

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