**EMERGENCY ACTION PLAN**

**For**

Accommodation Name:

Location:

DATE PREPARED:

**EMERGENCY PERSONNEL NAMES AND PHONE NUMBERS**

DESIGNATED RESPONSIBLE PERSON:

EMERGENCY COORDINATOR:

Name: Phone:

**EMERGENCY PHONE NUMBERS**

FIRE DEPARTMENT:

HOSPITAL/CLINIC:

AMBULANCE:

POLICE:

**EMERGENCY REPORTING AND EVACUATION PROCEDURES** *where applicable*

• MEDICAL/HEALTH

• FIRE

• SEVERE WEATHER

• INJURY/ACCIDENT

• ROBBERY/CRIME

• OTHER (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL/HEALTH EMERGENCY**

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

**FIRE EMERGENCY**

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc. Indicate your evacuation route and safe zone.

**SEVERE WEATHER EMERGENCY (Tropical Storm, Flood, Hurricane, Earthquake,)**

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

**INJURY/ACCIDENT EMERGENCY**

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.

**ROBBERY/CRIME EMERGENCY**

Detail immediate actions in the case of the emergency listed below. What to do, who to call, where to go, how to get there, follow up actions etc.