



Emergency information

For this home

Fill it in and keep it somewhere easy to find, like the fridge. In an emergency, it has the answers ready for the ambulance crew, the Gardaí and your family.



In an emergency

For the Gardaí, an ambulance, the fire brigade or the coast guard.

Say which service you need. Give your Eircode and address, and how to find you. Stay calm, and stay on the line.

Ring

112 or 999

Free, from any phone



Other emergency lines

- **Smell gas?** Gas Networks Ireland **1800 20 50 50**, 24 hours, whoever your gas supplier is. Trouble with 1800 numbers? **01 920 5050**.
- **Power cut, fallen wires or damaged lines:** ESB Networks **1800 372 999**, 24/7.
- **Urgent water or sewer problem:** Uisce Éireann **1800 278 278**, 24/7.
- **Information about a crime, in confidence:** Garda Confidential Line **1800 666 111**. You don't have to give your name.



If you smell gas

- Turn off gas appliances. Don't smoke, vape or use a flame.
- Don't unplug or switch anything electrical on or off. Open the windows and doors.
- If the smell stays, turn off the gas at the meter.
- Ring **1800 20 50 50** from outside or from a neighbour's phone. Can't get through? **999** or **112**.



This home

Address _____

Eircode 7 characters Phone here landline

How to find us house name, colour of the door, nearest landmark



Where things are

Know where to turn off the water, the electricity and the gas.

Water: inside stop valve (stopcock) often under the kitchen sink

Electricity: fuse board and main switch

Gas: meter and shut-off valve

Local Garda station _____ phone _____

Don't write PINs, passwords, alarm codes or bank details on this sheet. Visitors can see it.

**Who lives here**

Name	Age	Mobile	Things to know hearing, sight, walking, language

**Health**

When an ambulance is coming, have the GP's details, the medicines and any allergies ready.

Name	Medicines or where the list is kept	Allergies	Conditions and medical equipment

**People to call**

Name	Who they are next of kin, neighbour	Phone	Has a key
			☐
			☐
			☐
			☐

**Doctor and pharmacy**

GP name, practice and phone

Pharmacy _____ name and phone

**One thing to do today**

Fill this in today, put it on the fridge, and tell your family it is there. Change it when anything changes.

Last updated _____ date