

# Emergency Contact Information and Recall Roster

## Key Personnel Contact Information<sup>1,2</sup>

---

### Administrator

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Assistant Administrator

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Medical Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Director of Nursing

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Assistant Director of Nursing

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Staff Development Coordinator

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Business Office Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Maintenance Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Human Resources Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Safety/Security Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

---

<sup>1</sup> E-0030, Appendix Z (see flash drive)

<sup>2</sup> E-0031, Appendix Z (see flash drive)

# Emergency Contact Information and Recall Roster

## Environmental Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Food Service Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Social Services Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Activities Director

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Other Staff Positions

Name/Title:

Contact Number(s):

Name/Title: \_\_\_\_\_

Contact Number(s):

Name/Title: \_\_\_\_\_

Contact Number(s):

Name/Title: \_\_\_\_\_

Contact Number(s):

## State Agency Contact Information

### Local Ombudsman

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Office of State Long-Term Care Ombudsman

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### State Licensing and Certification Agency

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

# Emergency Contact Information and Recall Roster

## Emergency Responder Contact Information

### Police

Name of Contact: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Fire

Name of Contact: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### EMS

Name of Contact: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Emergency Management City/County Coordinator

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Regional, State, and or Tribal Support

Name/Title: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name/Title: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name/Title: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name/Title: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Alternate Site Contact Information

### Alternate Facility/Relocation Sites

Name of Facility/Relocation Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of Facility/Relocation Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

# Emergency Contact Information and Recall Roster

Name of Facility/Relocation Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of Facility/Relocation Site: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

## Services Contact Information

---

### Transportation Services

Name of Transportation Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of Transportation Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Name of Transportation Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

### Insurance Agent

Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

### Fire Alarm Monitoring System

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

### Electric Company

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

# Emergency Contact Information and Recall Roster

## Gas Company

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## HVAC

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Public Works

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Trash Removal

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Cable

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Telephone

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Cell Phone Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

# Emergency Contact Information and Recall Roster

## Other Communication Providers

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Generator Vendor

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Generator Fuel Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Back-Up Generator Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Pharmacy Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Medical Supplies

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

# Emergency Contact Information and Recall Roster

## Food Service Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_

## Emergency Water Provider

Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Number(s): \_\_\_\_\_

Account Number(s): \_\_\_\_\_