

HSB PREPARE PROGRAM
 Pre-Emergency Plan and Recovery

EMERGENCY TELEPHONE NUMBERS

| DESCRIPTION | NAME AND LOCATION | TELEPHONE NUMBERS | |
|--------------|-------------------|-------------------|----------------------------|
| Fire | | | |
| Police | | | |
| Hospital | | | |
| Ambulance | | | |
| Gas Co. | | DAY TELEPHONE | 24-HR. EMERGENCY TELEPHONE |
| Electric Co. | | DAY TELEPHONE | 24-HR. EMERGENCY TELEPHONE |
| Water Dept. | | DAY TELEPHONE | 24-HR. EMERGENCY TELEPHONE |

PLANT

| | | | |
|---------------------------|--|-----------|-------------------------------|
| First Aid | | EXTENSION | |
| Manager | | EXTENSION | TELEPHONE / CELL PHONE NUMBER |
| Chief Engineer | | EXTENSION | TELEPHONE / CELL PHONE NUMBER |
| Chief Electrician | | EXTENSION | TELEPHONE / CELL PHONE NUMBER |
| Safety Director | | EXTENSION | TELEPHONE / CELL PHONE NUMBER |
| Guard / Security Location | | EXTENSION | |

LOCAL SAFETY & ENVIROMENTAL AGENCIES
(In case of threat of fire, explosion, and pollution)

| | |
|----------------|---------|
| NAME OF AGENCY | WEBSITE |
|----------------|---------|

LOCATION

| | |
|---------|-------------------------------|
| CONTACT | TELEPHONE / CELL PHONE NUMBER |
|---------|-------------------------------|

| | |
|----------------|---------|
| NAME OF AGENCY | WEBSITE |
|----------------|---------|

LOCATION

| | |
|---------|-------------------------------|
| CONTACT | TELEPHONE / CELL PHONE NUMBER |
|---------|-------------------------------|

COMMENTS

ADDITIONAL EMERGENCY PHONE NUMBERS

| DESCRIPTION | NAME OF FIRM | NAME OF CONTACT | TELEPHONE / CELL NUMBERS |
|----------------------------|--------------|-----------------|--------------------------|
| Fire Alarm System | | | |
| Fire Sprinkler System | | | |
| Fire Extinguishing Systems | | | |
| Elevators | | | |
| Emergency Water Supply | | | |
| Water Disposal System | | | |
| Automatic Controls | | | |
| Medical Gas System | | | |
| | | | |
| | | | |
| | | | |
| | | | |

INSURANCE DATA

| | | |
|-----------------------------------|-----------|-------------------------------|
| NAME OF INSURANCE MANAGER ON-SITE | EXTENSION | TELEPHONE / CELL PHONE NUMBER |
|-----------------------------------|-----------|-------------------------------|

NAME OF INSURANCE COMPANY

BRANCH OFFICE ADDRESS

| | | |
|-----------------|---------|-------------------------------|
| NAME OF CONTACT | WEBSITE | TELEPHONE / CELL PHONE NUMBER |
|-----------------|---------|-------------------------------|

NAME OF PROPERTY INSURANCE COMPANY

ADDRESS

ADDITIONAL INSURANCE INFORMATION
