



COACHING PROGRAM EMERGENCY ACTION PLAN

Location or Fire/Flood Plan: _____ Plan & Map Attached? Y N
 Location of Telephones: _____ Marked on Facility Diagram? Y N

General Information

Facility Name: _____ Diagram of Facility Attached? Y N
 Address: _____

Clear Directions to the Facility for Emergency Personnel (Map Attached)

Charge Person: _____ Phone # _____
 Role/Responsibility of Charge Person _____

Alternate Charge Person: _____ Phone # _____
 Call Person: _____ Phone # _____
 Role/Responsibility of Call Person _____

Alternate Call Person: _____ Phone # _____

Item	Location	Date Last Checked/ Reviewed	Notes
First Aid Kit – Human			List of Contents Attached Y N
First Aid Kit – Horse			List of Contents Attached Y N
Fire Extinguishers			Location Marked on Facility Diagram Y N
Rider Profiles/Phone #'s			What security measures are in place for the profiles?
Staff Profiles/Phone #'s			
Horse Profiles/Phone #'s			

Phone Numbers

Emergency, Ambulance, Fire, Police, Poison Control - 911 unless otherwise specified in your area

Main House _____

Stable _____

Important Locations	Name	Phone #
Hospital		
Veterinarian		
After Hours Vet		
Farrier		

Clear Directions to Hospital: (Map Attached)

Clear Directions to Vet Hospital: (Map Attached)