

OFF- CAMPUS EMERGENCY PREPAREDNESS INFORMATION

POST IN AN ACCESSIBLE AND VISIBLE LOCATION

(Site Specific Plan to be reviewed at the start of an activity and when any changes occur)

Date Completed: _____ Completed by: _____

Site Address: (Legal Description, Specific Directions, Access Instructions)

Is cellular service available at this site? YES NO

Nearest Landline Phone: _____

Ambulance: 911	Fire Department: 911	Police: 911
----------------	----------------------	-------------

Designated Caller: _____

Designated First Aider(s): _____

Nearest Hospital: _____ Phone: _____

Address: _____

Directions: _____

Owner/ Site Representative(s): _____ Phone: _____

Site Evacuation Procedure(s): _____

Muster Area(s): _____

(This section to be filled when activity is determined to be High Risk and requires further assessment.)

Reviewed by: NLC Joint Health and Safety Representative: _____

NLC HSE Advisor Name & Contact #: _____

