**NAME OF PERSON COMPLETING FORM**:

**PHONE NUMBER**:

**PROVIDER HAS NO LOCATIONS TO REPORT.**

**\*\*Provider-Based Off-Site Locations share the same CMS provider number as the hospital\*\***

**\*\*Please return form even if there are no locations to report\*\***

|  |  |  |  |
| --- | --- | --- | --- |
| Provider-based off-site location | | | |
| Main Hospital Name: | | | CMS Provider #: |
| Name of Off-Site Location: | | | |
| Off-Site Street Address: | | | |
| City: | State: | ZIP Code: | |
| County: | | | |
| Services Provided: | | | |
| Sprinklered Status | | | |
| Totally Sprinklered  Partially Sprinklered  Not Sprinklered | | | |

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| --- | --- | --- | --- |
| Provider-based off-site location | | | |
| Main Hospital Name: | | | CMS Provider #: |
| Name of Off-Site Location: | | | |
| Off-Site Street Address: | | | |
| City: | State: | ZIP Code: | |
| County: | | | |
| Services Provided: | | | |
| Sprinklered Status | | | |
| Totally Sprinklered  Partially Sprinklered  Not Sprinklered | | | |

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| --- | --- | --- | --- |
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| Main Hospital Name: | | | CMS Provider #: |
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| City: | State: | ZIP Code: | |
| County: | | | |
| Services Provided: | | | |
| Sprinklered Status | | | |
| Totally Sprinklered  Partially Sprinklered  Not Sprinklered | | | |