



EAP Wallet Cards

**Safety Person's
Emergency Telephone Numbers**

Facility Name: _____

Facility Address: _____

Facility Phone #: _____

Fire: _____

Police: _____

Ambulance: _____

Hospital: _____

Poison Control: _____

AED on site location: _____

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Ambulance: _____

Hospital: _____

Poison Control: _____

AED on site location: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____

Call Person: _____

Cell: _____

Control Person: _____

Cell: _____

First Aid/CPR Person: _____

Cell: _____