



Emergency Medical Contact Sheet

This document should be filled out and/or modified for each logging operation/contract.

On Site Safety Officer: This individual should have documentation proving completion of all OSHA safety trainings applicable to your operation.

Name: _____

Closest Hospital

Name: _____

Address: _____

Phone Number: _____

Emergency Services Phone Numbers

EMT/Paramedic: _____

Fire: _____

Police: _____

Locations of Critical Equipment

Location(s) of Spill Kit: _____

Location(s) of First Aid: _____

Work Site Location (Include proximity to closest intersection and directions on logging roads.)
