|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. **INCIDENT NAME** |  | | | 1. **OPERATIONAL PERIOD** | | |
| **DATE: FROM:**       **TO:**  **TIME: FROM:**        **TO:** | | |
| 1. **CONTACT INFORMATION** | | | | | | |
| **COMPANY/AGENCY** | **COMPANY/AGENCY/**  **NAME** (24/7 contact)  (24/7 CONTACT) | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | **FAX** / **WEBSITE** |
| Agency for Toxic Substances and  Disease Registry (ATSDR) |  |  |  | |  |  |
| Ambulance/EMS |  |  |  | |  |  |
| American Red Cross |  |  |  | |  |  |
| Biohazard Waste Company |  |  |  | |  |  |
| Buses |  |  |  | |  |  |
| Cab, City |  |  |  | |  |  |
| Emergency Management Agency |  |  |  | |  |  |
| CDC |  |  |  | |  |  |
| Clinics |  |  |  | |  |  |
| Coroner/Medical Examiner |  |  |  | |  |  |
| Dispatcher - 911 |  |  |  | |  |  |
| Emergency Operations Center (EOC), Local |  |  |  | |  |  |
| Emergency Operations Center (EOC), State |  |  |  | |  |  |
| Engineers: |  |  |  | |  |  |
| HVAC |  |  |  | |  |  |
| Mechanical |  |  |  | |  |  |
| **COMPANY/AGENCY** | **COMPANY/AGENCY/**  **NAME** (24/7 contact) | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | **FAX** / **WEBSITE** |
| Seismic |  |  |  | |  |  |
| Structural |  |  |  | |  |  |
| Environmental Protection Agency (EPA) |  |  |  | |  |  |
| Epidemiologist |  |  |  | |  |  |
| Family/Guardian | *SEE FAMILY/GUARDIAN*  *CONTACT LIST* |  |  | |  |  |
| Fire Department |  |  |  | |  |  |
| Food Service |  |  |  | |  |  |
| Fuel distributor |  |  |  | |  |  |
| Fuel trucks |  |  |  | |  |  |
| Funeral Homes/Mortuary Services |  |  |  | |  |  |
| Generators |  |  |  | |  |  |
| HazMat Team |  |  |  | |  |  |
| Health Department, Local |  |  |  | |  |  |
| Heavy Equipment (e.g., Backhoes, etc.) |  |  |  | |  |  |
| Home Repair/Construction Supplies: |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Hospitals: |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| **COMPANY/AGENCY** | **COMPANY/AGENCY/**  **NAME** (24/7 contact) | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | **FAX** / **WEBSITE** |
| Hotel/motel |  |  |  | |  |  |
| Housing, Temporary |  |  |  | |  |  |
| Ice, Commercial |  |  |  | |  |  |
| Laboratory Response Network |  |  |  | |  |  |
| Laundry/Linen Service |  |  |  | |  |  |
| Law Enforcement: |  |  |  | |  |  |
| City Police |  |  |  | |  |  |
| County Sherriff |  |  |  | |  |  |
| Highway Patrol |  |  |  | |  |  |
| Licensing & Certification District Office |  |  |  | |  |  |
| Licensing & Certification  After-Hour Line |  |  |  | |  |  |
| Local Office of Emergency Services |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Long-Term Care Facilities: |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Media: |  |  |  | |  |  |
| Print |  |  |  | |  |  |
| **COMPANY/AGENCY** | **COMPANY/AGENCY/ NAME** (24/7 CONTACT) | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | **FAX** / **WEBSITE** |
| Radio |  |  |  | |  |  |
| Radio |  |  |  | |  |  |
| TV |  |  |  | |  |  |
| TV |  |  |  | |  |  |
| TV |  |  |  | |  |  |
| Medical Gases: |  |  |  | |  |  |
| Medical Supply: |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Medication, Distributor: |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Moving Company: |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Pharmacy, Commercial: |  |  |  | |  |  |
|  |  |  |  | |  |  |
|  |  |  |  | |  |  |
| Poison Control Center |  |  |  | |  |  |
