



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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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: _____

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