



## EMERGENCY ACTION PLAN

LOCATION OF FIRE/FLOOD PLAN: \_\_\_\_\_ PLAN & MAP ATTACHED:  YES  NO

LOCATION OF TELEPHONES: \_\_\_\_\_  on facility diagram

### GENERAL INFORMATION

FACILITY NAME: \_\_\_\_\_ DIAGRAM OF FACILITY ATTACHED  YES  NO

ADDRESS: \_\_\_\_\_

CLEAR DIRECTIONS TO THE FACILITY FOR EMERGENCY PERSONNEL (MAP ATTACHED)

CHARGE PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ROLE/RESPONSIBILITY OF CHARGE PERSON \_\_\_\_\_

ALTERNATE CHARGE PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CALL PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ROLE/RESPONSIBILITY OF CALL PERSON \_\_\_\_\_

ITEM	LOCATION	DATE LAST CHECKED /REVIEWED	NOTES
First Aid kit - Human			List of contents attached <input type="checkbox"/> Y <input type="checkbox"/> N
First Aid kit - Horse			List of contents attached <input type="checkbox"/> Y <input type="checkbox"/> N
Fire extinguishers			Location marked on facility diagram <input type="checkbox"/> Y <input type="checkbox"/> N
Rider profiles/phone #s			What security measures are in place for the profiles?
Staff profiles/phone #s			
Horse profiles/phone #s			

ALTERNATE CALL PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

### PHONE NUMBERS

**EMERGENCY, AMBULANCE, FIRE, POLICE, POISON CONTROL:  
911 UNLESS OTHERWISE SPECIFIED FOR YOUR AREA**

MAIN HOUSE	
STABLE	

	NAME	PHONE NUMBER
HOSPITAL		
VETERINARIAN		
AFTER HOURS VET		
FARRIER		

CLEAR DIRECTIONS TO HOSPITAL: (MAP ATTACHED)

CLEAR DIRECTIONS TO VET HOSPITAL: (MAP ATTACHED)