

# Manure and Silo Gas and Gas Leaks Response Procedure

## List who to call:

- Call 911 or local emergency response coordinators, at numbers below:

- Ambulance \_\_\_\_\_
- Fire \_\_\_\_\_
- Police \_\_\_\_\_
- Doctor \_\_\_\_\_
- Poison control 1-800-268-9017
- Natural gas provider (if applicable) \_\_\_\_\_
- Propane gas provider (if applicable) \_\_\_\_\_

- Speak clearly and provide the location of the accident or emergency.
- Describe any victim(s) and the nature of any injuries.
- Contact other farm people as appropriate (owners, managers, employees, and neighbors) for additional assistance.

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## List what steps or actions should be taken and, if applicable, who is responsible:

- Get to fresh air immediately if you start coughing or experience throat irritation.
- If you suspect you have been exposed to silo gas or high levels of manure gas, seek medical attention immediately. Call your doctor, poison control centre, or 911.
- If a rescue becomes necessary, call 911 or your local fire department. **Do not attempt a rescue on your own.**
- Rescue crews must wear a self-contained breathing apparatus, use a rope and safety harness (for confined spaces) and have at least one person stationed outside to monitor the rescue and provide assistance if needed.
- If the victim is outside the confined space, move to fresh air. Keep at rest in a position comfortable for breathing until first responders arrive.
- If you suspect a natural gas or propane leak, leave the area immediately and go to a safe location and call your gas supplier.
- Do not try to locate the source of the leak or shut off gas valves within the building.
- If there is the risk of fire or explosion, contact your fire department or dial 911.
- Do not do anything that could cause a spark and ignite the gas such as:
  - use electrical devices, such as light switches, telephones, or garage door openers
  - use an open flame, matches or lighters
  - start vehicles parked in the area

- Do not re-enter the building or return to the area until the gas company or fire department deems it safe.
- Other:

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\_\_\_\_\_

\_\_\_\_\_

Date Prepared: \_\_\_\_\_ Initials of person completing: \_\_\_\_\_

Date Updated: \_\_\_\_\_ Initials of person updating: \_\_\_\_\_

Date Updated: \_\_\_\_\_ Initials of person updating: \_\_\_\_\_

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