

**CALIFORNIA ASSOCIATION OF HEALTH FACILITIES  
DISASTER PLANNING GUIDE**

**FACILITY STAFF EMERGENCY CONTACT LIST**

**THIS EMERGENCY CONTACT INFORMATION CHART SHOULD BE UPDATED ON AT LEAST AN ANNUAL BASIS OR WHENEVER SIGNIFICANT CHANGES OCCUR. IN ADDITION TO THIS INFORMATION, A COPY OF THE FACILITY'S REGULAR PHONE LIST SHOULD BE INCLUDED IN THE EMERGENCY OPERATIONS PLAN.**

<b>FACILITY NAME:</b>	_____	<b>CITY, ZIP, STATE:</b>	_____
<b>ADDRESS:</b>	_____	<b>FAX:</b>	_____
<b>PRIMARY PHONE:</b>	_____	<b>ADDITIONAL BUSINESS PHONE NUMBERS ASSOCIATED TO THIS FACILITY:</b>	
		_____	
<b>FACILITY WEBSITE:</b>	_____	<b>DATE OF MOST RECENT UPDATE:</b>	_____

STAFF NAME	POSITION	PHONE# / CELL PHONE#	EMAIL	ADDRESS
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

