

**E-mail Template for Annual Communication with
Local/County Office of Emergency Management**

Please cut and paste the following information into an e-mail/letter and complete fields with information about your dialysis facility.

Dialysis Facility Name:

Facility Address:

Facility Phone/Fax: Phone: Fax:

Corporate/Alternate Emergency Number:

Primary Point of Contact:

Name

Cell:

e-mail

Medical Director

Name

Cell:

e-mail

Number of Dialysis Stations:

Number of Isolation Stations:

Total Patients Served:

Number of Home Patients:

Name of Power Company:

Meter Number:

Permanent Generator? (Yes/No)

If Yes, Type of Fuel:

If No, is Transfer Switch Installed/Available? (Yes/No)

Water Storage? (Yes/No)

If Yes, # of Gallons:

Water Hookup? (Yes/No)

Any Special Disaster Protections:

Comments/Special Instructions: