

## 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 (cont.)

| Area hospitals |  |          |  |       |  |
|----------------|--|----------|--|-------|--|
| Name           |  | Location |  | Phone |  |
|                |  |          |  |       |  |
|                |  |          |  |       |  |
|                |  |          |  |       |  |
|                |  |          |  |       |  |

| Courtesy officer(s)/Security company |  |       |  |                 |  |
|--------------------------------------|--|-------|--|-----------------|--|
| Name                                 |  | Phone |  | Alternate Phone |  |
|                                      |  |       |  |                 |  |
|                                      |  |       |  |                 |  |
|                                      |  |       |  |                 |  |
|                                      |  |       |  |                 |  |

| Location of emergency supplies |  |
|--------------------------------|--|
| First aid supplies:            |  |
| Disaster supplies:             |  |
| Fire extinguishers:            |  |
| Bottled water company:         |  |
| Other supplies:                |  |

# Business Emergency Phone List

|                           |
|---------------------------|
| Regional/District manager |
|                           |
|                           |
|                           |
|                           |

|                        |
|------------------------|
| Corporate office/Owner |
|                        |
|                        |
|                        |
|                        |

| Media contact |
|---------------|
|               |
|               |
|               |
|               |
|               |

|                           |
|---------------------------|
| Courtesy officer/Security |
|                           |
|                           |
|                           |
|                           |

[illegible]

# 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 the 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:        |  |

|                            |  |
|----------------------------|--|
| <b>Emergency contact 1</b> |  |
| Name:                      |  |
| Telephone:                 |  |
| Relationship:              |  |
| Address:                   |  |

|                            |  |
|----------------------------|--|
| <b>Emergency contact 2</b> |  |
| Name:                      |  |
| Telephone:                 |  |
| Relationship:              |  |
| Address:                   |  |

|                               |  |
|-------------------------------|--|
| <b>Evacuation information</b> |  |
| Lives on site?                | Yes <input type="radio"/> No <input type="radio"/> |
| Disaster duties?              | Yes <input type="radio"/> No <input type="radio"/> |
| Evacuation location:          |  |
| Phone:                        |  |