



LaSalle County Employee Emergency Contact Form

Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

E-Mail Address: _____

Vehicle Information:

Make/Model(s): _____

License Plate #(s): _____

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In the event of an emergency, please list below the names & contact information of two individuals you would like us to contact:

Emergency Contact #1:

Name/Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Work Phone #: _____ Cell Phone #: _____

Emergency Contact #2:

Name/Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home/Work Phone #: _____ Cell Phone #: _____

Emergency Contact Log – to Record Details of any Emergency Situation involving employee

Employee Name: _____

Date: _____ Time: _____ A.M. _____ P.M. Location: _____

Describe in Detail the Emergency Situation (for additional space, use back of form):

Supervisor Calling Contact Person: _____

Name of Person Contacted: _____

Time Contacted: _____ A.M. _____ P.M. Via: Phone # _____

Comments: _____

Time Contact Person Arrived at Facility: _____

Time Employee Left Facility: _____

Signed: _____ Date: _____

Reminder: Please do not store completed form in Personnel File if confidential information is contained within. If applicable, include a copy of this form with other incident reporting documents.