## 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):**

|  |  |
| --- | --- |
| **Title** | **Contact Information** |
| **Administrator** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Medical Director** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Director of Nursing** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Director of Environmental Services** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Plant Maintenance Supervisor** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Dietary/Food Services Director** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Security Director** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Safety Director** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Public Information Officer** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Behavioral Health / Social Work** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |
| **Others:** | **Name:** |
|  | **Work:** |
|  | **Cell:** |
|  | **Home:** |
|  | **E-mail:** |
|  | **Other:** |

## Emergency Contact Roster - External

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |
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