**FORM 1.1 – EMERGENCY CONTACT INFORMATION**

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| **EMERGENCY CONTACT INFORMATION** |
| **PROJECT NAME** |  |
| **PROJECT ADDRESS** |  |
| **SITE CO-ORDINATES** |  | **N** |  | **W** |
| **SITE CONTACT DETAILS** |
| **NAME** | **ROLE** | **PHONE NUMBER** |
|  |  |  |
|  |  |  |
|  |  |  |
| EMERGENCY SERVICES CONTACT DETAILS |
| **SERVICE** | **ADDRESS** | **PHONE NUMBER** |
| **DOCTOR** |  |  |
| **FIRE/GARDAÍ/AMBULANCE** |  | **999 OR 112**  |
| **UTILITY & SERVICE PROVIDERS** |
| **ELECTRICITY (ESB NETWORKS)** | **1850 372 999 (24HR)** |
| **GAS NETWORKS IRELAND** | **1850 20 50 50 (24HR)** |
| **IRISH WATER** | **1890 278 278** |
| **HEALTH & SAFETY AUTHORITY** | **1890 289 389** |
|  |  |
| **ASSEMBLY AREA** |  |
| **EMERGENCY CO-ORDINATOR(S)** | **NAME** | **PHONE** |