Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

Fax: 305-468-5401

**ROSTER OF EMERGENCY SERVICES PROVIDERS INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and Miami-Dade County Department of Emergency Management require that all facilities submit a roster of emergency service providers on an annual basis. This document lists the contact information and specifies the service(s) provided by various emergency service providers. The list must include contact information on the following emergency service providers: electric, water, sewer, telephone, internet, generator maintenance and repair, emergency fuel, transportation, police, fire, County emergency management, and the AHCA field office. This document must list all providers facility staff may contact in the event of an emergency. This list must be readily accessible to all facility staff. A facility may use an existing roster if it includes all required emergency service providers’ contact information and the service(s) they provide. All signatures and dates on the Roster of Emergency Services Providers template must be hand-signed and dated. *When uploading the Roster of Emergency Services Providers document do not include this page.***

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**ROSTER OF EMERGENCY SERVICES PROVIDERS**

Provided below is the current list of emergency service providers (i.e., *electric, water, sewer, telephone, internet, generator maintenance and repair, emergency fuel, transportation, police, fire, County emergency management, and AHCA field office*) staff may contact to assist in the event of an emergency. **This list is readily accessible to facility staff.**

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |
| --- | --- |
| Type of Emergency Service Provided |  |
| Company Name |  |
| Contact Person Name (First Name, Last Name) |  |
| Contact Phone Number |  |
| Address |  |
| City |  |
| State, Zip Code |  |
| Office Phone |  |
| Email |  |
| Website |  |
| Fax |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | *Section below to be completed if someone other than the individuals listed above (e.g., consultant)*  *assisted in preparing this document.* | | |  | | | Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |  |  | | |