



Emergency Action Plan Contact List

Home Address: _____

Date Prepared: ____/____/____

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

EMERGENCY COORDINATOR:

Name: _____ Phone: (_____)

ASSISTANTS TO PHYSICALLY CHALLENGED (If applicable):

Name: _____ Phone: (_____)

Name: _____ Phone: (_____)

EMERGENCY PHONE NUMBERS – (911 in most areas)

FIRE DEPARTMENT: _____

PARAMEDICS: _____

AMBULANCE: _____

POLICE: _____

SECURITY (If applicable): _____

BUILDING MANAGER (If applicable): _____

UTILITY COMPANY EMERGENCY CONTACTS

(Specify name of the company, phone number and point of contact)

ELECTRIC: _____

WATER: _____

GAS (if applicable): _____

TELEPHONE COMPANY: _____

Personal Contacts for Persons Served

- 1. _____
- 2. _____
- 3. _____

EMERGENCY REPORTING AND EVACUATION PROCEDURES

Types of emergencies to be reported by site personnel are:

- MEDICAL
- FIRE
- SEVERE WEATHER
- BOMB THREAT
- CHEMICAL SPILL
- STRUCTURE CLIMBING/DESCENDING
- EXTENDED POWER LOSS
- OTHER (specify) _____
(e.g., terrorist attack/hostage taking)

Remember: If you call 911 from a cell phone, the dispatcher may only be able to get an approximate location. If you call 911 from a land line, dispatcher will be able to get the exact location.