

Contact Sheet

LOCAL AND STATE PARTNERS FOR EMERGENCY PLANNING AND RESPONSE

Facility Name and City/County: _____

Local Contacts

Police
Liaison Name _____ Phone Number _____

Fire Department
Liaison Name _____ Phone Number _____

Local Hospital Safety Officer
Liaison Name _____ Phone Number _____

Local Emergency Planning Council
Liaison Name _____ Phone Number _____

County Emergency Management Coordinator
Liaison Name _____ Phone Number _____

State Contacts

HSR 2/3 Emergency Preparedness Coordinator
Liaison Name _____ Phone Number _____

HSR 2/3 Epidemiology Unit Contact
Liaison name _____ Phone Number _____

Texas Department of Aging & Disability Services
Liaison name _____ Phone Number _____

Other Partner

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____

Name of Agency
Contact Name _____ Phone Number _____