

## Standard General Conditions Project Emergency Contact Information

X 712 (2020-02)

## PROJECT EMERGENCY CONTACT INFORMATION

DATE ISSUED:		PROJECT TITLE:		
CITY BUSINESS UNIT:		AGREEMENT EFFECTIVE DATE:		
CITY REPRESENTATIVE:		PURCHASE ORDER NUMBER:		
DESIGN PROFESSIONAL (if applicable):		RFx NUMBER:		
CONTRACTOR:		CITY FILE NUMBER (optional);		
All safety incidents on the <i>Project Site</i> must follow-up.     Any incident resulting in significant damage contractor or member of the public must be a since instructions do not supersede, replacing investigation as outlined in the <i>Occupationa</i> .     This information form must be displayed geographical locations, additional copies <i>Site</i> location.	to property of The City reported to The City, ce, or take precedence I Health and Safety A d in a conspicuous	ty or any adjacent propert Risk Management and C ce over the minimum rec act (Alberta) and site-spec s location on the <i>Proje</i>	ty owner or injury to, or death of any worker, claims Division by contacting 403-268-5443. Quirements for safety incident reporting and cific response procedures.	
AMBULANCE, FIRE, POLICE (24 H	IOURS)	9-1-1		
Alberta Workplace Health & Safety	•	1-866-415-8690		
Alberta Environment (24 Hours)		1-800-222-6514		
City of Calgary OHS Emergency (24 Hours)		587-999-4993 (all City except Water or W&RS)		
City Water or Waste & Recycling	.4 110013)	403-880-3606	only except tracer or trans,	
only tracer or tracer a most oming				
PROJECT SITE LOCATION(S)/ADDRESS OR DI	RECTIONS:			
	PROJECT SPECI	IFIC CONTACTS		
CITY REPRESENTATIVE				
NAME	PRIMARY PHONE		EMAIL	
DESIGN PROFESSIONAL (if applicable)	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)		
NAME	PRIMARY PHONE	CELL		
CITY'S SAFETY REPRESENTATIVE	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)	EMAIL	
NAME	PRIMARY PHONE	CELL	EMAIL	
PRIME CONTRACTOR FOR SAFETY	(XXX-XXX-XXXX)	(XXX-XXX-XXXX)		
NAME OF FIRM				



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CONTRACTOR'S REPRESENTATIVE (EMERGENCY CONTACT)					
NAME	PRIMARY PHONE (XXX-XXX-XXXX)	CELL (XXX-XXX-XXXX)	EMAIL		
CONTRACTOR'S AUTHORIZED DESIGNATE (EMERGENCY CONTACT)					
NAME	PRIMARY PHONE (XXX-XXX-XXXX)	CELL (XXX-XXX-XXXX)	EMAIL		
CONTRACTOR'S PROJECT SITE FIRST AID	ATTENDENT				
NAME	PRIMARY PHONE (XXX-XXX-XXXX)	CELL (XXX-XXX-XXXX)	EMAIL		
OTHER EMERGENCY CONTACT	,	,			
NAME	PRIMARY PHONE (XXX-XXX-XXXX)	CELL (XXX-XXX-XXXX)	EMAIL		
MUSTER LOCATION  MUSTER SITE LOCATION(S)/ADDRESS OR DIRECTIONS:					
	CLOSEST MEDIC	AL FACILITY			
FACILITY NAME: ADDRESS:		PHONE (XXX-XXX-X	(XXX):		
NOTE: Attach and post at the <i>Project Site</i> a map of the closest medical facility, including address.					
-		ERVICE CONTACT			
ALBERTA FIRST CALL					
ATCO GAS	PRIMARY PHONE (XX	XX-XXX-XXXX)	_		
100 040			_		
ENMAX	PRIMARY PHONE (X)	xx-xxx-xxxx)			
WATER SERVICES	PRIMARY PHONE (XX	XX-XXX-XXXX)	_		
WATER SERVICES	311		_		
OTHER	PRIMARY PHONE				
OTHER	PRIMARY PHONE (XX	XX-XXX-XXXX)	_		
	PRIMARY PHONE (XX		_		
<b>Note</b> : All italicized terms and expressions used on this For that there is a conflict in the defined terms, the meanings a			recent Standard General Conditions. In the event		
ISSUED TO: Business Unit File COPY TO: Contractor, ESM					