



Emergency Contact Information



Directions: Populate this page with LOCAL emergency telephone numbers for assistance.

DATE _____

TIME _____

COMPANY EMPLOYEE

Name _____

Phone _____

Business Address _____

ALTERNATIVE COMPANY EMPLOYEE

Name _____

Phone _____

Business Address _____

LOCAL EMERGENCY PHONE NUMBERS

POLICE DEPARTMENT

Phone _____

Address _____

FIRE DEPARTMENT

Phone _____

Address _____

AGENCIES

Federal _____

State _____

Provincial _____

ADDITIONAL CONTACTS

Rail companies _____

Hazmat contractors _____

Other _____

SPECIAL NOTES

HAZARDOUS MATERIAL INFORMATION

Basic description _____

Technical name _____

Immediate health hazards _____

Description of event _____

Entrance route to event _____

Alternative route to event _____

Risks of fire or explosion _____

Immediate precautions to be taken _____

Immediate methods for handling fires _____

Initial methods for handling spill/leaks in the absence of fire _____

Preliminary first aid measures _____