



# EMERGENCY PREPARATION GUIDE

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(Enter Special District Name)

*(Enter Address Line 1)*

*(Enter Address Line 2)*



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(Enter Special District Name)

*(Enter Address Line 1)*

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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)*

Phone: *(Enter phone #)*

Emergency Phone: *(Enter phone #)*

Email: *(Enter email)*

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## Emergency Contacts

	<u>Emergency</u>	<u>Non-Emergency</u>	<u>Local Direct Line</u>
Local Police Department	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
Local Fire and Rescue	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)

	<u>Emergency</u>	<u>Non-Emergency</u>	<u>Local Direct Line</u>
Local Hospital	911	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
On Call Security Services		(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
Business Continuity Contacts		(XXX-XXX-XXXX)	(XXX-XXX-XXXX)
Generator Service Company		(XXX-XXX-XXXX)	(XXX-XXX-XXXX)

## Utility Contact and Shut Off

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

Shut off location -

Description of location -

Is a key needed for access?

(Add a photo of the shut-off below)

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**Gas 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)*

**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)*

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**Alarm 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)*

**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)*

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## Main IT Contact

Name: *(Enter name here)*

Phone: *(Enter phone #)*

Emergency Phone: *(Enter phone #)*

Email: *(Enter email here)*

Shut off location -

Description of location -

Is a key needed for access?

*(Add a photo of the shut-off below)*

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## Primary Contacts

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



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*(Add an aerial photo of property from Google Earth)*

## Other Contacts

**Internet Provider**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**HVAC**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Flooring**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Plumber**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Elevator Company**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Phone Company**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Electrician**

*(Enter company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

**Mechanic**

*(Enter name and company name)*

**Phone Number**

*(Enter phone #)*

**Account Number**

*(Enter acct. #)*

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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      If yes, what year?

**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)*

<b>Floor</b>	<b>Primary Use</b>	<b>Apprx. Sq. Ft.</b>	<b>Type of Flooring</b>
<i>(Enter Floor #)</i>	<i>(Describe Use)</i>	<i>(Enter Sq ft.)</i>	<i>(Enter floor type)</i>
<i>(Enter Floor #)</i>	<i>(Describe Use)</i>	<i>(Enter Sq ft.)</i>	<i>(Enter floor type)</i>

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?

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## 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)*

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## Tsunami Evacuation Map

*(Add photo below)*