



<b>Facility:</b>	
Parent Co.:	
St.Address:	
Cty, Zip code:	
<b>Facility Phone #</b>	
<b>Manager Contact:</b>	
Cell #:	
Pager:	
Home #:	
<b>Alternate Contact:</b>	
Cell #:	
Pager:	
Home #:	
<b># stations:</b>	
Type machines:	
<b>Ave.# of pts:</b>	
# of pts requiring shelter:	
<b># of pts requiring transport for dialysis:</b>	
# Cab/van	
# Wheelcar:	
<b>Electric Co.:</b>	
Phone #:	
Contact Name:	
Acct. #	
Circuit #	
Substation:	
<b>Emergency gen:</b>	
Generator size:	
Pig Tail/ Transfer switch:	
Type fuel:	
Hrs. / tank:	
<b>Fuel Supplier:</b>	
Contact Name:	
phone #:	
<b>Electrician Name:</b>	
Busines Name:	
Phone #:	
pager/cell:	
<b>Water Co:</b>	
Phone#:	
Contact Name:	
Acct #	
<b>Water Hook up:</b>	

<b>Potable H2O supplier:</b>	
Contact Name:	
Phone #:	
pager/cell:	





Busines Name:	Phone #:	pager/ce ll:	Water Co:	Phone#:	Contact Name:	Acct #	Water Hook up:	Potable H2O supplier:	Contact Name:	Phone #:	pager /cell: