



COACHING PROGRAM EMERGENCY ACTION PLAN

Location or Fire/Flood Plan:

Plan & Map Attached?

Location of Telephones:

Marked on Facility Diagram?

General Information

Facility Name:

Diagram of Facility Attached?

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
First Aid Kit – Horse			List of Contents Attached
Fire Extinguishers			Location Marked on Facility Diagram
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)



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Clear Directions to the Facility for Emergency Personnel

Clear Directions

Images



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Clear Directions to Hospital

Clear Directions

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Clear Directions to Vet Hospital

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