



Waltham Fire / L.E.P.C. - 24-hour Contact List
for use by Waltham Fire Dept. during Emergencies



- 1. BUSINESS NAME:
2. LOCATION OF FACILITY:
3. TYPE OF BUSINESS (check all that apply): Office Laboratory Manufacturing Other
4. EMERGENCY CONTACT(s):
5. Is there a 24 / 7 Emergency phone number for this Facility? YES NO
6. If YES, what is it?
7. Who staffs it (i.e. Security, Safety, Facilities, etc...)?
8. If NO, how is off-hour coverage maintained?
9. Additional Individual Emergency Contacts:
1) Job Title: Last Name: First Name: Office Phone: Home phone: Other (cell) phone: Email address:
2) Job Title: Last Name: First Name: Office Phone: Home phone: Other (cell) phone: Email address:
3) Job Title: Last Name: First Name: Office Phone: Home phone: Other (cell) phone: Email address:
10. Primary Emergency Back-up Contractor:

This form was completed by: Print Name, Job title
Signature Date: