**Appendix A: Emergency Response and Contingency Plan Template**

This template is designed to be a starting point to aid you in preparing your own plan. Please modify to suit the needs of your water supply system (e.g. add or delete emergency contacts as you see fit).

**Name of Water Supply System:**

**Mailing Address:**

**Phone Number(s):**

**Date prepared:**

**Emergency Contact Information**

| **Name** | **Phone Number(s)** | **Email** | **Fax** |
| --- | --- | --- | --- |
| Operator (primary): | Primary:Secondary: |  |  |
| Operator: | Primary:Secondary: |  |  |
| Owner (responsible): | Primary:Secondary: |  |  |
| Other owner(s): | Primary:Secondary:Primary:Secondary: |  |  |
| **Health Authority Contacts** |
| Drinking Water Officer/Environmental Health Officer: | Office:Secondary: |  |  |
| Public Health Engineer: | Office:Secondary: |  |  |
| Medical Health Officer: | Office:Secondary: |  |  |
| After hours health authority emergency contact: |  |  |  |
| **Government Agencies** |
| Local Government Emergency Program Coordinator (Municipality): |  |  |  |
| Local Government Emergency Program Coordinator (Regional District): |  |  |  |
| Emergency Management BCEmergency Coordination Centre:  | 1 800 663-3456 |  |  |
| Emergency Management BC Regional Office**:****Central Region**1255-D - Dalhousie DriveKamloops, B.C. V2C 5Z5 | 250 371-5240 |  | 250 371-5246 |
| Ministry of Environment: |  |  |  |
| Ministry of Forests, Lands, & Natural Resource Operations: |  |  |  |
| Ministry of Transportation: |  |  |  |
| **Media** |
|  |  |  |  |
|  |  |  |  |
| **Laboratories** |
| Bacteriological:Address: |  |  |  |
| Chemical:Address: |  |  |  |
| **Emergency Departments** |
| Police / RCMP: |  |  |  |
| Fire Department: |  |  |  |
| Ambulance: |  |  |  |
| Hospital: |  |  |  |
| Health Centre: |  |  |  |
| **Repair Services** |
| Utility: |  |  |  |
| Electrician: |  |  |  |
| Plumber: |  |  |  |
| Bulk water hauler / alternative water supplier: |  |  |  |
| Excavator: |  |  |  |
| Water Well Drilling Contractor: |  |  |  |
| Pump Installer: |  |  |  |
| Computer support: |  |  |  |
| **Equipment Supplier(s)** |
| Water Treatment Supplier: |  |  |  |
|  |  |  |  |
| **Other Local Water Supply System(s)** |
|  |  |  |  |
|  |  |  |  |

In the case of emergency contacts, provide as many forms of communication to each contact as possible (including: primary, secondary and after hours phone numbers). The Emergency Contact Information must be reviewed on an annual basis to ensure the contact information is up to date. Forward any changes to your local Drinking Water Officer or delegate.

|  |  |  |
| --- | --- | --- |
| **Date Reviewed** | **Completed by** | **Forwarded to Drinking Water Officer** |
|  |  |  |
|  |  |  |
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