



EMERGENCY ACTION PLAN



SAFE ZONE LOCATION: _____ Phone #: _____

EMERGENCY SIGNALS

TYPE	AUDIBLE/VISUAL	ACTION REQUIRED
EVACUATION	_____	_____
FIRE	_____	_____
MEDICAL	_____	_____
SECURITY	_____	_____
OTHER	_____	_____

EMERGENCY SERVICE	PLANT #'S	COMMUNITY #'S
HOSPITAL / MEDICAL	_____	_____
PHYSICIAN / CLINIC	_____	_____
AMBULANCE	_____	_____
FIRE	_____	_____
SECURITY / POLICE	_____	_____