**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**  |   |   |
|   |   |   |
|  |   |   |
|  |   |   |
|  |   |   |
| **Person responsible for calling ambulance during emergency:** |   |   |
| **Person who will wait for ambulance and direct to the person in need:** |   |   |