



ERP

Emergency

Response

Plan



**Cleaner & Dryer
Fire & Flood Clean Up**

419-382-5326

888-654-2532

Business Emergency Response Plan

Plan To Stay In Business

Business Name: _____ Date: _____

Address: _____ Building # _____

If this location is not accessible, we will operate from one of the locations listed below:

Business Name

Business Name

Address

Address

City, State, Zip

City, State, Zip

Phone Number

Phone Number

The following person is our primary crises manager and will serve as the company spokesperson in an emergency.

Name: _____

Phone # _____

Alternative # _____

E-mail _____

The following person is our secondary emergency contact and will manage a crisis if the primary crises manager is not available.

Name: _____

Phone # _____

Alternative # _____

E-mail _____

Emergency Phone Numbers and Information:

1. Dial 911 in any emergency

2. Non Emergency Police # _____

3. Non Emergency Fire # _____

4. Cleaner & Dryer Flood & Fire Clean up # 888-654-2532

5. 1st Emergency Calling Tree # _____

Suppliers & Contractors:

Company Name: Cleaner & Dryer Flood and Fire Clean Up

Street Address: 5056 Angola Road

City : Toledo State: Ohio Zip Code: 43615

Contact Name: _____ Account # _____

Phone: 888-654-2532 Fax: 419-382-7988 E-Mail: Office@cleaneranddryer.com

Materials/Service Provided: Flood - Fire and Emergency Clean Up and Restoration Services

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Back Up Suppliers / Services

If our normal suppliers experience a crisis, we will obtain supplies/service from the following:

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Company Name: _____

Street Address: _____

City : _____ State: _____ Zip Code: _____

Contact Name: _____ Account # _____

Phone: _____ Fax: _____ E-Mail: _____

Materials/Service Provided : _____

Our Evacuation Plan For This Location is As Follows:

(Check off when completed)

_____ We have developed an evacuation plan in collaboration with neighboring businesses and building owners to avoid confusion and gridlock.

_____ We have located, copied and posted building and site maps.

_____ We have posted evacuation routes on each floor and work area.

_____ Exits are clearly marked.

_____ We will practice evacuation procedures _____ times per year.

If we must leave the workplace quickly:

- Our warning system is: _____ and we will test the warning system and record the results _____ times per year.
- Our meeting or assembly site/sites will be: _____

- Assembly site manager: Name: _____
Cell Phone # _____
Alternate: Name: _____
Cell Phone # _____
 - Responsibilities Include:
 - _____
 - _____
 - _____
- Shut Down Manager: Name: _____
 - Cell Phone # _____
 - Responsibilities Include:
 - _____
 - _____
 - _____
- _____ is responsible for issuing the all clear.

Our Shelter In Place Plan For This Location is As Follows:

(Check off when done)

_____ We have talked to co-workers about emergency supplies, if any, the company will provide in the shelter location and which supplies individuals might consider keeping in a portable kit, personalized for individual needs.

_____ We have located, copied and posted shelter location(s) and building maps.

_____ We will practice shelter procedures _____ times per year.

If we must leave the workplace quickly:

- Our warning system is: _____ and we will test the warning system and record the results _____ times per year.
- Our Shelter location(s) is/are located: _____

Our "seal the room" shelter location is _____

Our shelter location manager is: _____

Cell Phone # _____

Their responsibilities include: _____

- _____
- _____
- Shut Down Manager: Name: _____
 - Cell Phone # _____
 - Responsibilities Include:
 - _____
 - _____
 - _____

- _____ is responsible for issuing the all clear.

Communications:

We will communicate our emergency plans with co-workers in the following way: _____

In the event of a crisis, we will communicate with our co-workers in the following way: _____

Computer Security:

- To protect our computer hardware we will: _____

- To protect our computer software we will: _____

- If our computers are destroyed we will: _____

Records Back-up:

- _____ is responsible for backing up our critical records including payroll.
- Back-up records including this plan, site maps, building blueprints, insurance policies, bank records and computer back ups are stored on-site here: _____
- Another set of the above back up information is stored off site here: _____
- If our payroll and accounting records are destroyed, we will provide continuity in the following ways:

We will review and update this ERP every _____ months.

- Some items that may change from review to review...
 - Contact names, locations and phone numbers.
 - Key personnel, including members of the ERP team.
 - Additional equipment or computers.
 - Building changes due to remodeling or additions.

Insurance Coverage Discussion Form

Use this form to discuss your insurance coverage with your agent. Having adequate coverage now will help you recover more rapidly from a crisis.

Insurance Agent: _____

Address: _____

Phone # _____ Fax# _____ E-mail _____

Type of Insurance	Policy #	Deductibles	Policy Limits	Coverage
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Questions To Ask

- | | | |
|--|-----------|----------|
| 1. Do we need Flood Insurance? | Yes _____ | No _____ |
| 2. Do we need Earthquake Insurance? | Yes _____ | No _____ |
| 3. Do we need Business Income Insurance? | Yes _____ | No _____ |
| 4. Do we need Extra Expense Insurance? | Yes _____ | No _____ |
| 5. Is there anything you can recommend? | Yes _____ | No _____ |

Write down any other questions you might have: _____

Emergency Supply Check List

- _____ Water. If possible, one gallon per person per day for drinking water. You must determine what amount you are able to store comfortably.
- _____ Food. At least a 3 day supply of non-perishable food items.
- _____ Battery powered radio and extra batteries.
- _____ Flashlight and extra batteries.
- _____ First Aid kit. Include bandages, gauze, and antiseptic.
- _____ Whistle to signal for help.
- _____ Dust or filter mask.
- _____ Moist towelettes for sanitation.
- _____ Wrench or pliers to turnoff utilities.
- _____ Can opener for food items.
- _____ Plastic sheeting and duct tape to "seal the room" if needed.
- _____ Garbage bags and plastic ties for personal sanitation.

Check to see if you have any special needs that are not included in this list. You may also consider the following items:

- _____ Generator
- _____ Cell phone with extra batteries.
- _____ Extended tool kit. (hammer, pry-bar, socket set etc..)
- _____ Blankets or sleeping bags
- _____ Porte-potty or system for personal use.

Emergency Calling Tree

One phone call starts the calling tree in motion. It should start with the person in charge of the ERP and go in a predetermined order. Some suggestions are: all department heads who then start the calling tree in their departments. Critical contacts made first, for example, maintenance, security, owner, CEO, managers. You decide the order and create the list.

**If someone calling their contact on the list cannot reach that person,
they are to call the next person on the list.**

Name

Phone #

Cell Phone #

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