

# EMERGENCY PREPAREDNESS TEMPLATE

\*This template is designed to help facilities keep track of emergency preparedness information. The fields can be typed in online or the form can be printed out and done by hand. To save the information, print when done filling out, then do a save as and rename document.

FACILITY: <input style="width: 90%;" type="text"/>	LICENSE #: <input style="width: 90%;" type="text"/>
DATE OF ORIGINAL DOCUMENT: <input style="width: 95%;" type="text"/>	REVISION DATE: <input style="width: 95%;" type="text"/>
Authority Having Jurisdiction: <input style="width: 90%;" type="text"/>	APPROVAL DATE: <input style="width: 90%;" type="text"/>
Authority Having Jurisdiction SIGNATURE:  	
Authority Having Jurisdiction: <input style="width: 90%;" type="text"/>	APPROVAL DATE: <input style="width: 90%;" type="text"/>
Authority Having Jurisdiction SIGNATURE:  	
Authority Having Jurisdiction: <input style="width: 90%;" type="text"/>	APPROVAL DATE: <input style="width: 90%;" type="text"/>
Authority Having Jurisdiction SIGNATURE:  	

## I. FACILITY INFORMATION

Name		
License Type		License Number # <span style="border: 1px solid black; width: 60%;"></span>
Address		
City		State <span style="border: 1px solid black; width: 20%;"></span> Zip Code <span style="border: 1px solid black; width: 20%;"></span>
Phone Number		
		Fax <span style="border: 1px solid black; width: 60%;"></span>

Administrator	Alternate Point of Contact
Name <span style="border: 1px solid black; width: 95%;"></span>	Name <span style="border: 1px solid black; width: 95%;"></span>
Mobile Phone Number <span style="border: 1px solid black; width: 95%;"></span>	Mobile Phone Number <span style="border: 1px solid black; width: 95%;"></span>
Alternate Phone Number <span style="border: 1px solid black; width: 95%;"></span>	Alternate Phone Number <span style="border: 1px solid black; width: 95%;"></span>
E-Mail Address <span style="border: 1px solid black; width: 95%;"></span>	E-Mail Address <span style="border: 1px solid black; width: 95%;"></span>

EMERGENCY CONTACT NUMBERS – DIAL 911 IN AN EMERGENCY	
Non-Emergency Police <span style="border: 1px solid black; width: 95%;"></span>	Non-Emergency Fire <span style="border: 1px solid black; width: 95%;"></span>
Poison Information Center <span style="border: 1px solid black; width: 95%;"></span>	Hazardous Material / Spill Clean-Up <span style="border: 1px solid black; width: 95%;"></span>
Public Health Department <span style="border: 1px solid black; width: 95%;"></span>	NH Red Cross <span style="border: 1px solid black; width: 95%;"></span>
Electrical Power Provider <span style="border: 1px solid black; width: 95%;"></span>	Natural/Propane Gas Supplier <span style="border: 1px solid black; width: 95%;"></span>
Water Department <span style="border: 1px solid black; width: 95%;"></span>	Telephone/Cable Company <span style="border: 1px solid black; width: 95%;"></span>
Waste Water Department/Plumbing Services <span style="border: 1px solid black; width: 95%;"></span>	Insurance Provider Name: <span style="border: 1px solid black; width: 95%;"></span>
NH DHHS <span style="border: 1px solid black; width: 95%;"></span>	Other: <span style="border: 1px solid black; width: 95%;"></span>
Other: <span style="border: 1px solid black; width: 95%;"></span>	Other: <span style="border: 1px solid black; width: 95%;"></span>

*Facility Demographics*

**Physical Plant Risk Assessment is completed (check one):**

  If N/A, please explain: 

**Physical Plant Risk Assessment Schedule (months):**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Contact Information of Person(s) Responsible for Conducting Physical Plant Assessment:**

Title	Name	Phone #
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Photographs of buildings needed for insurance purposes were taken on  and are located

A plan to have petty cash available is in place: .

