

**UTILITY OPERATIONS**  
**RAPID EMERGENCY RESPONSE PLAN**

Utility Name:

Date Approved:  Date Updated:

Name of Senior Official reviewing this plan:

Business Address:

Telephone:  Fax:  E-Mail:

- Loss of Service Emergency Procedures**
- 1.
  - 2.
  - 3.
  - 4.
  - 5.

- Identified Threat/Hazard Specific Threat(Earthquake or other) Procedure**
- 1.
  - 2.
  - 3.
  - 4.
  - 5.

- Identified Threat/Hazard Specific Procedures (Fire or other) Procedure**
- 1.
  - 2.
  - 3.
  - 4.
  - 5.

## Public Notification Procedures

- 1.
- 2.
- 3.
- 4.
- 5.

**Utility point of contacts: Identify by priority the top 3 people who are to be the points of contact for your Utility responsible for restoring critical services.**

**PLEASE DO NOT USE THE SAME TELEPHONE NUMBERS IN MULTIPLE BOXES**

	Time Contacted	Job Title	First Name	Last Name	Work #
	Date	E-Mail Address	Cell#	Home#	
	Time Contacted	Job Title	First Name	Last Name	Work #
	Date	E-Mail Address	Cell#	Home#	
	Time Contacted	Job Title	First Name	Last Name	Work #
	Date	E-Mail Address	Cell#	Home#	
	Time Contacted	Job Title	First Name	Last Name	Work #
	Date	E-Mail Address	Cell#	Home#	