**EMERGENCY CONTACT LIST**

*Section A. BUSINESS INFORMATION*

|  |  |
| --- | --- |
| **Business Name:** |  |
| **Complete Address:** |  |
| **Telephone:** |  |
| **Nature of Business:** |  |

*Section B. FACILITY MANAGER INFORMATION*

|  |  |
| --- | --- |
| **Facility Manager Name:** |  |
| **Contact Number:** |  |
| **Alternate Contact Number:** |  |

*Section C. EMPLOYEES CONTACT INFORMATION*

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Name** | **Position** | **Contact Number** | **Alternate Contact Number** |
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*Section D. EMERGENCY NUMBERS*

|  |  |
| --- | --- |
| **Police Department:** |  |
| **Fire Department:** |  |
| **Hospital:** |  |
| **COVID-19 Hotline:** |  |
| **City Hall Office:** |  |

*Section E. UTILITY COMPANY NUMBERS*

|  |  |
| --- | --- |
| **Electricity:** |  |
| **Water Services:** |  |
| **General Cleaning Services:** |  |
| **Security Group:** |  |

*Section F. INSURANCE/HMO COMPANY*

|  |  |
| --- | --- |
| **Insurance Company Name:** |  |
| **Claims Hotline Number:** |  |

|  |  |
| --- | --- |
| **HMO Company Name:** |  |
| **Claims Hotline Number:** |  |

*Section G. OTHER IMPORTANT NUMBERS*

|  |  |
| --- | --- |
| **Transport Services:** |  |
| **Evacuation Site Partner:** |  |
| **Infrastructure Services:** |  |