

24-hour Contact List of Cambridge Bio-Tech Industry Representative(s)  
for use by **Cambridge LEPC** during Emergencies

1. BUSINESS NAME: \_\_\_\_\_
2. LOCATION OF FACILITY: \_\_\_\_\_
3. TYPE OF BUSINESS (check all that apply):  
Office  Laboratory  Manufacturing  Other \_\_\_\_\_
4. EMERGENCY CONTACT(s): \_\_\_\_\_
5. Is there a 24 / 7 Emergency phone number for this Facility? YES  NO
6. If "YES", what is it? \_\_\_\_\_
7. Who staffs it (i.e. Security, Safety, Facilities, etc...)? \_\_\_\_\_
8. If "NO", how is "off-hour" coverage maintained? \_\_\_\_\_
9. Additional Individual Emergency Contacts:
  - 1) Job Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Other (cell) phone: \_\_\_\_\_ Email address: \_\_\_\_\_
  - 2) Job Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Other (cell) phone: \_\_\_\_\_ Email address: \_\_\_\_\_
  - 3) Job Title: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Office Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Other (cell) phone: \_\_\_\_\_ Email address: \_\_\_\_\_
10. Emergency HazMat Spill Response Contractor (w/phone #): \_\_\_\_\_

This form was completed by: \_\_\_\_\_  
Print Name, \_\_\_\_\_ Job title

\_\_\_\_\_ Date: \_\_\_\_\_  
Signature

MAIL TO: Cambridge Fire Dept; Attention: L.E.P.C.; 491 Broadway; Cambridge, MA 02138  
Fax: 617-349-4905; email: mhughes@cambridgefire.org