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 EMSYSTEMS:  The information in the DOH EMSYSTEM 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