

Emergency Resource List

PROPERTY NAME/LOCATION:		
Emergency Services		
Fire Department:		
Police Department:		
Hospital:		
Poison Control Center:		
Emergency Resources		
Insurance Company:		
Red Cross:		
Local Shelter:		
Salvation Army:		
Local Area Services		
Health Department:		
Animal Control:		
Electric Company:		
Telephone Company:		
Water Company:		
Gas Company:		

Emergency Resource List (continued)

Area Hospitals						
Name		Location		Phone		
Courtesy Officer(s)/Security Company						
Name		Phone		Alternate Phone		
Loc	ation of Emergency Supplies					
First Aid Supplies:						
Disa	ster Supplies:					
Fire Extinguishers:						
Bottle Water Company:						
Othe	er Supplies:					

Business Emergency Phone List

Regional/District Manager	Employees
Corporate Office/Owner	
Media Contact	
Courtesy Officer/Security	

Tenant Emergency Contact

Name:	
Address:	
Home Phone:	
Mobile Phone:	
Email:	
Emergency Contact 1	
Name:	
Relationship:	
Address:	
Emergency Contact 2	
Name:	
Relationship:	
Address:	
Evacuation Information	
Evacuation Location:	
Phone:	

Vendor Resource List

General Contractor:	
Landscaping/Tree Service:	
Roofing Company:	
Plumber:	
Electrician:	
Trash Collection/Dumpster:	
Security Company:	
Biohazard Company:	
Janitorial Company:	
Carpet Cleaner:	
Water Extraction:	
Laundry Service:	
Carpet/Flooring Company:	
Paint Contractor:	
Local Hardware Store:	
Locksmith:	
Fire/Alarm Company:	
Limited Access Gate:	
Contractor:	
Elevator Company:	
Glass Company:	

Note: You should have Key Contact Name, Phone Number, Emergency Number, Insurance Agent, Claims Contact Person, Policy Number and Carrier Name.

Employee Emergency Contact

Name:				
Position:				
Property:				
Address:				
Home Phone:				
Mobile Phone:				
Email:				
Emergency Contact 1				
Name:				
Telephone:				
Relationship:				
Address:				
Emergency Contact 2				
Name:				
Telephone:				
Relationship:				
Address:				
Evacuation Information				
Lives on Site?	Yes O No O			
Disaster Duties?	Yes O No O			
Evacuation Location:				
Phone:				

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