

# EMERGENCY ACTION PLAN

FACILITY NAME: \_\_\_\_\_ (Attach a diagram of the Facility)

FACILITY ADDRESS: \_\_\_\_\_ (Attach a map of the Facility Property)

FACILITY TELEPHONE NUMBER & LOCATION DESCRIBED: \_\_\_\_\_ (Map the location on Facility Diagram)

CLEAR DIRECTIONS TO THE FACILITY FOR EMERGENCY PERSONNEL: \_\_\_\_\_  
 \_\_\_\_\_ (Attach a MAP to the Facility)

FIRE/FLOOD/TORNADO PLAN LOCATION described: \_\_\_\_\_

FIRE/FLOOD/TORNADO PLAN: (Attach a copy of the Plan plus map the location on the Facility Diagram where the Plan is posted)

PRIMARY CHARGE PERSON:	PHONE NUMBER	ALTERNATE CHARGE PERSON:	PHONE NUMBER

**ROLES/RESPONSIBILITIES:** Charge Person(s) will take charge, initiate EAP and assign duties as required.  
 The Charge person may be the Instructor/Coach on site if the above charge persons are not immediately available.

### PRIMARY CHARGE AND CALL PERSON TO BE DIFFERENT PEOPLE.

PRIMARY CALL PERSON:	PHONE NUMBER	ALTERNATE CALL PERSON:	PHONE NUMBER

**ROLES/RESPONSIBILITIES:** Call Person(s) will make phone calls which may include emergency services, parents/guardians and/or others as required.  
 Call person may also meet and direct emergency personnel to accident site and other duties as assigned.

## 911 EMERGENCY, AMBULANCE, FIRE, POLICE, POISON CONTROL (UNLESS OTHERWISE SPECIFIED FOR YOUR AREA)

EMERGENCY PHONE NUMBERS			
	NAME	PHONE #	ADDRESS (IF APPLICABLE)
HOSPITAL			
VET HOSPITAL			
VETERINARIAN			
AFTER HOURS VET			
FARRIER (OPTIONAL)			

**CLEAR DIRECTIONS TO HOSPITAL DESCRIBED:** \_\_\_\_\_  
 (Attach a MAP from the Facility; described directions could accompany map)

**CLEAR DIRECTIONS TO VET HOSPITAL DESCRIBED:** \_\_\_\_\_  
 (Attach a MAP from the Facility; described directions could accompany map)

Checklists of required documentation and attachments to EAP				
ITEM	LOCATION described	Date last Reviewed	Item's Physical Location Is Mapped on Facility Diagram - check $\checkmark$	Attached copy - check $\checkmark$
First Aid kit - Human			Human 1 <sup>st</sup> Aid	List of 1 <sup>st</sup> Aid contents
First Aid kit - Horse			Equine 1 <sup>st</sup> Aid	List of 1 <sup>st</sup> Aid contents
Fire extinguishers			Fire Extinguishers	Diagram of Facility
Fire/Flood/Tornado Plan			Fire/Flood/Plan	Copy of Fire/Flood Plan
Rider profiles/phone #s			Profile locations	Map to Vet Hospital
Staff profiles/phone #s			Profile locations	Map to Human Hospital
Horse profiles/phone #s			Profile locations	Map of Facility Property
Telephone - landline	Described above		Telephone location	
Describe the security measures that are in place for the medical profiles to keep them private and secure?				