Gas Leak Emergency Response Checklist

Safety & Compliance

DATE	TIME DETECTED	BUILDING / LOCATION	DETECTED BY
____ / ____ / _____			

IMMEDIATE ACTIONS — DO NOT DELAY

- [ ] DO NOT operate light switches, phones, or electrical devices
- [ ] DO NOT use naked flames
- [ ] Open windows and doors if safe to do so (on exit route)
- [ ] Alert everyone in the immediate area to evacuate
- [ ] Leave the building using the nearest safe exit

GAS SHUT-OFF (IF SAFE AND ACCESSIBLE)

External gas meter shut-off valve closed ☐ Done ☐ Not Safe ☐ Cannot Locate

Internal gas shut-off valve closed (if accessible without risk) ☐ Done ☐ Not Safe ☐ N/A

Gas shut-off performed by _____

EVACUATION

- [ ] Building fully evacuated
- [ ] Assembly point at least 100m upwind of building

Headcount confirms all persons accounted for ☐ All Clear ☐ Person Unaccounted

	DONE	N/A
Neighbouring buildings / businesses warned	○	○
Road / area cordoned off if needed	○	○

EMERGENCY SERVICES

- [ ] Emergency services called from outside
- [ ] Gas emergency number called
- [ ] Building address and access details provided
- [ ] Type and location of suspected leak described
- [ ] Someone assigned to meet emergency crews

WHILE WAITING

- [ ] No one re-enters the building
- [ ] Keep people away from downwind side
- [ ] Anyone feeling unwell given fresh air and assessed
- [ ] Management / building owner notified

RE-ENTRY CLEARANCE

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- [ ] Gas company / fire service has declared area safe

Clearance given by _____

Time of clearance _____

Cause of leak identified _____

Repair completed before gas restored ☐ Yes ☐ Ongoing

Gas supply restored and tested ☐ Yes ☐ Still Off

- [ ] Building ventilated before normal use
- [ ] Incident report completed

Responder signature _____

Notes

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