

EMERGENCY ACTION PLAN

FACILITY NAME: _____ DIAGRAM OF FACILITY ATTACHED YES NO

ADDRESS: _____

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

LOCATION OF TELEPHONES: _____ ON FACILITY DIAGRAM YES NO

CLEAR DIRECTIONS TO THE FACILITY FOR EMERGENCY PERSONNEL: _____ MAP ATTACHED YES NO

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.

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.

ITEM	LOCATION	DATE LAST REVIEWED	Mapped on Facility Diagram	Attachments
First Aid kit - Human			Human 1 st Aid <input type="checkbox"/> Y <input type="checkbox"/> N	List of 1 st Aid contents <input type="checkbox"/> Y <input type="checkbox"/> N
First Aid kit - Horse			Equine 1 st Aid <input type="checkbox"/> Y <input type="checkbox"/> N	List of 1 st Aid contents <input type="checkbox"/> Y <input type="checkbox"/> N
Fire extinguishers			Fire Ex. <input type="checkbox"/> Y <input type="checkbox"/> N	
Rider profiles/phone #s			Profile locations <input type="checkbox"/> Y <input type="checkbox"/> N	
Staff profiles/phone #s			What security measures are in place for the medical profiles?	
Horse profiles/phone #s				

PHONE NUMBERS

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

MAIN HOUSE	
STABLE	

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

CLEAR DIRECTIONS TO HOSPITAL: _____ MAP ATTACHED YES NO

CLEAR DIRECTIONS TO VET HOSPITAL: _____ MAP ATTACHED YES NO