
Section I: Basic Plan Elements

1. Facility Information/"Quick Look" Profile

Facility Name: _____

Medicare & Medicaid Provider Number: _____

Facility Address: _____

Facility Phone Number & Fax Number: _____

Facility Email & Website: _____

Facility Emergency Cell Phone/Pager Numbers: _____

Administrator & Contact Numbers: _____

Maintenance Coordinator & Contact Numbers: _____

Director of Nursing & Contact Numbers: _____

Owners: _____

Owner Phone Number & Fax Number: _____

Owner Email & Website: _____

Insurance Agent, Contact Number, & Policy Number: _____

Number of Beds/Breakdown Types of Beds: _____

Number of Staff per Shift: _____

Number of Buildings: _____

Building Construction Type/Year Built: _____

Number of Stories: _____ Number of Buildings: _____

Water System—Well ☐ or City Water ☐ Sewer System—Sewer ☐ or Septic Tank ☐

Elevation of Facility: _____ Located in a Flood Hazard Area ☐ Yes or ☐ No

Fire Protection—Sprinkler System, ☐ Yes or ☐ No, Type: _____

Fire Alarm System—Name of Monitoring Service: _____

Emergency Generator—☐ Yes or ☐ No

Generator Information See Appendix A

Location of Nearest Helicopter Landing Zone (Longitude/Latitude Coordinates): _____

Fire Department Jurisdiction: _____ Telephone No: _____

Police Jurisdiction: _____ Telephone No: _____

EMS Jurisdiction: _____ Telephone No: _____

County EM Agency Jurisdiction: _____ Telephone No: _____

List of Emergency Management County Coordinators

See Appendix B

Floor Plans/Evacuation Diagrams

See Appendix C