

Emergency Contacts

Fill out all applicable information to the best of your ability. Post this in common areas for easy access.

In life threatening situations, call 911.

 **911**

First Aid Attendant _____

Primary Phone _____ Secondary Phone _____

Alternate First Aid Attendant _____

Primary Phone _____ Secondary Phone _____

Workplace

Company Name _____ Phone _____

Street Address _____ Unit # _____

City _____ Postal Code _____

Supervisor/Production Manager _____

Primary Phone _____ Secondary Phone _____

Studio Safety Hotline _____
(if applicable)

Medical

Nearest Hospital _____ Phone _____

Street Address _____ City _____

Nearest Walk-in Clinic _____ Phone _____

Street Address _____ City _____

Other Contacts

Police Dpt. _____ Fire Dpt. _____ EMS _____

WorkSafeBC _____ After Hours Emergency _____

Poison Control Centre _____ Provincial Emergency _____