

# DOMINION ENERGY EMERGENCY AND EDUCATIONAL LIAISON RECORD



DEUWI     DEQP

NAME OF PERSON, AGENCY, ORGANIZATION		DATE OF CONTACT
ADDRESS (LOCATION)	G.P.S	NO. OF PEOPLE IN ATTENDANCE

**CONTACTS:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Fire Department    | <input type="checkbox"/> Civil Defense  | <input type="checkbox"/> Public Gathering         | <input type="checkbox"/> Contractors      |
| <input type="checkbox"/> Police             | <input type="checkbox"/> National Guard | <input type="checkbox"/> State Highway Department | <input type="checkbox"/> Public Officials |
| <input type="checkbox"/> F.B.I.             | <input type="checkbox"/> General Public | <input type="checkbox"/> State Highway Patrol     | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Sheriff Department | <input type="checkbox"/> Customers      | <input type="checkbox"/> Educational Institution  |   |

**TYPE OF CONTACT:**

- |   |  |  |                                       |
|---|--|--|---------------------------------------|
| <input type="checkbox"/> Person-to-Person | <input type="checkbox"/> Written Communciation | <input type="checkbox"/> Group Meeting | <input type="checkbox"/> Other: _____ |
|---|--|--|---------------------------------------|

**OBJECTIVE OF CONTACT:**

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Routine Liaison                  | <input type="checkbox"/> Coordination of Emergency Plan | <input type="checkbox"/> Accident Investigation of Critique | <input type="checkbox"/> Maintenance of Communication Links |
| <input type="checkbox"/> Emergency Planning               | <input type="checkbox"/> Utilization of Natural Gas     | <input type="checkbox"/> Excavation Safety                  | <input type="checkbox"/> Hand Out 811 Info                  |
| <input type="checkbox"/> Leak Recognition and Reporting   | <input type="checkbox"/> Problem Solving                | <input type="checkbox"/> Mutual Assistance                  | <input type="checkbox"/> Other: _____                       |
| <input type="checkbox"/> Emergency Control of Natural Gas | <input type="checkbox"/> Exchange of Information        | <input type="checkbox"/> Security                           |   |

<b>TYPE OF PRESENTATION:</b> <input type="checkbox"/> Lecture <input type="checkbox"/> Demonstration <input type="checkbox"/> Film Shown <input type="checkbox"/> Conversation	<b>NO. OF COMPANY REPRESENTATIVES PRESENT</b> _____	<b>SIGNATURE OF PERSON CONTACTED</b>	<b>DATE</b>
<b>SIGNATURE OF PERSON RESPONSIBLE</b>			<b>RESP. CODE</b>
<b>REMARKS:</b>   			