

Appendix D: Facility Contact Lists

Organizational Information

Organization: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ Fax: (____) _____

Owner of LTC Community/Organization

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ Fax: (____) _____

Cell Phone Number: (____) _____

E-mail: _____

Administrator/Executive Director

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (____) _____ Fax: (____) _____

Cell Phone Number: (____) _____

E-mail: _____

Emergency Contact Roster - Internal

Emergency Contact Roster will be placed:

- 1.
- 2.

Training provided to notify staff where the rosters are and when to utilize

Facility Command Center Location:

Alternate Facility Command Center Location:

Command Center Telephone Number(s):

Administrator

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Medical Director

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Director of Nursing

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Appendix D: Facility Contact Lists

Email: _____

Other: _____

Director of Environmental Services

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Plant Maintenance Supervisor

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Dietary/Food Services Director

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Security Director

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Appendix D: Facility Contact Lists

Other: _____

Safety Director

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Public Information Officer

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Behavioral Health/Social Work

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Others

Name: _____

Work #: _____

Cell #: _____

Home #: _____

Email: _____

Other: _____

Emergency Contact Roster - External

Organization	Point of Contact
Fire	
Law Enforcement	
Emergency Medical Services	
City Emergency Manager (If applicable)	
County Emergency Management	
Local Emergency Room or Hospital	
Regional Hospital Resource Center	
Local Public Health Office	
Minnesota Department of Health – Compliance Monitoring	
Minnesota Department of Health – Office of Emergency Preparedness	
Aging Services of Minnesota / Care Providers	

Physicians

Name	Office #	Cell	Pager