



# Healthcare Facility Emergency Power Resilience Playbook

## Appendix Content

### Appendix L - Key Emergency Power Contacts Worksheet

Facilities should fill in key vendor contact information below and periodically update as needed.

Contact	Updated as of:
<b>Electric Utility Provider</b>	
Utility Name:	
Address:	
Point of Contact:	
Office phone:	
Cell phone:	
Outage Reporting phone number:	
<b>Primary Generator Service Provider</b>	
Company Name:	
Address:	
Point of Contact:	
Office phone:	
Cell phone:	
<b>Secondary Generator Service Provider</b>	
Company Name:	
Address:	
Point of Contact:	
Office phone:	
Cell phone:	
<b>Primary Fuel Provider</b>	
Company Name:	
Address:	
Point of Contact:	

Office phone:	
Cell phone:	
<b>Secondary Fuel Provider</b>	
Company Name:	
Address:	
Point of Contact:	
Office phone:	
Cell phone:	
<b>Generator Rental Provider</b>	
Company Name:	
Address:	
Point of Contact:	
Office phone:	
Cell phone:	
<b>LAC EMS Agency's Medical Alert Center (MAC) 24/7/365: 866-940-4401</b>	
<b>Additional Contact Notes:</b>	