

DENTAL PRACTICE DISASTER AND EMERGENCY LIST

Purpose: to be used in the event of a disaster. (fire, flood, earthquake, etc)

Instructions: Fill in the form manually. Provide a copy for each dentist and the office manager. Keep in a safe place at home.

Other items you should keep on file.

- *A copy of your most recent Practice Valuation*
- *Detailed pictures of the practice, inside and out. Pictures should be date stamped.*

This list should be updated at least one per year.

LAST UPDATED: _____

CITY SERVICES

City Services	Phone:	Fax:
City Hall / Public Works		
Electricity		
Fire		
Gas		
Police		
Water		

Notify the Following Staff Members

Staff Member	Home Phone	Cell Phone	email

Advisors and Agents

Support	Name	Work Number	Home Number
Business Insurance Agent			
Other Insurance Agent			
Tax & Business Advisor			
Lawyer			
Accountant			
Landlord of Facility			
Property Management Co.			
General Contractor			
Dental Board			
(Other)			

Redirect Mail

Post Office	Name	Phone #
Delivery Service	Name	Phone #
Purolator		
FEDEX		
UPS		
(Other major)		
(Your own courier)		

Outside Supporting Services- Key Phone Numbers

County Services	Location	Phone #
County Board		
Building and Safety Permits		
Emergency Measure Organization		
Environmental Health		
Fire Authority		
Hazardous Materials		
Sanitation Department		

Private Services	Contact	Phone #
Cleaning		
Disposal/Trash		
Electrical		
Gas		
Water		
Heating Fuel		

Lesser Information	Contact	Phone #
Landlord's Name		
Property Mgmt. Firm		

Suppliers	Contact	Phone #
Computer		
Office		
Dental		

Other Important Services	Contact	Phone #
Payroll		
Alarm Monitoring		
Answering Service		

Reciprocal Workspace Agreement

We strongly recommend that you have a reciprocal agreement with another dentist for the use of his or her operatory space in the event of a disaster.

The intent is to secure operatory space in a reciprocal dental office to treat your patients while your practice is closed for repairs.

Many dentists will agree to this arrangement since it provides temporary work space for either party in the event of a disaster.

A reciprocal workspace agreement should not be done on a handshake. Careful thought and attention should be given to the terms and conditions.

Also, it is recommended that the reciprocal dentists have insurance to cover the costs of such an arrangement.

If you require assistance regarding a reciprocal work space agreement, please give us a call.

Temporary Emergency Business Location

Building Name:		Address:	
Contact Name:		Contact Phone Number:	
Name:	Address:	Phone:	
City	State	ZIP	

