CONTINGENCY PLAN TO MAKE SURE YOU'RE PREPARED FOR DISASTER

The best time to make an emergency plan is when you don't need one. Learn how you can contain and minimize resulting damage.

Provided for your use by ATI Restoration, LLC 24/7 Emergency Services (800) 400-9353



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1 LEAD TEAM Identify the internal stakeholders involved, their roles and their contact information.	3
2 UTILITIES Turn off certain utilities in order to control additional damage. This usually involves turning off one or more of the following: natural gas, water and electricity. Do you have a power source backup plan?	4
3 EXTERNAL STAKEHOLDERS Create a list of companies including local Police, Fire, Hospital, Insurance, Building Owner and Security with contact information readily available.	6
4 SDS BINDER/PROTOCOL Reduce exposure to chemicals that pose health risks.	8
5 PROPERTY OVERVIEW Have details of your property recorded for quick reference.	9

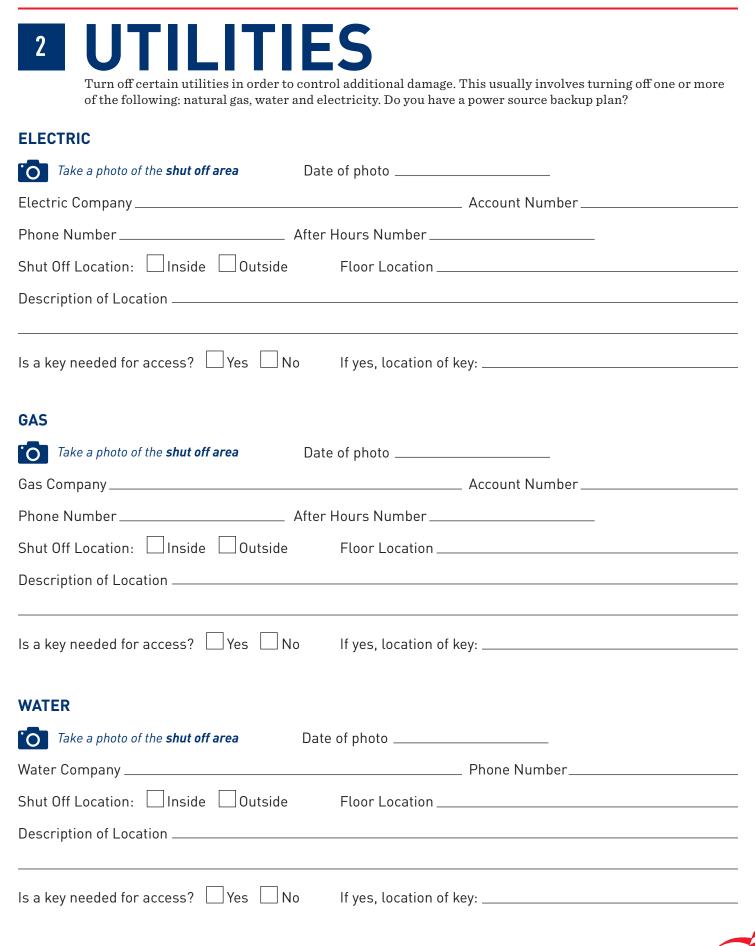


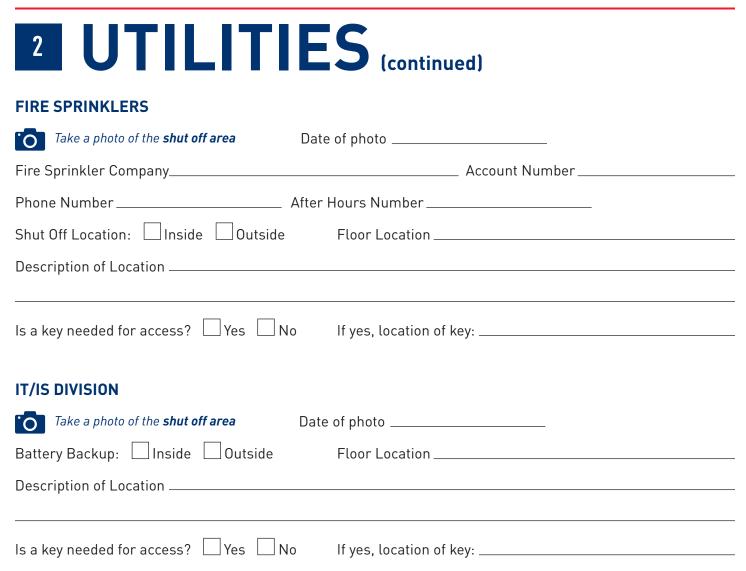
Identify the internal stakeholders involved, their roles and their contact information.

DISASTER TEAM LEAD

Name	Phone Number
Email	
FACILITIES MANAGER	
Name	Phone Number
Email	
RISK MANAGER	
Name	Phone Number
Email	
MAIN HR CONTACT	
Name	Phone Number
Email	









3 EXTERNAL STAKEHOLDERS

Create a list of companies including local Police, Fire, Hospital, Insurance, Building Owner and Security with contact information readily available.

EMERGENCY CONTACTS	Emergency	Non-Emergency	Local Direct Line
Local Fire Dept.	911		
Local Police Dept.	911		
Local Hospital	911		
Security Company			
BUILDING OWNER			
Name		Phone Number _	
Email			
BUILDING CONTACT			
Name		Phone Number	
Email			
WORK AUTHORIZATION (N	IAIN STRUCTURE)		
Name		Phone Number _	
