

(Enter Special District Name)

(Enter Address Line 1) (Enter Address Line 2)





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Emergency Action Checklist

Below is an action list of what to do in the event of a fire, water damage event, or emergency that will help keep employees safe and help reduce business interruption.

- Advanced Warning: Be alert and stay informed
- Always think safety first
- □ Stop the source of damage
- □ Notify emergency contacts
- Call your restoration contractor
- □ Notify key contacts
- □ Secure the property
- □ Take photos of damaged property
- □ Write summary of event/documentation

Advanced Warning

Listen to local weather, Red Cross and county emergency management for severe weather alerts.

- Turn off all the main utilities or valves
- Disconnect electrical equipment and appliances
- Move vehicles from low lying areas
- Review evacuation floor plans
- Board up windows prior to forecasted high winds

Emergency Contacts

Main HR Contact

Name: *(Enter name)* Email: *(Enter email)* Phone: (Enter phone #)

Emergency Phone: (Enter phone #)

Emergency Contacts

	Emergency	Non-Emergency	Local Direct Line
Local Police Department	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
Local Fire and Rescue	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
	Emergency	Non-Emergency	Local Direct Line
Local Hospital	Emergency 911	Non-Emergency (XXX-XXX-XXXX)	Local Direct Line (XXX-XXX-XXXX)
Local Hospital On Call Security Services			
•	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)

Utility Contact and Shut Off

Electric Company Name (Enter company name here)	Phone Number (Enter phone # here)	Account Number (Enter acct. # here)
Shut off location -		
Description of location -		
Is a key needed for access?		

(Add a photo of the shut-off below)

SDAO

Gas Company Name

(Enter company name here)

Shut off location -

Description of location -

Is a key needed for access?

(Add a photo of the shut-off below)

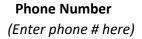
Water Company Name (Enter company name here) Phone Number (Enter phone # here) Account Number (Enter acct. # here)

Shut off location -

Description of location -

Is a key needed for access?

(Add a photo of the shut-off below)



Account Number (Enter acct. # here)

SDAO

Alarm Company Name (Enter company name here)

> Shut off location -Description of location -Is a key needed for access?

Phone Number (Enter phone # here) Account Number (Enter acct. # here)

(Add a photo of the shut-off below)

Sprinkler Company Name (Enter company name here)

Phone Number (Enter phone # here) Account Number (Enter acct. # here)

Shut off location -

Description of location -

Is a key needed for access?

(Add a photo of the shut-off below)

SDAO

Main IT Contact

Name: *(Enter name here)* Email: *(Enter email here)* Phone: (Enter phone #)

Emergency Phone: (Enter phone #)

Shut off location -

Description of location -

Is a key needed for access?

(Add a photo of the shut-off below)

Primary Contacts

Name		Title	Phone	Emerg. Phone
Building Owner (Enter first name here) (Enter last name here)	Name of District (Enter district name here) (Enter district name Line 2)	(Building Owner)	(xxx-xxx-xxxx)	(xxx-xxx-xxxx)
Email Address: (Enter emo	nil here)	<u> </u>		
Building Contact (Enter first name here) (Enter last name here)	Company/Dist. Name (Company name here) (Company name here Line 2)	(Maintenance Supervisor)	(xxx-xxx-xxxx)	(xxx-xxx-xxxx)
Email Address: (Enter emo	nil here)	1		
Work Authorization (Enter first name here) (Enter last name here)	Company/Dist. Name (Company name here) (Company name here Line 2)	(Director of Facilities)	(xxx-xxx-xxxx)	(xxx-xxx-xxxx)
Email Address:	- ·			
Maintenance (Enter first name here) (Enter last name here)	Company/Dist. Name (Company name here) (Company name here Line 2)	(Maintenance Supervisor)	(xxx-xxx-xxxx)	(xxx-xxx-xxxx)
Email Address: (Enter emo	nil here)	1	1	•
Risk Manager (Enter first name here) (Enter last name here)	Company/Dist. Name (Company name here) (Company name here Line 2)	(Director of Facilities)	(xxx-xxx-xxxx)	(xxx-xxx-xxxx)
Email Address: (Enter emo	nil here)			

Insurance Company Information

Broker Name & Company

(Enter broker name here)

Phone Number (Enter phone # here) **Policy Number** (Enter policy # here)

Insurance Carrier SDIS (Special Districts Insurance Services)

1-800-305-1736 or 503-670-7066

(Add an aerial photo of property from Google Earth)

Other Contacts

Internet Provider (Enter company name)

HVAC (Enter company name)

Flooring (Enter company name)

Plumber (Enter company name)

Elevator Company (Enter company name)

Phone Company (Enter company name)

Electrician (Enter company name)

Mechanic (Enter name and company name) Phone Number (Enter phone #)

Phone Number
(Enter phone #)

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Property Overview

(Add photo of the building below)

 Building Address: (Enter building address here)

 Directions to Property: (Enter directions here)

 Year Built: (Enter year here)
 Renovations – yes or no

 Hazardous Materials: (List materials here)

 Type: (Enter type of materials here)

 Location: (Enter location of materials here)

 Total Square Footage of Building: (Enter xxxx sq. ft. here)

Floor	Primary Use	Apprx. Sq. Ft.	Type of Flooring
(Enter Floor #)	(Describe Use)	(Enter Sq ft.)	(Enter floor type)
(Enter Floor #)	(Describe Use)	(Enter Sq ft.)	(Enter floor type)

Blueprints Available - yes or no	If yes, where are they located?
Supplemental Generator Power - yes or no	If yes, where is it located?
Fuel - yes or no	If yes, where is it located?

Building Access

Knox Box: (Enter location here)
Security Access: (Enter location here)
Preferred Access Point: (Enter location here)
Elevator Access: (Enter location here)
Stairway Access for Service: (Enter location here)

Evacuation Maps

Fire Evacuation Map

(Add photo below)

Fire Extinguisher Map

(Add photo below)

SDAO

Tsunami Evacuation Map

(Add photo below)