



### Facility Information

Facility Name: \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

Facility City: \_\_\_\_\_ Facility Zip: \_\_\_\_\_

Facility County: \_\_\_\_\_

Facility Point(S) of contact and Role at Facility: \_\_\_\_\_

Point of Contact Email(s): \_\_\_\_\_

Point of Contact Phone Number(s): \_\_\_\_\_

Is Facility part of a larger corporation/chain?  Yes  No

If yes, which one? \_\_\_\_\_

Which lab does facility use for COVID-19 testing? \_\_\_\_\_

*\*Encourage facility to send any future specimens to the state public health lab for expedited testing*

Does facility need assistance with infection prevention and control ?  Yes  No

*\* If yes, please email [hai.health@tn.gov](mailto:hai.health@tn.gov) and provide this form and any other pertinent information in the email*

### Patient/Resident/Staff Information:

Consider using the attached line list template to track patients/residents

Number of Staff at Facility	
Number of Patients/Residents at Facility	
Number of Positive Staff	
Number of Positive Residents	
Number of Pending Staff	
Number of Pending Residents	
Number of Negative Staff	
Number of Negative Residents	