**Physical Plant Risk Assessment Criteria:**

*(Attach Checklist)*

## II. ESSENTIAL FUNCTIONS

ESSENTIAL FUNCTIONS	
<b>CLIENT CARE</b>	<p><i>Example</i> Preparing all meals for residents</p>
<b>FACILITY OPERATIONS</b>	<p><i>Example</i> Residential room cleaning and disinfection</p>
<b>ADMINISTRATIVE OPERATIONS</b>	<p><i>Example</i> Purchasing essential equipment and supplies</p>
<b>EMERGENCY RESPONSE</b>	<p><i>Example</i> Internal communications – communications with staff</p>

III. CRITICAL RESOURCES

ESSENTIAL FUNCTIONS		CRITICAL RESOURCES				
		HUMAN RESOURCES		VITAL RECORDS	EQUIPMENT	SUPPLIES
		Number of staff who could perform function	Cross training of staff needed (√)	Vital records necessary for this function	Equipment necessary for this function	Supplies necessary for this function
<b>RESIDENT CARE</b>	<i>Example: Preparing resident meals</i>	2	√	Dietary orders for each resident	Kitchen facilities: fridge, stove, oven, sink	Fresh foods, canned and dried foods, water
<b>FACILITY OPERATIONS</b>						

ESSENTIAL FUNCTIONS		CRITICAL RESOURCES																				
		HUMAN RESOURCES					VITAL RECORDS		EQUIPMENT		SUPPLIES											
		Number of staff who could perform function		Cross training of staff needed (√)			Vital records necessary for this function		Equipment necessary for this function		Supplies necessary for this function											
<b>ADMINISTRATIVE OPERATIONS</b>																						
<b>EMERGENCY RESPONSE</b>																						

IV. HAZARD VULNERABILITY ASSESSMENT

*Hazard Vulnerability Assessment Worksheet (page 1 of 2)*

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK (5)
	PROBABILITY (1)	HUMAN IMPACT (2)	PROPERTY IMPACT (3)	BUSINESS IMPACT (4)	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
Natural Hazards					
Severe Thunderstorm					
Ice Storm					
Blizzard					
Excessive Heat					
Excessive Cold					
Flood					
Tornado					
Earthquake					
Other (specify)					
Technological Hazards					
Electrical Failure					
HVAC Failure					
Gas Leaks					
Water Failure					
Communications and/or IT Failure					
Other (specify)					

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify "Other" areas chosen above.

*Hazard Vulnerability Assessment Worksheet (page 2 of 2)*

EVENT	SEVERITY CLASSIFICATION (LOW, MODERATE, HIGH)				RANK (5)
	PROBABILITY (1)	HUMAN IMPACT (2)	PROPERTY IMPACT (3)	BUSINESS IMPACT (4)	
	Likelihood this will occur	Possibility of death or injury	Physical losses and damages	Interruption of services	
SCORE	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	0 = N/A 1 = Low 2 = Moderate 3 = High	
<b>Human Hazards</b>					
Bomb Threat					
Active Shooter					
Jail Escape					
Civil Disturbance					
Unexplained Participant Absence					
Other (specify)					
<b>Biological Hazards</b>					
Epidemic (i.e., Flu)					
Norovirus					
Other (specify)					
<b>Radiological Hazards</b>					
Nuclear Power Plant Release					
Radiological Release					
Other (specify)					
<b>Chemical Hazards</b>					
Within the Facility					
Outside of the Facility					
Other (specify)					

ADDITIONAL INFORMATION: Please use this area to provide additional information and to clarify "Other" areas chosen above.



*Building Security / Safety Issues*

- Attach egress plan.
- All staff has been issued a photo identification badge.
- The facility has a supply of vests, baseball caps, or hardhats for ease of recognition of personnel that will be sufficient for the number of personnel who would be involved in the emergency operations plan. The color and type of identification has been submitted for initial approval to the local AHJ when the Emergency Preparedness Plan was originally submitted on
- Security staff will be provided with a list of designated family or guardian members who will be allowed access to building(s) with photo identification.
- Security staff will be provided with a list of designated volunteers who will be allowed access to building(s) with photo identification.

