Contact Names and Numbers

A list of contact names and numbers should be filed with the emergency action plan and a copy posted by the phone for emergencies.

Site Name

_____

Owner/Operator

Name: _____

Phone: _____

Site Address (including e911 address)

_____

_____

_____

_____

Specific Directions to the Site

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

HUMAN INJURY

Explain that self-contained breathing apparatus may be required if someone has been overcome by gases.

Rescue Unit/Ambulance

Phone: _____

Doctor or Physician

Name: _____

Phone: _____

Hospital or Medical Clinic

Name: _____

Phone: _____

Fire Department

Phone: _____

County Sheriff

Name: _____

Phone: _____

County Health Official

Name: _____

Phone: _____

Poison Control Center

Phone: _____

Others

Name: _____

Phone: _____

Name: _____

Phone: _____

Post by the telephone for reference.