



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.

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 _____



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?

ELECTRIC

 Take a photo of the **shut off area** Date of photo _____

Electric Company _____ Account Number _____


Phone Number _____ After Hours Number _____

Shut Off Location: Inside Outside Floor Location _____

Description of Location _____

Is a key needed for access? Yes No If yes, location of key: _____

GAS

 Take a photo of the **shut off area** Date of photo _____

Gas Company _____ Account Number _____


Phone Number _____ After Hours Number _____

Shut Off Location: Inside Outside Floor Location _____

Description of Location _____

Is a key needed for access? Yes No If yes, location of key: _____

WATER

 Take a photo of the **shut off area** Date of photo _____

Water Company _____ Phone Number _____

Shut Off Location: Inside Outside Floor Location _____


Description of Location _____

Is a key needed for access? Yes No If yes, location of key: _____



2 UTILITIES (continued)

FIRE SPRINKLERS

 *Take a photo of the **shut off area*** Date of photo _____

Fire Sprinkler Company _____ Account Number _____


Phone Number _____ After Hours Number _____

Shut Off Location: Inside Outside Floor Location _____

Description of Location _____

Is a key needed for access? Yes No If yes, location of key: _____

IT/IS DIVISION

 *Take a photo of the **shut off area*** Date of photo _____

Battery Backup: Inside Outside Floor Location _____

Description of Location _____

Is a key needed for access? Yes No If yes, location of key: _____



3 EXTERNAL STAKEHOLDERS

Create a list of key stakeholders including contacts from the local Police Department, Fire Department, Hospital, Security Company and the Building Owner.

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 (MAIN STRUCTURE)

Name _____ Phone Number _____

Email _____

MAINTENANCE

Name _____ Phone Number _____

Email _____

RISK/PROPERTY MANAGER

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 Hours 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 _____



4 SDS BINDER

Reduce exposure to chemicals that pose health risks.

PRIMARY CONTACT

Name _____ Phone Number _____

KNOWN CHEMICAL INFORMATION

Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___

Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___

Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___

Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___

Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___

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Type _____ Location _____ Report? Y ___ N ___ Attached Y ___ N ___



5 PROPERTY OVERVIEW

Have details of your property recorded for quick reference.

BUILDING INFORMATION

Street Address _____

City _____ State _____ Zip Code _____

Main Phone Number _____ Total Square Footage of Building _____

Year Built _____ Renovations? Yes No If yes, what year(s)? _____

Blue Prints Available? Yes No If yes, location: _____

Energy Program Certified? Yes No

Multi-tenant building? Yes No

Supplemental Generator Power? Yes No How much back up? _____

 Take a photo of the **supplemental generator power** Date of Photo _____

FLOOR DESCRIPTIONS

| Floor | Primary Use | Square Footage | Type of Flooring |
|-------|-------------|----------------|------------------|
| LL | _____ | _____ | _____ |
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |

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