

Emergency Action Plan



LOCATION

Dive Site Name:	<input type="text"/>
Address:	<input type="text"/>
Coordinates:	<input type="text"/>

EMERGENCY SERVICES

Rescue Phone Number:	<input type="text"/>
Location of Nearest Phone:	<input type="text"/>
VHF Radio Emergency Channel:	<input type="text"/>

FIRST AID & MEDICAL ASSISTANCE

Location of O2 Kit:	<input type="text"/>
Location of First Aid Kit:	<input type="text"/>

Emergency Vehicle	Description:	<input type="text"/>
	Location of Vehicle:	<input type="text"/>
	Location of Keys:	<input type="text"/>

Local Doctor	Name:	<input type="text"/>
	Phone Number:	<input type="text"/>

Nearest Hospital	Name:	<input type="text"/>
	Phone Number:	<input type="text"/>
	Location:	<input type="text"/>

Nearest Chamber	Name:	<input type="text"/>
	Phone Number:	<input type="text"/>
	Location:	<input type="text"/>

Insurance Information	Health Insurance:	<input type="text"/>
	DAN Member #:	<input type="text"/>
	Phone Number:	<input type="text"/>

FRIENDS OR FAMILY TO CONTACT

Name/Phone Number:	<input type="text"/>
Name/Phone Number:	<input type="text"/>