



EMERGENCY ACTION PLAN

LOCATION OF FIRE/FLOOD PLAN: _____ PLAN & MAP ATTACHED: ☐ YES ☐ NO

LOCATION OF TELEPHONES: _____ ☐ on facility diagram

GENERAL INFORMATION

FACILITY NAME: _____ DIAGRAM OF FACILITY ATTACHED ☐ YES ☐ NO

ADDRESS: _____

CLEAR DIRECTIONS TO THE FACILITY FOR EMERGENCY PERSONNEL (MAP ATTACHED)

CHARGE PERSON: _____ PHONE #: _____

ROLE/RESPONSIBILITY OF CHARGE PERSON _____

ALTERNATE CHARGE PERSON: _____ PHONE #: _____

CALL PERSON: _____ PHONE #: _____

ROLE/RESPONSIBILITY OF CALL PERSON _____

ITEM	LOCATION	DATE LAST CHECKED /REVIEWED	NOTES
First Aid kit - Human			List of contents attached <input type="checkbox"/> Y <input type="checkbox"/> N
First Aid kit - Horse			List of contents attached <input type="checkbox"/> Y <input type="checkbox"/> N
Fire extinguishers			Location marked on facility diagram <input type="checkbox"/> Y <input type="checkbox"/> N
Rider profiles/phone #s			What security measures are in place for the profiles?
Staff profiles/phone #s			
Horse profiles/phone #s			

ALTERNATE CALL PERSON: _____ PHONE #: _____

PHONE NUMBERS

EMERGENCY, AMBULANCE, FIRE, POLICE, POISON CONTROL:
911 UNLESS OTHERWISE SPECIFIED FOR YOUR AREA

MAIN HOUSE	
STABLE	

	NAME	PHONE NUMBER
HOSPITAL		
VETERINARIAN		
AFTER HOURS VET		
FARRIER		

CLEAR DIRECTIONS TO HOSPITAL: (MAP ATTACHED)

CLEAR DIRECTIONS TO VET HOSPITAL: (MAP ATTACHED)