Email			
MAINTENANCE			
Name		Phone Number _	
Email			
RISK/PROPERTY MANAGE	ER		
Name		Phone Number _	
Email			

3 EXTERNAL STAKEHOLDERS (continued)

INSURANCE: STRUCTURAL INSURANCE (if applicable)

Insurance Broker		Phone Number
Insurance Carrier		Policy Number
Dec. Pg. Attached? 🗌 Yes 🗌 No	Bulletin Reference	

INSURANCE: CONTENTS INSURANCE (if applicable - mainly tenant use)

Insurance Broker		_ Phone Number
Insurance Carrier		Policy Number
Dec. Pg. Attached? 🗌 Yes 🗌 No	Bulletin Reference	

ALARM

Alarm Company	Account Number
Phone Number After H	lours Number
Shut Off Location: 🗌 Inside 🗌 Outside	Floor Location
Description of Location	
Is a key needed for access? Yes No	If yes, location of key:

MORE CONTACTS	Phone Number	After Hours Number	Account Number
Internet			
HVAC			
Flooring			
Plumber			
Elevator			
Phone			
Mechanical			





PRIMARY CONTACT

Name _____

_____ Phone Number _____

KNOWN CHEMICAL INFORMATION

Туре	_ Location	_ Report? Y N Attached Y N
Туре	_ Location	_ Report? Y N Attached Y N
Туре	_ Location	_ Report? Y N Attached Y N
Туре	_ Location	_ Report? Y N Attached Y N
Туре	_ Location	_ Report? Y N Attached Y N
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Туре	_ Location	_ Report? Y N Attached Y N





BUILDING INFORMATION

Street Address			
City		State	Zip Code
Main Phone Number_	Tota	al Square Footage of Buildin	g
Year Built	Renovations? 🗌 Yes 🗌	No If yes, what year(s	5]?
Blue Prints Available?	Yes No	If yes, location:	
Energy Program Certi	fied? Yes No		
Multi-tenant building?	? Yes No		
Supplemental Genera	tor Power? Yes No	How much back u	ıp?
Take a photo of the	e supplemental generator powe	r Date of Photo	
FLOOR DESCRIPTIO	NS		
Floor	Primary Use	Square Footage	Type of Flooring
LL			
1			
2			
3			
4			
5			

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