

Emergency Action Plan Notification

Date: [Insert Date]

To: [Contractor's Name]

Company: [Contractor's Company]

Address: [Contractor's Address]

Dear [Contractor's Name],

As part of our commitment to ensuring the safety and well-being of all individuals involved in our projects, we are implementing an Emergency Action Plan (EAP) that outlines procedures for responding to emergencies. This plan is essential for maintaining a safe working environment for all contractors and personnel on-site.

Emergency Contacts:

- Site Supervisor: [Name, Phone Number]
- Safety Officer: [Name, Phone Number]
- Emergency Services: [Local Emergency Contact Number]

Emergency Procedures:

1. Immediately report any emergency situation to the Site Supervisor.
2. Follow the evacuation procedures as outlined in the attached EAP document.
3. Attend the emergency response training scheduled for [Date/Time].

Please find the complete Emergency Action Plan attached for your review. It is critical that you familiarize yourself with these procedures to ensure the safety of all individuals on-site.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

[Your Contact Information]