

Form 1. NHSN (HAI) DATA CONTACTS

Facility Name:

NHSN ID (if applicable):

Facility Physical Address:

HAI REPORTING CONTACTS

NOTE: The following contacts will be responsible for answering questions about reported data. **PLEASE CONSULT WITH YOUR INFECTION PREVENTIONIST**

HAI Reporting Contact (Required):

Name:

Title:

Telephone Number:

E-mail Address:

HAI Reporting Contact (Optional):

Name:

Title:

Telephone Number:

E-mail Address:

CEO/ADMIN CERTIFICATION STATEMENT

I, _____ (*print name*) approve the above contact information updates.
CEO/Other "O" Suite Administrator

CEO/Other "C" Suite Administrator Signature:

Date:

Please complete this page and email to HAITEXAS@dshs.texas.gov