Emergency vehicles will have access at:

Support agency vehicles will have access at:

Delivery vehicles will have access at:

Other Information:

Safety Area	Responsibilities	Staff Responsible/Phone
Building Security	<ul style="list-style-type: none"> <li>• Check and turn off gas (if odor detected or damage is evident) and electricity.</li> <li>• Turn off water if pipes are broken or leaking.</li> </ul>	
Fire Suppression	<ul style="list-style-type: none"> <li>• Check for and suppress small fires.</li> <li>• Notify fire department.</li> </ul>	
Search and Rescue	<ul style="list-style-type: none"> <li>• Notify Fire Department</li> <li>• Ensure everyone has evacuated if required.</li> </ul>	
First Aid	<ul style="list-style-type: none"> <li>• Administer first aid to injured persons.</li> </ul>	

*Critical Document Maintenance*

Mission Critical Files Update Frequency:

Additional Information:

Name of Person Responsible for Updating Information:

Mission Critical Files	Onsite Location	Offsite Location	Electronic (flash drive, local network, or Internet)

*Business Continuity and Recovery Planning Team*

The following staff will participate in business continuity and recovery planning:

NAME	POSITION	EMAIL	MOBILE PHONE

Coordination with Others

The following people from neighboring organizations, business and our building management will participate on our Disaster Planning Team:

NAME	ORG/BUSINESS	EMAIL	MOBILE PHONE

Meeting Schedule

The Disaster Planning Team will meet on a regular basis

Additional information:

## I. ESTABLISHING CHAIN OF COMMAND, ROLES AND RESPONSIBILITIES

### 1. Incident Commander

Incident Commander:

Phone Number:  Cell Phone Number:

E-mail:

Alternate Incident Commander:

Phone Number:  Cell Phone Number:

E-mail:

### 2. Public Information Officer

Public Information Officer:

Phone Number:  Cell Phone Number:

E-mail:

Alternate PIO:

Phone Number:  Cell Phone Number:

E-mail:

### 3. Liaison Officer

Liaison Officer:

Phone Number:  Cell Phone Number:

E-mail:

Alternate Liaison Officer:

Phone Number:  Cell Phone Number:

E-mail:

**4. Safety Officer**

<b>Safety Officer:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			
<b>Alternate Safety Officer:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			

**5. Operations Chief**

<b>Operations Chief:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			
<b>Alternate Operations Chief:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			

**6. Logistics Chief**

<b>Logistics Chief:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			
<b>Alternate Logistics Officer:</b>			
<b>Phone Number:</b>		<b>Cell Phone Number:</b>	
<b>E-mail:</b>			

**7. Administration/Finance Chief**

**Administration/Finance Chief:**

**Phone Number:**  **Cell Phone Number:**

**E-mail:**

**Alternate Admin/Finance Chief:**

**Phone Number:**  **Cell Phone Number:**

**E-mail:**

**8. Planning Chief**

**Planning Chief:**

**Phone Number:**  **Cell Phone Number:**

**E-mail:**

**Alternate Planning Chief:**

**Phone Number:**  **Cell Phone Number:**

**E-mail:**

Attach Job Action Sheets as needed.

Healthcare Partners Serving the Facility:

**On-Call Medical Provider**

Name:  Title/Specialty:   
Phone Number:  Cell Phone Number:   
E-mail:

**Behavioral/Mental Health Provider**

Name:  Title/Specialty:   
Phone Number:  Cell Phone Number:   
E-mail:

**Pharmacy Provider**

Name:  Title/Specialty:   
Phone Number:  Cell Phone Number:   
E-mail:

