CONTINGENCY PLAN CHECKLIST

Retain this form with your CIL and MSDS's

Branch:	
Location:	**:**
Location of Chemical Inventory List (CIL) and Contingency Plan:	
Location of Material Safety Data Sheets (MSDS's)	

Contact List (Branch Manager, Safety Officer, and Alternate)

Branch Manager Name:	**Office Phone**	**Home Phone**
Safety Officer Name:	**Office Phone**	**Home Phone**
Alternate Safety Officer Name:	**Office Phone**	**Home Phone**

Evacuation Information:

Evacuation Route:
Alternate Route (in case primary route is blocked)

Evacuation Personnel List

Evacuation Coordinator (or Bldg. Mgr.) Name:	**Office Phone**	**Home Phone**
Alternate Evacuation Coordinator Name:	**Office Phone**	**Home Phone**
Person who alerts the Bldg. Mgr. Name:	**Office Phone**	**Home Phone**
Alternate Evacuation Informant Name:	**Office Phone**	**Home Phone**

Locations of Emergency Equipment

Nearest Pull-Box Fire Alarm:
Nearest Fire Extinguisher:
Nearest Fire Hydrant/Water Source:
Nearest Storm Drain or Water Run-off Point:
Are absorbent materials available in the area to stop a spill from spreading? ☐ **Yes** ☐ **No**

Please submit a copy of your completed form to:
Environmental Health & Safety Department