

EMERGENCY CONTACT LIST



Your business information

Name of facility: _____
Street address: _____ City: _____ Province: _____ Postal code: _____
Telephone number(s): _____

Facility manager

Name: _____ Primary contact #: _____ Alternate contact #: _____

Employees

Name:	Primary contact #:	Alternate contact #:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Note: If you have more than 10 employees, you might want to set up a call tree.

Insurance company

Insurance company name: _____
Claims hotline #: _____ Policy number: _____

Emergency numbers

Fire department: _____ Police department: _____ Ambulance service: _____
Hospital: _____ Poison control: _____ Alarm company: _____

Other numbers

Taxi service: _____

Utility companies

Natural gas: _____
Electricity: _____
Water service: _____