*Sample Template #4 - Business Partner Contact List*

**Emergency Contact List of Business Partners**

(Employees, Physicians and Patients not included)

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact Group** | **Contact Name** | **Email Address** | **Telephone Number** |
| Bank – (Name) |  |  |  |
| Building – Maintenance Personnel |  |  |  |
| Building – Manager/Owner |  |  |  |
| Billing Company – (Name) |  |  |  |
| Billing Company – (Name) |  |  |  |
| Billing Company – (Name) |  |  |  |
| Billing Company – (Name) |  |  |  |
| Community Partners – (Name) |  |  |  |
| Community Partners – (Name) |  |  |  |
| Department of Public Health |  |  |  |
| Emergency – Emergency Management Agency |  |  |  |
| Emergency – EMS Provider |  |  |  |
| Emergency – Fire Department |  |  |  |
| Emergency – Police Department |  |  |  |
| Hospital – (Name) |  |  |  |
| Hospital – (Name) |  |  |  |
| Housekeeping Service |  |  |  |
| Insurance – General Liability  |  |  |  |
| Insurance – Property  |  |  |  |
| IT System Support Personnel |  |  |  |
| Medical Supplies/Equip – (Vendor) |  |  |  |
| Medical Supplies/Equip – (Vendor) |  |  |  |
| Medical Supplies/Equip – (Vendor) |  |  |  |
| Medical Supplies/Equip – (Vendor) |  |  |  |
| Medical Society  |  |  |  |
| News/Radio  |  |  |  |
| Pharmaceuticals |  |  |  |
| Red Cross |  |  |  |
| Utility – Cable  |  |  |  |
| Utility – Electric |  |  |  |
| Utility – Gas/Propane  |  |  |  |
| Utility – Internet  |  |  |  |
| Utility – Telephone  |  |  |  |
| Utility – Water Provider |  |  |  |

Date Last Updated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_