

# 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: \_\_\_\_\_

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## Manure Leaks or Spills

### MINNESOTA DUTY OFFICER

State law requires that you report manure spills or leaks to the Minnesota Duty Officer immediately at the onset or discovery of the problem:

(1-800-422-0798)

The duty officer will notify appropriate agencies for proper followup.

### MPCA FIELD STAFF

Phone: \_\_\_\_\_

*(See map for the telephone number for your area.)*

### COUNTY SHERIFF

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### CONTRACTOR

#### Earth Moving

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Pumping Equipment

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Hauling Equipment

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Equipment Owners

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### County Engineer

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### Others

Name: \_\_\_\_\_

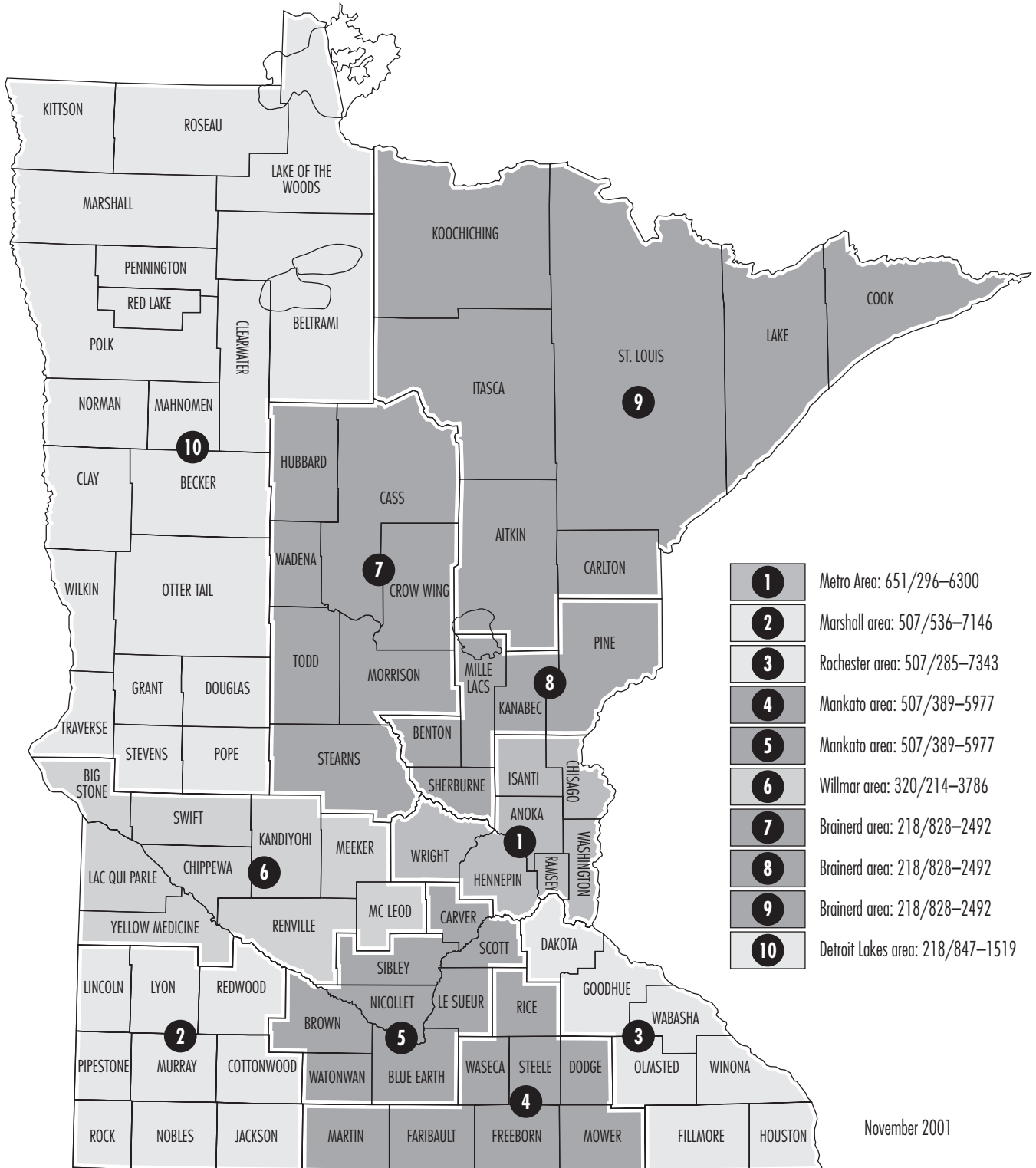
Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

# MPCA Feedlot Permitting/Compliance Field Staff

(Shows Base Location)



November 2001

# Contact Names and Numbers

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## PARTIAL SYSTEM FAILURE

Equipment suppliers and technicians:

### Electricity

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Plumbing

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Ventilation

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Heating

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Feed

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Veterinarian

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Mortality Disposal

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

### Insurance Carrier

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Policy: \_\_\_\_\_

### Other

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_