Contingency Plan Checklist

PREPARE FOR DISASTER BEFORE IT STRIKES

ATIrestoration.com | (800) 400-9353

Table of Contents

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

		Report?		Attached?	
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			

Provided for your use by ATI Restoration, LLC
24-Hour Emergency Response | (800) 400-9353 | ATIrestoration.com