



Incident Action Plan—Quick Reference Sheet

The following information should be transferred from the Incident Action Plan Form and kept in a known location, such as the entry platform.

Contact List

Training Coordinator: _____ **Phone #:** (____) _____ - _____

ST Operator / Owner: _____ **Phone #:** (____) _____ - _____

Sub Sea Systems, Inc.: jim@subseasystems.com **Phone #:** (530) 626 - 0100
hannah@subseasystems.com **Fax #:** (530) 626 - 0113

Other: _____ **Phone #:** (____) _____ - _____

Other: _____ **Phone #:** (____) _____ - _____

Emergency Phone Numbers

Fire: (____) _____ - _____

Paramedic: (____) _____ - _____

Police: (____) _____ - _____

Hospital: (____) _____ - _____

Alt. Hospital: (____) _____ - _____

U.S. Embassy: (____) _____ - _____

www.usembassy.gov

Other Embassy: (____) _____ - _____

Media

Person responsible for talking to media:

Name: _____ **Phone #:** (____) _____ - _____

Hotel (local hotel(s) in case of an emergency)

Hotel: _____ **Phone #:** (____) _____ - _____

Address: _____ **Contact:** _____

Hotel: _____ **Phone #:** (____) _____ - _____

Address: _____ **Contact:** _____

Hotel: _____ **Phone #:** (____) _____ - _____

Address: _____ **Contact:** _____



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LIST OF IMPORTANT RESOURCES

Transportation

NAME OF COMPANY

PHONE NUMBER

Ambulance _____

(____)_____-_____

Taxi Service _____

(____)_____-_____

Helicopter _____

(____)_____-_____

General Aviation _____

(____)_____-_____

Cruise Ship Port Agent _____

(____)_____-_____

Emergency Services

NAME OF COMPANY

PHONE NUMBER

Hospital _____

(____)_____-_____

Police / Authorities _____

(____)_____-_____

Search & Rescue _____

(____)_____-_____

Coast Guard _____

(____)_____-_____

Other Services

NAME OF COMPANY

PHONE NUMBER

Language Interpreter _____

(____)_____-_____

Medical Examiner / Coroner _____

(____)_____-_____

Clergy _____

(____)_____-_____

Crematory _____

(____)_____-_____

Embassy or Consultant _____

(____)_____-_____

Bank _____

(____)_____-_____