



# Contingency Plan

PREPARE FOR DISASTER BEFORE IT STRIKES

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Have details of your property recorded for quick reference.



# Internal Team

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

## DISASTER LEAD

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## FACILITIES MANAGER

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## RISK MANAGER

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

## MAIN HR CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Email \_\_\_\_\_

# 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: \_\_\_\_\_

# Utilities *(Continued)*

## WATER



*Take a photo of the shut off area*

Date of photo \_\_\_\_\_

Water 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: \_\_\_\_\_

## 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: \_\_\_\_\_

# 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 \_\_\_\_\_

# 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	_____	_____	_____

# SDS Binder

Reduce exposure to chemicals that pose health risks.

## PRIMARY CONTACT

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

## KNOWN CHEMICAL INFORMATION

Type _____	Location _____	Report?		Attached?	
		Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No
Type _____	Location _____	Yes	No	Yes	No



# 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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