

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