| Portable Toilets |  |  |  | |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPANY/AGENCY** | | **COMPANY/AGENCY/ NAME** (24/7 CONTACT) | | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | | **FAX** / **WEBSITE** | | |
| Radios: | |  | |  |  | |  | |  | | |
| Amateur Radio Group | |  | |  |  | |  | |  | | |
| Service Provider (e.g., Nextel) | |  | |  |  | |  | |  | | |
| Walkie-Talkie | |  | |  |  | |  | |  | | |
| Repair Services: | |  | |  |  | |  | |  | | |
| Beds | |  | |  |  | |  | |  | | |
| Biomedical Devices | |  | |  |  | |  | |  | | |
| Gardeners/landscapers | |  | |  |  | |  | |  | | |
| Glass | |  | |  |  | |  | |  | | |
| Medical Equipment | |  | |  |  | |  | |  | | |
| Oxygen Devices | |  | |  |  | |  | |  | | |
| Radios | |  | |  |  | |  | |  | | |
| Roadways/sidewalks | |  | |  |  | |  | |  | | |
| Restoration Services (e.g., Service Master) | |  | |  |  | |  | |  | | |
| Road Conditions | | *CALTRANS* | | *1-800-427-7623* |  | |  | |  | | |
| Salvation Army | |  | |  |  | |  | |  | | |
| Shelter Sites | |  | |  |  | |  | |  | | |
| Staff | | *SEE STAFF CONTACT LIST* | |  |  | |  | |  | | |
| Surge Facilities | |  | |  |  | |  | |  | | |
| **COMPANY/AGENCY** | | **COMPANY/AGENCY/ NAME** (24/7 CONTACT) | | **TELEPHONE** | **ALTERNATE TELEPHONE** | | **E-MAIL** | | **FAX** / **WEBSITE** | | |
| Traffic Control/Department of Transportation | |  | |  |  | |  | |  | | |
| Trucks: | |  | |  |  | |  | |  | | |
| Refrigeration | |  | |  |  | |  | |  | | |
| Towing | |  | |  |  | |  | |  | | |
| Utilities: | |  | |  |  | |  | |  | | |
| Gas/Electricity | |  | |  |  | |  | |  | | |
| Power | |  | |  |  | |  | |  | | |
| Sewage | |  | |  |  | |  | |  | | |
| Telephone | |  | |  |  | |  | |  | | |
| Water, municipal | |  | |  |  | |  | |  | | |
| Ventilators | |  | |  |  | |  | |  | | |
| Water Vendor - Potable | |  | |  |  | |  | |  | | |
| Water; non-potable | |  | |  |  | |  | |  | | |
| Other: | |  | |  |  | |  | |  | | |
| Other: | |  | |  |  | |  | |  | | |
| Other: | |  | |  |  | |  | |  | | |
| 1. **DATE LAST UPDATED** |  | | | | | | | | | | |
| 1. **PREPARED BY PLANNING SECTION CHIEF** | **PRINT NAME:** | |  | | | **SIGNATURE:** | |  | |  |
| **DATE/TIME:** | |  | | | **FACILITY:** | |  | |  |
|  | |  | | |  | |  | | |

**Instructions**

**Purpose:** Lists all methods of contact for nursing home resources for an incident.

**origination:** Planning Section Chief

**copies to:** All IMT staff, and posted as necessary.

**Notes:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank NHICS 258 and repaginate as needed.

|  |  |  |
| --- | --- | --- |
| NUMBER | TITLE | INSTRUCTIONS |
| **1** | **Incident Name** | Enter the name assigned to the incident. |
| **2** | **Operational Period** | Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies. |
| **3** | **Contact Information** | |
| **Company / Agency** | Type of company or agency. |
| **Company / Agency / Name** | List the name of the company/agency. List the name of the point of contact if available. |
| **Telephone** | Enter the telephone number. |
| **Alternate Telephone** | Enter the alternate telephone number. |
| **Email** | Enter the email, if available. |
| **Fax / Website** | Enter the fax number and/or website. |
| **4** | **Date Last Updated** | If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually. |
| **5** | **Prepared by** | Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility. |