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**contact names and numbers by site**

**Helpful Information:** Use the information provided in Module 8 Emergency Preparedness and Management of the AgSafe Alberta FarmSafe Plan Manual to help you. A list of the contact names and numbers should be kept with the Emergency Action Plan.

**Disclaimer:** This document is intended to be a resource document only. The farm will need to customize it and make it farm-specific to address the particular needs, factors, applicable legislated requirements, etc. Once this document has been customized by the farm, this disclaimer, the Helpful Information section, and the logo located in the upper right corner of the page may be deleted and replaced with the farm’s logo. If you require assistance, please contact **AgSafe Alberta** at [info@agsafeab.ca](mailto:info@agsafeab.ca) or visit [www.agsafeab.ca](http://www.agsafeab.ca) for learning opportunities, tools and resources.

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| --- | --- | --- | --- |
| **1.0 Site Details** | | | |
| **Site Name** |  | | |
| **Rural Address** |  | | |
| **GPS Coordinates** |  | | |
| **Legal Land Description** |  | | |
| **Closest Intersection** |  | | |
| **Specific Directions**  **to Site:** |  | | |
| **First Aid Trained Personnel At This Site** | | | |
| **Name** | **Position/Title/Role** | **Primary Contact Method** | **Location** |
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| **2.0 Emergency Contact Numbers** | | | |
| **For Fire/Police/Emergency Medical Services , dial 9 - 1 - 1** | | | |
| **Name** | **Position/Title/Role** | **Primary Contact Number** | **Alternate Number** |
|  | Farm Owner/Director |  |  |
|  | Manager |  |  |
|  | Supervisor |  |  |
|  | Supervisor |  |  |
|  | Maintenance Person |  |  |
|  | Legal Counsel |  |  |
|  | Insurance Provider |  |  |
| **Occupational Health & Safety Contact Center** | | **1-866-415-8690** | **-** |
| **Environmental Response Line (Hazardous Waste Spills)** | | **1-800-222-6514** | **-** |
| **Poison & Drug Information Service (PADIS)** | | **1-800-332-1414** | **-** |
| **Service Provider Name** | **Provider Type** | **Emergency Line** | **Notes/Account Number** |
|  | Natural Gas Provider |  |  |
|  | Electricity Provider |  |  |
|  | Veterinarian |  |  |
|  | Livestock Hauling |  |  |
|  | Earth Moving Equipment |  |  |

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| **3.0 Nearest Hospital/Emergency Room** | |
| **Name of Nearest Hospital** |  |
| **Address of the Nearest Hospital** |  |
| **Telephone Number of the Nearest Hospital** |  |
| **Directions to the  Nearest Hospital** |  |

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| --- | --- | --- | --- |
| **Date Created:** |  | **Date Updated:** |  |