



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: \_\_\_\_\_

**Safety Person's  
Emergency Telephone Numbers**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: \_\_\_\_\_

AED on site location: \_\_\_\_\_

**Safety Person's  
Emergency Telephone Numbers**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: \_\_\_\_\_

AED on site location: \_\_\_\_\_

**Safety Person's  
Emergency Telephone Numbers**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: \_\_\_\_\_

AED on site location: \_\_\_\_\_

**Safety Person's  
Emergency Telephone Numbers**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

Ambulance: \_\_\_\_\_

Hospital: \_\_\_\_\_

Poison Control: \_\_\_\_\_

AED on site location: \_\_\_\_\_

**Safety Person's  
Emergency Telephone Numbers**

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility Phone #: \_\_\_\_\_

Fire: \_\_\_\_\_

Police: \_\_\_\_\_

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: \_\_\_\_\_