

## *FACILITY EMERGENCY CONTACT INFORMATION*

---

Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Facility Type: \_\_\_\_\_

Location Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Facility Phone: \_\_\_\_\_ Emerg. Phone Number: \_\_\_\_\_

Facility Email: \_\_\_\_\_

---

**Administrator/Owner Contact:**      **New Contact** \_\_\_\_\_      **Contact Update** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ X \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_

Alt. E-Mail (optional): \_\_\_\_\_

---

**Alternate Administrator Contact:**      **New Contact** \_\_\_\_\_      **Contact Update** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ X \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_

Alt. E-Mail (optional): \_\_\_\_\_

---

**Safety Liaison Officer Contact:**      **New Contact** \_\_\_\_\_      **Contact Update** \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Office Phone: \_\_\_\_\_ X \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office E-Mail: \_\_\_\_\_

Alt. E-Mail (optional): \_\_\_\_\_

**All information is required**