Emergency Plan

EMT Qualified Personnel On Site: ___________________________________________________

First Aid Qualified Personnel On Site: ______________________________________________

CPR Qualified Personnel On Site: ___________________________________________________

Location Of First Aid Kit: __________________________________________________________

Advanced Life Support Equipment On Site: __________________________________________

Location Of Fire Extinguisher: ______________________________________________________

Location Of Emergency Communication Equipment: _________________________________

Nearest Hospital: _________________________________________________________________

Hospital Phone Number: __________________________________________________________

Nearest Life Flight Landing Area: __________________________________________________

Landing Co-ordinates: _____________________________________________________________

Landing Area Aids (Smoke, Wind Indicators): _______________________________________

Departmental Psychologist Name And Number: ______________________________________

Notes: