

# Emergency Numbers

Date:	Location:
Ambulance:	
Police:	
Fire Department:	
Gas:	
Water:	
Hydro:	
Telecommunication:	
Occupational Health and Safety:	
Poison Control:	
Ministry of Labour:	
Ministry of the Environment:	
Nearest Hospital:	
Other:	

## Emergency Response Team

Coordinator:
Communication:
Gate:
First Aiders: _____ _____
Site Location:
Other:
Prime Contractor (Owner): _____
Office Phone: _____ Home Phone: _____
Subcontractor: _____
Office Phone: _____ Home Phone: _____



Download form at [ihsa.ca/logbook](http://ihsa.ca/logbook)