**E4 Emergency Contingency Planning**

Appendix 2

**LOCAL SUPPORT AGENCIES**

Local Contacts and Telephone numbers to be completed as appropriate to the service site.

|  |  |  |
| --- | --- | --- |
| **Agency** | **Local Contact** | **Telephone Number** |
| Police: |  |  |
| Gas: |  |  |
| Electricity: |  |  |
| Water: |  |  |
| Voluntary Organisations: |  |  |
| Local Hospital(s): |  |  |
| ASC Emergency Planning: Housing: Environmental Health: |  |  |
| Taxi’s / Local Transport: |  |  |
| Landlord Contact: |  |  |
| OA Residential Day Service Contact if applicable: |  |  |

**Other Information**