*Partner Organizations*

<b>Partner Organization</b>	<b>Contact Information</b>
Local EMD	Name: <input type="text"/> Phone Number: <input type="text"/>
Local Health or Welfare Department	Name: <input type="text"/> Phone Number: <input type="text"/>
Local School Superintendent	Name: <input type="text"/> Phone Number: <input type="text"/>
Local Police Department (for non-emergencies)	Name: <input type="text"/> Phone Number: <input type="text"/>
State 2-1-1	Name: <input type="text"/> Phone Number: <input type="text"/>
Other: <input type="text"/>	Name: <input type="text"/> Phone Number: <input type="text"/>

## V. COMMUNICATION SYSTEMS

### *Staff Notification*

A list of telephone numbers of staff for emergency contact is located at

<b>NOTIFICATION</b>			
<b>STAFF WILL BE NOTIFIED BY:</b>		<b>STAFF MEMBER RESPONSIBLE FOR NOTIFICATION</b>	
<input type="checkbox"/> PHONE TREE		<b>PHONE NUMBER</b>	<b>EMAIL</b>
<input type="checkbox"/> AUTOMATIC NOTIFICATION SYSTEM		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> EMAIL BLAST			
<input type="checkbox"/> OTHER: <input style="width: 100%;" type="text"/>			
<b>STAFF WILL RESPOND BY:</b>		<b>RESPOND IN NUMBER</b>	<b>AUTO RESPONSE NUMBER</b>
<input type="checkbox"/> CALLING IN TO LIVE PERSON		<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input type="checkbox"/> CALLING AUTO. NOTIF. SYSTEM			
<input type="checkbox"/> EMAIL IN <input style="width: 100%;" type="text"/>	<b>PLAN TRIGGER</b>		
<input type="checkbox"/> OTHER: <input style="width: 100%;" type="text"/>			

<b>NOTIFYING STAFF NAME:</b>		<input style="width: 100%;" type="text"/>	
<b>STREET ADDRESS</b>	<input style="width: 100%;" type="text"/>	<b>EMERGENCY CONTACT NAME</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>CITY, STATE, ZIP CODE</b>	<input style="width: 100%;" type="text"/>	<b>RELATIONSHIP TO EMPLOYEE</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>TELEPHONE NUMBER</b>	<b>ALTERNATE NUMBER</b>	<b>CONTACT NUMBER</b>	<b>ALTERNATE NUMBER</b>
<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<b>EMAIL</b>		<b>EMAIL</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

<b>STAFF NAME:</b>		<input style="width: 100%;" type="text"/>	
<b>STREET ADDRESS</b>	<input style="width: 100%;" type="text"/>	<b>EMERGENCY CONTACT NAME</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>CITY, STATE, ZIP CODE</b>	<input style="width: 100%;" type="text"/>	<b>RELATIONSHIP TO EMPLOYEE</b>	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
<b>TELEPHONE NUMBER</b>	<b>ALTERNATE NUMBER</b>	<b>CONTACT NUMBER</b>	<b>ALTERNATE NUMBER</b>
<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>
<b>EMAIL</b>		<b>EMAIL</b>	
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

Key Contact Notification:

NOTIFICATION	
KEY CONTACTS WILL BE NOTIFIED BY: <input type="checkbox"/> WEBSITE <input type="checkbox"/> AUTOMATIC NOTIFICATION SYSTEM <input type="checkbox"/> EMAIL BLAST <input type="checkbox"/> SIGNAGE <input type="checkbox"/> OTHER: <input type="text"/>	STAFF MEMBER RESPONSIBLE FOR NOTIFICATION <input type="text"/> TELEPHONE NUMBER <input type="text"/> EMAIL <input type="text"/>

