fidium

EMERGENCY INFORMATION

FIDIUM CONTRACTOR REQUIREMENTS

FIDIUM FACILITY GEOGRAPHIC LOCATION CODE (GLC) & NAME:
_____

NAME OF PROJECT:_____

NORMAL WORK DAYS: _____ NORMAL WORK HOURS: _____
START DATE: _____ COMPLETE DATE: _____ Job Site Phone # _____

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Police:_____
Fire:_____
Ambulance:_____
Hospital:_____
Medical Center:_____
Gas Company:_____
Steam Co.:_____
ElectricCompany:_____
"One Call":_____
Water Co.:_____

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Wholesale Customer Service Center. 866-925-8971.

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If, during the course of this project, **an emergency or other situation which requires prompt attention arises**, contact one of the following, **in the order listed,** at the telephone numbers below.

Consolidated	**NAME**	**DAYTIME**	**(CELLULAR,MOBILE, PAGER)**
Owner's Representative	_____	_____	_____
Team Leader – Const. Svcs.	_____	_____	_____
CO Supervisor – Switching	_____	_____	_____
Manager – Const. Services	_____	_____	_____
Team Leader – Prop. Mgmt.	_____	_____	_____
Manager. – Prop. Mgmt.	_____	_____	_____
CONTRACTORS NAME	_____	_____	_____
PROJECT SUPV. NAME	_____	_____	_____
ELECT. SUBCONT.	_____	_____	_____
MECH. SUBCONT.	_____	_____	_____
ROOF SUBCONT.	_____	_____	_____
OTHER SUBCONT.	_____	_____	_____

OTHER SUBCONT. _____ _____ _____

CONSULTING FIRM _____ _____ _____

CONSULTANT CONTACT _____ _____ _____

Other

ADDITIONAL INFORMATION DEEMED NECESSARY: