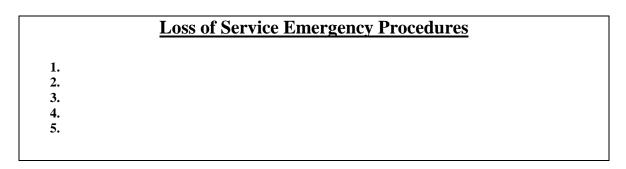
UTILITY OPERATIONS RAPID EMERGENCY RESPONSE PLAN

Utility Name:
Date Approved: Date Updated:
Name of Senior Official reviewing this plan:
Business Address:
Telephone: Fax: E-Mail:



Identified T	reat/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.

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		
	300 The	T list Ivanie	Last Mane	WOIK		
Date	E-Mail Address	Cell#	Home#			
Time Contacted	Job Title	First Name	Last Name	Work		
Date	E-Mail Address	Cell#	Home#			