EMERGENCY WORKSHEET

Date: _____ **Location:** _____

Address: _____ **Bldg/Apt #:** _____

City/State: _____ **Phone #:** _____

Owner Name: _____ Phone #: _____

Services Director Name: _____ 24/7 Cell #: _____

LADD Corporate Office: 300 Whitney Street, Dowagiac, MI 49047 Phone #: 269-782-0654 Listen for extension needed

Point of Safety for Evacuation_____

Point of Safety for Shelter in place_____

Emergency Information
FOR EMERGENCIES PLEASE DIAL 911

Gas Company/Account Number:	**Electric Company/Account Number:**

Gas Shutoff Location: _____

Electrical Shutoff Location: _____

Water Shutoff Location: _____

Basement: ☐YES ☐NO Comments: _____

Any Occupied Basement Bedrooms? ☐YES ☐NO Comments: _____

Additional Information & Alerts

Information/Alert	Details/Notes
Site and Building Access (List primary access, entry problems, locked entrances, obstacles, etc.)	
Do you have any Blind/Vision Impaired Occupants? List ways that we may be able to assist this person(s)	
Do you have any Deaf, Non-Verbal or Hearing Impaired Occupants? List ways that we may be able to assist this person(s)	
Evacuation Assembly Points/Meeting Place(s) (Please list the area(s) that you have designated if you would need to evacuate the building.)	
Are there any High Explosive Hazards in the building? Such as Oxygen?	
Are there any special things that we can do to help assist occupants in the event of an emergency? (List type of occupants, special needs, wheelchairs, rescue concerns, etc.)	