

Fire Plan Questionnaire: Please write Legibly

Facility Information:

1. Name: _____
2. Address _____
3. County: _____
4. Office Phone _____
5. Office Fax _____
6. Cell Phone _____
7. Resident Capacity: _____
8. License Number: _____
9. County: _____
10. Year Facility was built: _____
11. Do you have a generator: _____ Watts: _____ Capacity: _____

Administrator's / Staff Information: (Please Complete All That Is Applicable)

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Assistant Administrator / Manager's Information: (If Applicable)

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 1

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 2

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 3

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 4

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email _____

Emergency Transportation Provider

Person(s) who will be transporting the resident:

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____ Email: _____

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____ Email _____

Questions:

Have you completed an Emergency Plan? _____

Do you have your AHCA License? _____

Is this an initial or renewal? _____

Do you the facility Floor Plan? _____

Certification: Please sign certifying that all information is correct and true

Print

Signature

Date