

**First Aid Attendant Temporary Plan**

**Workplace name / Floor/ Section**

|  |  |  |
| --- | --- | --- |
| **Police / Fire / Medical** | | **9-1-1** |
| **Security / Commissionnaire:** | **Fill in Name** | 1280px-Black_telephone_icon_from_DejaVu_Sans**Fill in Contact Number** |
| **Location of First Aid Kit:** |  | |
| **First Aid Attendant:** | **Office Location** |  |
| **Name** |  |  |
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| **Person responsible for calling ambulance during emergency:** |  |  |
| **Person who will wait for ambulance and direct to the person in need:** |  |  |