

# Appendices

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4. Community Contact Information
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# Employee Emergency Information

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you have text messaging capability?  Yes  No

Home Email Address: \_\_\_\_\_

Are you able to access your home email remotely?  Yes  No

Home Address: \_\_\_\_\_

In Case of Emergency, where can you be reached? \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Can you provide shelter for another employee and/or their families?  Yes  No

How many people can you accommodate? \_\_\_\_\_

Names and relationships of other people in your household:

| Name | Relationship | Cell Phone Number |
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Please list any special needs your immediate family, or those for whom you are responsible.

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| <h2 style="margin: 0;">Communication Roster</h2> <p style="margin: 0;"><i>Distribute Roster to all employees. Update annually.</i></p> |
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You are responsible for contacting the next person on the list. If you are unable to reach them, go to the next name until you make contact so that the phone tree can progress. If possible, keep trying to make contact with the person immediately below your name.

| Name | Home Phone | Cell Phone | Text Messaging<br>Y or N | Contacted |
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**Core Agency Contact Information**  
*Place this form in the front of your Disaster Notebook*

| Staff Member                | Home Phone | Cell Phone | Email |
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| MDT Members                 | Home Phone | Cell Phone | Email |
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| Board Member<br>Stakeholder | Home Phone | Cell Phone | Email |
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| <h2 style="margin: 0;">Community Contact Information</h2> <p style="margin: 0;"><i>Keep this completed form in the front of your Disaster Manual.</i></p> |
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| Contact                            | Name | Phone Number | Cell Number | Email |
|------------------------------------|------|--------------|-------------|-------|
| <b>Media Contacts</b>              |      |              |             |       |
|                                    |      |              |             |       |
| <b>Sister Agency</b>               |      |              |             |       |
| <b>Emergency Management Agency</b> |      |              |             |       |
| <b>Police/Sheriff</b>              |      |              |             |       |
| <b>Fire Department</b>             |      |              |             |       |
| <b>Hospital</b>                    |      |              |             |       |
| <b>DHR</b>                         |      |              |             |       |
| <b>Key Vendors</b>                 |      |              |             |       |
| Gas/Heat                           |      |              |             |       |
| Electric Company                   |      |              |             |       |
| Phone Company                      |      |              |             |       |
| Security Company                   |      |              |             |       |
| Internet Service                   |      |              |             |       |
| IT consultant                      |      |              |             |       |
| Landlord                           |      |              |             |       |
|                                    |      |              |             |       |
| <b>Legal Contact</b>               |      |              |             |       |
| <b>NCA</b>                         |      |              |             |       |
| <b>Regional CAC</b>                |      |              |             |       |
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| <h1 style="margin: 0;">Insurance Information Form</h1> <h2 style="margin: 0;">Coverage Evaluation</h2> |
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**Insurance Agent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Policy Information**

| Type of Insurance | Policy No. | Deductibles | Policy Limits | Coverage<br>(General Description) |
|-------------------|------------|-------------|---------------|-----------------------------------|
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| Questions to ask Agent:                                   | Yes | No |
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| Do you need Flood Insurance?                              |     |    |
| Do you need Earthquake Insurance?                         |     |    |
| Do you need Business Income and Extra Expense Insurance?  |     |    |
| Do you need professional malpractice/liability Insurance? |     |    |
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| <b>Other disaster related insurance questions:</b>        |     |    |
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| <h2>Facilities Site Map</h2> <p>Place your site map behind this page.</p> |
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| <b>Feature</b>  | <b>Location</b> | <b>Date Verified</b><br><i>Verify Annually</i> | <b>Verified by:</b> |
|---|-----------------|--|---------------------|
| Utility shutoffs  |                 |  |                     |
| Water hydrants  |                 |  |                     |
| Water lines   |                 |  |                     |
| Gas main valves   |                 |  |                     |
| Gas lines   |                 |  |                     |
| Electrical cutoffs  |                 |  |                     |
| Electrical substations  |                 |  |                     |
| Storm drains  |                 |  |                     |
| Sewer lines   |                 |  |                     |
| Floor plans   |                 |  |                     |
| Alarms  |                 |  |                     |
| Fire extinguishers  |                 |  |                     |
| Exits   |                 |  |                     |
| Stairways   |                 |  |                     |
| Designated escape routes  |                 |  |                     |
| Restricted areas  |                 |  |                     |
| Hazardous materials<br>(including cleaning supplies<br>and chemicals) |                 |  |                     |
| High-value items  |                 |  |                     |
| Location of First Aid kits  |                 |  |                     |
| Location of emergency<br>equipment                                    |                 |  |                     |
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| <b>Business Records Off Site Location Information</b> |
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| Document                   | Off Site Storage Location | Date Updated<br><i>Update Annually</i> | Verified by |
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| Financial Statements       |                           |  |             |
| Payroll Information        |                           |  |             |
| Insurance Policies         |                           |  |             |
| 501 c 3 Documentation      |                           |  |             |
| 990 & 1099 Tax Information |                           |  |             |
| Board Reports              |                           |  |             |
| Personnel Records          |                           |  |             |
| Employee Manuals           |                           |  |             |
| Audits                     |                           |  |             |
| Articles of Incorporation  |                           |  |             |
| Interagency Agreements     |                           |  |             |
| Contracts                  |                           |  |             |
| Grant Information          |                           |  |             |
| Accounting System          |                           |  |             |
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| <b>Plan for Evidence and Medical Records Transfer to<br/>Off Site Location</b> |
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| Task | Person Responsible | Date Completed |
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## Key Financial Account Information

| Institution | Contact Name | Address | Phone Number | Email | Account Number |
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# Media Plan

**Designated Spokesperson:** \_\_\_\_\_

**Alternate Spokesperson:** \_\_\_\_\_

**Include such information as:**

- Condition of facility
- Condition of staff
- Provision for services until agency reopens
- Reopening information
- Specific needs the agency has; this will prevent being inundated with things that you do not need, but would take employee time to process.
- Specific things you do not need.

| Reporter’s Name and Station | Date & Time | Phone Number | Summary of Conversation |
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## Communication Log

*Make multiple copies of this form and place in Disaster Manual*

| Name & Agency Affiliation | Date & Time | Summary of Conversation |
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