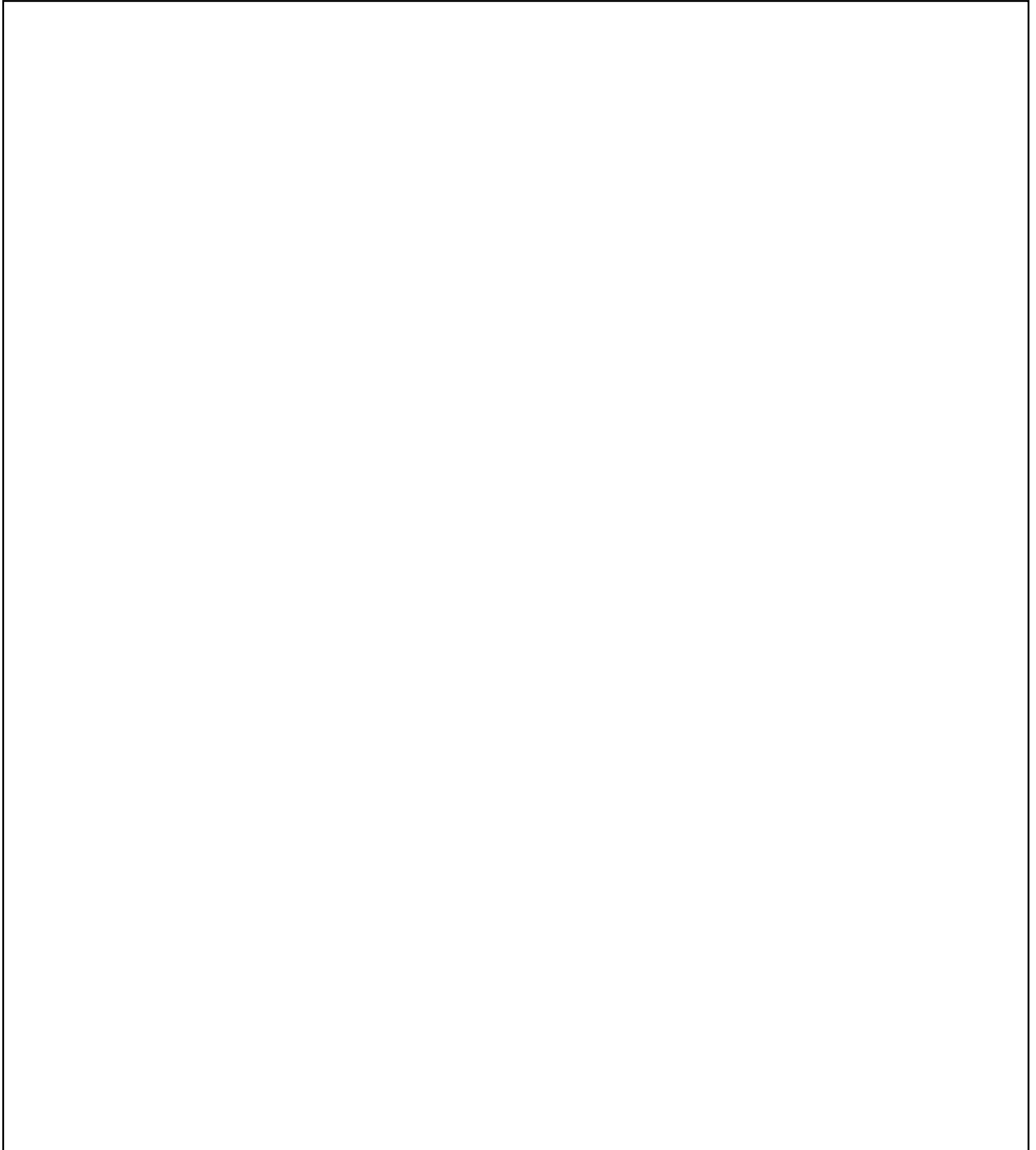
<b>ORGANIZATION NAME:</b>		<input type="text"/>
STREET ADDRESS	<input type="text"/>	CONTACT NAME
CITY, STATE, ZIP CODE	<input type="text"/>	CONTACT PHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY NUMBER	WEBSITE	RELATIONSHIP TO OUR FACILITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>ORGANIZATION NAME:</b>		<input type="text"/>
STREET ADDRESS	<input type="text"/>	CONTACT NAME
CITY, STATE, ZIP CODE	<input type="text"/>	CONTACT PHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY NUMBER	WEBSITE	RELATIONSHIP TO OUR FACILITY
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>ORGANIZATION NAME:</b>		<input type="text"/>
STREET ADDRESS	<input type="text"/>	CONTACT NAME
CITY, STATE, ZIP CODE	<input type="text"/>	CONTACT PHONE NUMBER
TELEPHONE NUMBER	FAX NUMBER	CONTACT EMAIL
<input type="text"/>	<input type="text"/>	<input type="text"/>
EMERGENCY NUMBER	WEBSITE	RELATIONSHIP TO OUR FACILITY
<input type="text"/>	<input type="text"/>	<input type="text"/>



