



Platinum  
VAPOR RECOVERY & BURNER MANAGEMENT

## EMERGENCY CONTACT FORM

In the event that you are involved in an accident or other emergency while at work it is very important that we have on file the name(s) of the person(s) you want us to contact. In the event it is a life-threatening emergency, we will call 911 first. Please fill out the requested information below and return to Human Resources as soon as possible.

Your Name: _____			
Last	First	MI	
Home Phone: _____		Cell Phone: _____	
Address: _____			
Street			
_____			
City	State/Province	Postal Code	

**Primary person to be notified in case of an accident or emergency:**

Name: _____			
Last	First	Relationship	
Home/Work Phone: _____		Cell Phone: _____	

**Secondary person to be notified in case of an accident or emergency:**

Name: _____			
Last	First	Relationship	
Home/Work Phone: _____		Cell Phone: _____	

This information is confidential. It will only be used for the reasons stated above. Your signature below authorizes a Platinum employee to contact the above listed individuals and hospital in the event of an emergency.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**