

FACILITY ANNUAL CEMP REVIEW ACKNOWLEDGEMENT

FACILITY NAME: _____

FACILITY TYPE: _____

ADDRESS: _____

CITY: _____ Zip: _____

I certify the facility's Comprehensive Emergency Management Plan (CEMP) and the facility's fire plan have been updated and all employees have been trained on their roles and responsibilities during an emergency and given the opportunity to review the CEMP.

This CEMP is exercised on an annual basis with all employees who have a disaster role and any deficiencies found during an exercise have been corrected and the plan updated with all emergency personnel made aware of any new procedures or changes.

Please **initial** by each one:

- _____ DOH EMSsystems: The information in the DOH EMSsystem has been updated
- _____ Weather Radio: The facility has a NOAA weather radio monitored at all times
- _____ Alert Seminole: The facility is signed up for Alert Seminole to receive emergency information

Signature of Administrator / Director / Owner **AND/OR**

Print Name

Signature of Assistant Administrator/Manager **AND/OR**

Print Name

Signature of Safety Liaison

Print Name

Date

At least one signature is required