

# EMERGENCY ACTION PLAN **SITE CONTACTS**

*This document should be created for each individual site.*

Site Name		Site Operator	
Phone		Premises ID	
Address		Directions	

Enter contact person names and phone numbers if applicable.

Rescue		Fire Dept	
Poison Control		Doctor	
Sheriff/Police		Veterinarian	
Insurance		Hospital	
Others			

## **MANURE SPILL CONTACTS**

State Environmental Protection Agency		Earth Moving	
Pumping		Hauling	
Equipment		County Engineer	
Others			

## **SYSTEM FAILURE CONTACTS**

Electricity		Plumbing	
Ventilation		Heating	
Animal Hauling		Feed	
Mortality Disposal		Other	

Date Updated: \_\_\_\_\_

**SAVE**

**PRINT**