



EMERGENCY ACTION PLAN

For

Accommodation Name:

Accommodation Location:

DATE PREPARED:

EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS

DESIGNATED RESPONSIBLE PERSON: _____

EMERGENCY COORDINATOR:

Name: _____

Phone: _____

EMERGENCY PHONE NUMBERS

FIRE DEPARTMENT: _____

HOSPITAL/CLINIC: _____

AMBULANCE: _____

POLICE: _____

*Please add any other numbers that may be necessary or applicable in your area

Name	PHONE NUMBERS

EMERGENCY REPORTING AND EVACUATION PROCEDURES *(where applicable)*

1. MEDICAL/HEALTH
2. FIRE
3. SEVERE WEATHER
4. INJURY/ACCIDENT
5. ROBBERY/CRIME
6. OTHER (specify) _____

MEDICAL/HEALTH EMERGENCY

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

FIRE EMERGENCY

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc. Indicate your evacuation route and safe zone.

SEVERE WEATHER EMERGENCY (Tropical Storm, Flood, Hurricane, Earthquake,)

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

INJURY/ACCIDENT EMERGENCY

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

ROBBERY/CRIME EMERGENCY

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

OTHER (specify)

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.