

EMERGENCY PLAN

Employer and employee should develop this plan, post it next to the telephone, and update it whenever changes occur.

Employer Name: _____ Date: _____

1. EMERGENCIES - LIFE THREATENING: CALL 9-1-1

Phone Number You Are Calling From: _____

Street Address: _____

Major Crossroad: _____

Home Direction from Crossroad: _____

2. EMERGENCIES - NON- LIFE THREATENING

List the following local numbers - not 9-1-1.

Fire/paramedics: _____

Physician: _____

Hospital: _____

Police/Sheriff: _____

Poison Control: _____

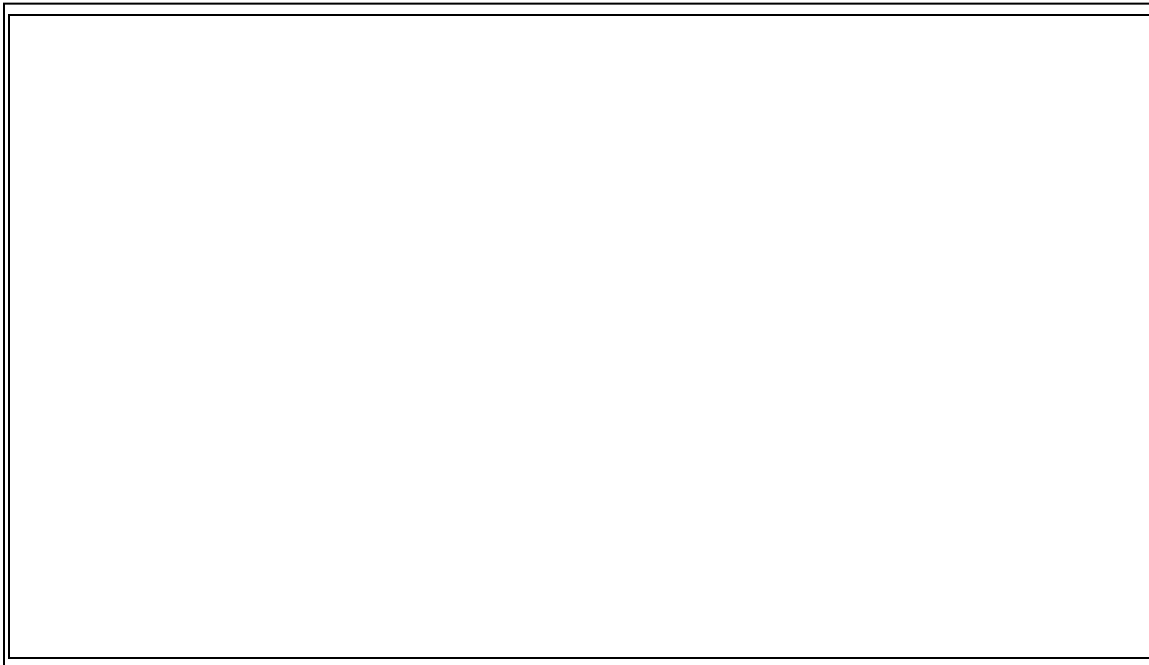
Other: _____

3. List of allergies:

4. Medications you take:

5. HOME EVACUATION

Make a sketch of your home in this space and show where exits are (whether they are doors or windows). Draw arrows to show escape routes. In case of fire, get everyone out.



9. IN CASE OF EMERGENCY PLEASE CONTACT:

Name: _____

Phone: _____

Relationship: _____

Name: _____

Phone: _____

Relationship: _____