

FILL IN THE REQUESTED INFORMATION BELOW AND SEND IT TO YOUR LOCAL OFFICE OF EMERGENCY MANAGEMENT. DO NOT SEND A COPY OF YOUR PLAN. UPDATE AND SUBMIT THIS SHEET ANNUALLY.

(Nashville Office of Emergency Management: Fax: 615-862-8534, Email: oem@nashville.gov)

BASIC HEALTH CARE FACILITY INFORMATION

FACILITY NAME: _____ PHONE: _____

STREET ADDRESS: _____ FAX: _____

CITY: _____ ZIP: _____

PRIMARY 24 HOUR POINT OF CONTACT:

NAME: _____ WORK PHONE: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ CELL PHONE: _____

PAGER: _____

ALTERNATE 24 HOUR POINT OF CONTACT:

NAME: _____ WORK PHONE: _____

ADDRESS: _____ HOME PHONE: _____

CITY: _____ CELL PHONE: _____

PAGER: _____

NUMBER OF BEDS AT THIS FACILITY: _____

NUMBER OF FULL TIME EMPLOYEES: _____ NUMBER OF PART TIME EMPLOYEES: _____

NUMBER OF VEHICLES AVAILABLE FOR EMERGENCY EVACUATION: _____

NAME OF YOUR FACILITY'S PAIRED FACILITY: _____

THIS FACILITY HAS AN EMERGENCY GENERATOR: YES: _____ NO: _____

DATE: _____ PRINTED NAME: _____

SIGNATURE: _____