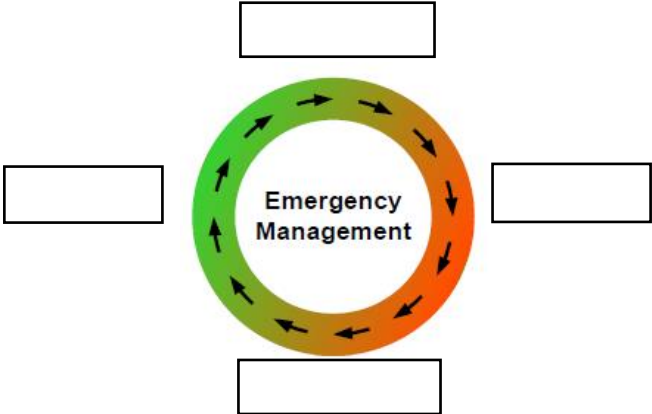
CBTA – EMERGENCY MANAGEMENT TEAM

For first time candidates, the entire CBTA is to be completed. For the purposes of re-assessment only the demonstrative section requires completion. The theory component is open book, it is required that the candidate has reviewed the ERP prior to completion.

Written

| Question | Answer | Assessor check |
|--|--------|----------------|
| 1. What is the definition of an emergency? | | |
| 2. Name the nine roles that form the Emergency Management Team. | | |
| 3. In your own words describe how your role as part of the EMT supports other roles. | | |
| 4. How would you determine the severity of an emergency? | | |
| 5. When would the EMT notify the CMT? | | |

| Question | Answer | Assessor check |
|--|--------|----------------|
| 6. What is the primary function of the EMT? | | |
| 7. The EMT is responsible for providing support in 9 key areas. What are these 9 key areas and how would your role help to enable a more effective emergency response? | | |
| 8. As part of the EMT Process there are 5 steps that must occur in order. What are these steps? | | |
| 9. At what point does it become mandatory that EMT be notified? | | |

| Question | Answer | Assessor check |
|--------------------------------|--|----------------|
| <p>10. Fill in the blanks.</p> |  | |

Demonstrative

| Question | Answer | Assessor check |
|--|--------|----------------|
| <p><i>This is a desktop emergency response scenario.</i></p> <p>To complete this section use the ERP and provide a written response that demonstrates your knowledge of handling this situation as a member of the EMT.</p> <ol style="list-style-type: none"> 1. A worker has blacked out and is unconscious due to being overcome by ammonia. Iona Gas Plant have notified the EMT Emergency Director, take it from here. | | |

Candidate name and signature:

Date:

Assessor name and signature:

Date:

Competent

Not yet competent

Areas requiring improvement:

For first time candidates only

Department manager name and signature:

Date: