**Emergency Phone Numbers**



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

Date:

Ambulance:

Police:

Fire Department:

Municipal Water Department:

Municipal Electrical Department:

Occupational Health & Safety Inspector:

**Emergency Response Team**

Co-ordinator:

Communication:

Gate:

First Aiders:

**Other**

Principal Contractor:

Office phone number: Home phone number:

Mechanical Contractor:

Office phone number: Home phone number:

Electrical Contractor:

Office phone number: Home phone number: