Alabama Department of Public Health
Healthcare-Associated Infections Reporting and Prevention Program
National Healthcare Safety Network Facility Contacts

Facility Name: _____   Date: _____

Mailing Address: _____

City: _____   State: _____   Zip Code: _____

NHSN Facility Contact Information

NHSN Facility Administrator: _____   Phone: _____

Email: _____

NHSN User's Contact Information

NHSN User 1: _____   Phone: _____

E-mail: _____

NHSN User 2: _____   Phone: _____

E-mail: _____

NHSN User 3: _____   Phone: _____

E-mail: _____

NHSN User 4: _____   Phone: _____

E-mail: _____

NHSN User 5: _____   Phone: _____

E-mail: _____