

# NHICS 258 | FACILITY RESOURCE DIRECTORY



1. INCIDENT NAME	2. OPERATIONAL PERIOD				
	DATE:		FROM:	TO:	
	TIME:		FROM:	TO:	
3. CONTACT INFORMATION					
COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Agency for Toxic Substances and Disease Registry (ATSDR)					
Ambulance/EMS					
American Red Cross					
Biohazard Waste Company					
Buses					
Cab, City					
Emergency Management Agency					
CDC					
Clinics					
Coroner/Medical Examiner					
Dispatcher - 911					
Emergency Operations Center (EOC), Local					
Emergency Operations Center (EOC), State					
Engineers:					
HVAC					
Mechanical					

**PURPOSE:** LIST RESOURCES TO CONTACT DURING AN INCIDENT  
**ORIGINATOR:** PLANNING SECTION CHIEF  
**COPIES TO:** ALL IMT STAFF  
**NOTE:** MAYBE PREFILLED AND UPDATED AT LEAST ANNUALLY

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COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Seismic					
Structural					
Environmental Protection Agency (EPA)					
Epidemiologist					
Family/Guardian	<i>SEE FAMILY/GUARDIAN CONTACT LIST</i>				
Fire Department					
Food Service					
Fuel distributor					
Fuel trucks					
Funeral Homes/Mortuary Services					
Generators					
HazMat Team					
Health Department, Local					
Heavy Equipment (e.g., Backhoes, etc.)					
Home Repair/Construction Supplies:					
Hospitals:					

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COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 contact)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Hotel/motel					
Housing, Temporary					
Ice, Commercial					
Laboratory Response Network					
Laundry/Linen Service					
Law Enforcement:					
City Police					
County Sherriff					
Highway Patrol					
Licensing & Certification District Office					
Licensing & Certification After-Hour Line					
Local Office of Emergency Services					
Long-Term Care Facilities:					
Media:					
Print					

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COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Radio					
Radio					
TV					
TV					
TV					
Medical Gases:					
Medical Supply:					
Medication, Distributor:					
Moving Company:					
Pharmacy, Commercial:					
Poison Control Center					
Portable Toilets					

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COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Radios:					
Amateur Radio Group					
Service Provider (e.g., Nextel)					
Walkie-Talkie					
Repair Services:					
Beds					
Biomedical Devices					
Gardeners/landscapers					
Glass					
Medical Equipment					
Oxygen Devices					
Radios					
Roadways/sidewalks					
Restoration Services (e.g., Service Master)					
Road Conditions	CALTRANS	1-800-427-7623			
Salvation Army					
Shelter Sites					
Staff	SEE STAFF CONTACT LIST				
Surge Facilities					

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COMPANY/AGENCY	COMPANY/AGENCY/ NAME (24/7 CONTACT)	TELEPHONE	ALTERNATE TELEPHONE	E-MAIL	FAX / WEBSITE
Traffic Control/Department of Transportation					
Trucks:					
Refrigeration					
Towing					
Utilities:					
Gas/Electricity					
Power					
Sewage					
Telephone					
Water, municipal					
Ventilators					
Water Vendor - Potable					
Water; non-potable					
Other:					
Other:					
Other:					
<b>4. DATE LAST UPDATED</b>					
<b>5. PREPARED BY PLANNING SECTION CHIEF</b>	<b>PRINT NAME:</b> _____ <b>DATE/TIME:</b> _____		<b>SIGNATURE:</b> _____ <b>FACILITY:</b> _____		

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## INSTRUCTIONS

- PURPOSE:** Lists all methods of contact for nursing home resources for an incident.
- ORIGINATION:** Planning Section Chief
- COPIES TO:** All IMT staff, and posted as necessary.
- NOTES:** If this form contains sensitive information such as cell phone numbers, it should be clearly marked in the header that it contains sensitive information and is not for public release. If additional pages are needed, use a blank NHICS 258 and repaginate as needed.

NUMBER	TITLE	INSTRUCTIONS
1	<b>Incident Name</b>	Enter the name assigned to the incident.
2	<b>Operational Period</b>	Enter the start date (m/d/y) and time (24-hour clock) and end date and time for the operational period to which the form applies.
3	<b>Contact Information</b>	
	<b>Company / Agency</b>	Type of company or agency.
	<b>Company / Agency / Name</b>	List the name of the company/agency. List the name of the point of contact if available.
	<b>Telephone</b>	Enter the telephone number.
	<b>Alternate Telephone</b>	Enter the alternate telephone number.
	<b>Email</b>	Enter the email, if available.
	<b>Fax / Website</b>	Enter the fax number and/or website.
4	<b>Date Last Updated</b>	If the document is completed prior to an incident, the last update should be entered (m/d/y). The directory should be updated at least annually.
5	<b>Prepared by</b>	Enter the name and signature of the person preparing the form. Enter date (m/d/y), time prepared (24-hour clock), and facility.