## Emergency Contact Poster

Job #: _____  Job Name: _____

Job Address: _____
(Be accurate and complete - for emergency use)

## Emergency Phone Numbers

Fire Department:

Emergency Medical Services:

Police:

Security:
(if applicable)

Building Manager:
(If applicable)

## COMPANYNAME Supervisor

Name: _____

Mobile Phone: _____

*Attach map of facility location and emergency route to nearest hospital.*