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| Protocole de communication en cas d’urgence | | | | | | | | | | | | |
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| Nom du responsable | | | | |  | Date et heure de départ | | | | |  | |
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| Activité | | | | |  | Date et heure de retour | | | | | | |
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| Véhicule | |  | #Appareil *Spot* | |  | CB- # Canal | | |  | Location réponse URGENCES (voir E carte Acadian Timber) | | |
|  | | | | |  |  | | | | | | |
| Location du site visité | | | | |  | Adresse civique | | | | | | |
|  | | | | |  |  | | | | | | |
| Nom de la route ou son numéro | | | | |  | Secouriste(s) | | | | | | |
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| Personnes à contacter en cas d'urgence | | | | | | | | | | | | |
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| **737-5100** | | | | |  | **737-5050** | | | | | | |
| UMCE(gardien) | | | | |  | UMCE | | | | | | |
| **735-1050** | |  | **263-1050** | |  | **235-2149** | | |  | **911** | | |
| GRC-Edmundston | |  | GRC-Rivière Verte | |  | GRC-St-Quentin | | |  | Ambulance-Pompiers | | |
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| Trousse de 1ers soins : sous le siège du co-pilote (Van UMCE) | | | | | | | | | | | | |
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| Imprimer deux copies du formulaire : 1 que vous gardez avec vous dans le véhicule 2e à déposer au local SF-111 | | | | | | | | | | | | |
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