| **HOME EMERGENCY PLAN** | | | | |
| --- | --- | --- | --- | --- |
| Address | Tel No | what3words | Easting | Northing |
|  |  |  |  |  |

| **Important Contacts** | | | |
| --- | --- | --- | --- |
| Neighbours | name: | police non urgent | 101 |
|  | tel: | Loss of power | 105 |
|  | name: | NHS 24 | 111 |
|  | tel: | Doctor |  |
| if living alone | name: | Vet |  |
| Next of kin | tel: |  |  |

| **Home Safety Information** | |
| --- | --- |
| Safety information | Number & location (*write clearly*) |
| Fire extinguishers |  |
| Fire Blanket |  |
| Fuel Oil cut off |  |
| Electric mains switch |  |
| Fuel cans / Gas bottles |  |
| Water stop cock |  |

| **Contacting Emergency Services** | | |
| --- | --- | --- |
| IN EMERGENCY  PHONE 999 | **answer operator’s questions as clearly as possible such as :** | |
| State service needed  Police,  Fire,  Ambulance | **Fire:**  Address?  Where is the fire?  Anyone unaccounted for? | **Medical:**  What symptoms?  What has happened?  Where? |
| Your Name?  Number in building? | Alternative phone contact? |