Employee Notification Plan:



#### **IV. RESPONSE**

1. Attach response plans for the following actions in Appendix A: Response Plan
  - A. Lockdown
  - B. Secure Campus/Lockout
  - C. Shelter-In-Place
  - D. Scan – Bomb Threat
  - E. Drop, Cover and Hold
  - F. Evacuation (on-site and off-site)
  - G. Reverse Evacuation
  
2. Attach response plans for the following emergencies in Appendix B: Response Plan 2
  - A. Electricity failure (including generator failure if the facility has a generator).
  - B. Water loss
  - C. Heating, Ventilation, and Air Conditioning failure.
  - D. Fire protection systems (sprinkler, fire alarm, kitchen hood, etc.) failure or activation.
  - E. Fuel loss, fuel spill, and fuel exposure that creates a hazardous incident
  - F. Medical gas and vacuum systems (if applicable)
  - G. Communications systems failure (phone, cell phones, internet, etc.)
  
3. Attach plans for the following staff roles in Appendix C: Staff Roles
  - A. Security
  - B. Public Information
  
4. List Vendors, Facilities and Agencies that have Memorandums of Understanding. Include address, phone number, contact information and date when MOU was issued or renewed. Attach a copy of the MOU's to Appendix D: Memorandum of Understanding.

#### **V. RECOVERY AND CONTINUITY OF OPERATIONS**

1. Attach the Business Impact Analysis to Appendix F: Business Impact Analysis.
2. Attach the Recovery Plans to Appendix G: Recovery. The plans should include:
  - A. Facilities and Equipment
  - B. Telecommunications and IT
  - C. Human resources
3. Attach the Continuity of Operations plan to Appendix H: Continuity of Operations. Continuity of Operations plan should include:
  - A. Essential Functions
  - B. Essential Records Management
  - C. Orders of Succession
  - D. Delegations of Authority
  - E. Plans to continue to essential services during and after a disaster until facility conditions return to an acceptable, “pre-disaster” level.

*Inventory of Emergency Resources*

<b>Food Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Alternate Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Water Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Alternate Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Fuel Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Alternate Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email Number

<b>Medical Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email

<b>Alternate Supplier:</b>		
Supplier Address		
Phone Number	Fax Number	Email Number

**Resident Identification and Information System**

Separately complete this form for each resident and attach as Appendix E at the end of this document.

