

PRIMARY INFORMATION

Business Name: _____

Address: _____

Phone Number: _____

EMERGENCY CONTACT

Name: _____

Phone Number: _____

Cell Phone Number: _____

CRITICAL BUSINESS FUNCTIONS

Function:	Person In Charge:	Phone Number:	Cell Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNICATION PLAN

Emergency Plans Will Be Communicated By:

Name: _____

Phone Number: _____

Cell Number: _____

EVACUATION PLAN

Off-Site Evacuation Location:

Person In Charge of Evacuation:

ADDITIONAL NOTES

