**E4 Emergency Relocation Site Details – Appendix 5a/ 5b**

**RELOCATION SITE A**

Name:

Address:

Telephone No:

Secondary No:

Location of keys if applicable:

If not held on site contact key holder

Key holders Name:

Key holders Address:

Key holders Tel No:

General Risk Assessment (for none Provider Services establishments - see attached.

Site Plan attached: Yes [ ]  No [ ]

Site to be identified in advance to consider:

* Catering • First aid facilities
* Security • Communications
* Health & Safety • Sleeping facilities

Including fire exits

Transport arrangements for relocation to this site:

e.g. Taxi name & telephone number, mini bus, staff cars etc.

**RELOCATION SITE B**

Name:

Address:

Telephone No:

Secondary No:

Location of keys if applicable:

If not held on site contact key holder

Key holders Name:

Key holders Address:

Key holders Tel No:

General Risk Assessment (for none Provider Services establishments - see attached.

Site Plan attached: Yes [ ]  No [ ]

Site to be identified in advance to consider:

* Catering • First aid facilities
* Security • Communications
* Health & Safety • Sleeping facilities

Including fire exits

Transport arrangements for relocation to this site:

e.g. Taxi name & telephone number, mini bus, staff cars etc.