

**Attachment E: Remote Location Emergency Response Information**

Work Location: \_\_\_\_\_  
(include map for remote locations)

Directions to the Work Location:  
\_\_\_\_\_  
\_\_\_\_\_

Nearest Medical Care facility:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

Directions to Medical Care facility:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate means of communication:  
\_\_\_\_\_

Phone Number (if applicable):  
\_\_\_\_\_

Means of transport to nearest Medical Care location:  
\_\_\_\_\_