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

**STAFF INFORMATION WITH DISASTER ROLES & ORGANIZATIONAL CHART INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and the Miami-Dade County Department of Emergency Management require that all facilities submit an organizational chart and a list of staff with their emergency and daily responsibilities and roles at the facility. The Staff Information with Disaster Roles (formerly referred to as the Roster of Staff with Operational and Support Roles document) and Organizational Chart documents has been combined into a single document/template so that a facility’s hierarchy is clearly defined within the facility at the time of an emergency. Please include all current staff employed at the facility. For all facilities with a clearly defined Organizational Chart and list of Staff Information with Disaster Roles documents, please combine both documents into a single document when uploading. All signatures and dates on the Staff Information with Disaster Roles and Organizational Chart template must be hand-signed and dated on an annual basis. *When uploading the Staff Information with Disaster Roles and Organizational Chart document(s) do not include this page.***

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**STAFF INFORMATION WITH DISASTER RELATED ROLES &**

**ORGANIZATIONAL CHART**

Provided below is the current list of facility staff that serve a specific role and performs duties as listed in the event of an emergency. Staff is listed in order of seniority. \*\**For all assisted living facilities*, the following positions must be included: Primary Incident Commander (individual in charge during an emergency), Alternate Incident Commander (individual in charge during an emergency, if the Primary Incident Commander is unable to serve), and individual(s) responsible for updating the database approved by AHCA for reporting emergency status, planning or operations).

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| ***Daily Facility Position*** |  |
| Daily Responsibilities |  |
| ***Emergency Role*** |  |
| Emergency Responsibilities |  |
| **First Name** |  |
| **Last Name** |  |
| **Mailing Address** |  |
| **City** |  |
| **State, Zip Code** |  |
| **Home Phone** |  |
| **Office Phone** |  |
| **Fax** |  |
| **Cellular** |  |
| **Pager** |  |
| **Email** |  |

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