

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:

UTILITY COMPANIES

Natural Gas:	Electricity:	Water Service:

OTHER NUMBERS

Taxi Service:		