<b>RESIDENT EMERGENCY PROFILE</b>					
<b>Date of Last Update:</b>					
Resident Name/AKA			Resident Current Photo Attached <input type="checkbox"/>		
DOB/Age	<input type="checkbox"/> Single	Height	Apr. Weight	<input type="checkbox"/> Female	<input type="checkbox"/> Male
	<input type="checkbox"/> Family			<input type="checkbox"/> Transsexual	
<b>PETS</b>			<b>COMMUNICATION USE</b>		
<input type="checkbox"/> Bird	<input type="checkbox"/> Cat	<input type="checkbox"/> Dog	<input type="checkbox"/> Exotic	<input type="checkbox"/> American Sign Language	<input type="checkbox"/> Oral Interpreter
<input type="checkbox"/> Other (briefly specify):					
Pertinent Medical Conditions			<input type="checkbox"/> Assistive Listening Device	<input type="checkbox"/> Relay Speech	
Allergies: <input type="checkbox"/> Environmental <input type="checkbox"/> Peanut <input type="checkbox"/> Latex			<input type="checkbox"/> Assistive Speech Device	<input type="checkbox"/> Speech	
<input type="checkbox"/> Shell Fish <input type="checkbox"/> Medication (specify):			<input type="checkbox"/> Hearing Aid/Cochlear Implant	<input type="checkbox"/> TTY	
<b>ASSISTIVE DEVICES USED (check all that apply)</b>					
<input type="checkbox"/> Manual Wheelchair	<input type="checkbox"/> Cane	<input type="checkbox"/> Walker	<input type="checkbox"/> Eyeglasses	<input type="checkbox"/> Dentures	
<input type="checkbox"/> Oversized Wheelchair	<input type="checkbox"/> Confined to Bed	<input type="checkbox"/> Pediatric Wheelchair	<input type="checkbox"/> Oxygen (indicate concentration)		
<input type="checkbox"/> Motorized Wheelchair	<input type="checkbox"/> Motorized Scooter	<input type="checkbox"/> Can Transfer Self to Bed or Seat with a Transfer Board	<input type="checkbox"/> Service Dog (Name and Weight)		
<b>EMERGENCY CONTACT INFORMATION</b>				<b>Resident's Physician</b>	
Name		Relationship		Name	
Address		Phone		Phone	
<b>MEDICATIONS (attach list if more room needed)</b>					
Name		Dosage		Frequency	
Name		Dosage		Frequency	

*Memorandum of Understanding (attach copies for all providers/vendors):*

<b>Name of Setting/Shelter</b>			
Facility Address		Memorandum of Agreement Effective Date	
Phone Number	Fax Number	Email	
Point of Contact and Title		Phone Number	
Alternate Contact and Title		Phone Number	
Will Accept this Type of Resident		<input type="checkbox"/>	Number of Residents <input type="checkbox"/>
<b>Alternate Setting/Shelter</b>			
Facility Address		Memorandum of Agreement Effective Date	
Phone Number	Fax Number	Email	
Point of Contact and Title		Phone Number	
Alternate Contact and Title		Phone Number	
Will Accept this Type of Resident		<input type="checkbox"/>	Number of Residents <input type="checkbox"/>

<b>Transportation Company</b>			
Company Address		Memorandum of Agreement Effective Date	
Office Phone Number	Fax Number	Email	
Cell Phone Number			
Type of Vehicles		Number of Vehicles	<input type="checkbox"/>
<b>Alternate Transportation Company</b>			
Company Address		Memorandum of Agreement Effective Date	
Office Phone Number	Fax Number	Office Email	
Cell Phone Number			
Type of Vehicles		Number of Vehicles	<input type="checkbox"/>

<b>Ambulance Company</b>		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Office Email
Cell Phone Number		
<b>Alternate Ambulance Company</b>		
Company Address		Memorandum of Agreement Effective Date
Office Phone Number	Fax Number	Office Email
Cell Phone Number		

<b>Off-Site Sheltering</b>		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Email
Point of Contact and Title		Phone Number

<b>Hospital</b>		
Facility Address		Memorandum of Agreement Effective Date
Phone Number	Fax Number	Hospital Email
Point of Contact and Title		Phone Number

APPENDIX A: RESPONSE PLAN

APPENDIX B: RESPONSE PLAN 2



## APPENDIX C: STAFF ROLES

APPENDIX D: MEMORANDUMS OF UNDERSTANDING

## APPENDIX E: RESIDENT IDENTIFICATION AND INFORMATION SYSTEM

\*Resident information provided in this Appendix is for facility use and will be retained within the working copy of the emergency plan. Copies of this plan provided to outside agencies will not have individual resident identification and information systems attached.

Resident identification and information system completed for all residents on

APPENDIX F: BUSINESS IMPACT ANALYSIS

APPENDIX G: RECOVERY

## APPENDIX H: CONTINUITY OF OPERATIONS