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|  **PARTNER INFORMATION** |
| **Date of Application** |  |
| **Agency/Organization** |  |
| **Primary Point of Contact** | **Secondary Point of Contact** |
| Name |  | Name |  |
| Title |  | Title |  |
| Mailing Address |  | Mailing Address |  |
| City |  | City |  |
| State, ZIP |  | State, ZIP |  |
| Phone |  | Phone |  |
| e-mail |  | e-mail |  |

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| **READINESS PHASE 1: CONNECT** |
| **Actions** | **Completed** |
| Sign up for Calhoun County Alerts by texting CalhounEMA to 888-777 |  |
| Follow Calhoun County EMA on social media:* Facebook
* Twitter
* Instagram
 |  |
| Have a NOAA Weather Radio programmed and installed |  |
| Verification Team General Notes: |
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| **GREADINESS PHASE 2: PLANNING** |
| **Actions** | **Completed** |
| Designate and empower an Emergency Coordinator |  |
| Have an Emergency Planning Team |  |
| Create Emergency Plans For:* Severe Weather
* Emergency Medical
* Floods
* Winter Weather
* Heat Wave
* Active Shooter
* Cyber Security
 |  |
| Create a Continuity of Operations Plan |  |
| Verification Team Notes: |
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| **READINESS PHASE 3: PREPAREDNESS** |
| **Actions** | **Competed** |
| Conduct walk-throughs of the facility(s) with public safety professionals: Emergency Management, Fire Department, and Law Enforcement |  |
| Build an organization preparedness kit, install equipment, and designate locations: * NOAA Weather Radio(s)
* Fire Extinguisher(s)
* Automated External Defibrillators(s)
* Active Threat Defense Supplies
* Safer Places
* Evacuation Routes
 |  |
| Verification Team General Notes: |
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| **READINESS PHASE 4: SHARE** |
| **Actions** | **Completed** |
| Empower employees and volunteers with preparedness information:* Organization’s all-hazard plan
* Organization’s continuity of operations plan
* Personal preparedness information
 |  |
| Encourage employees and volunteers to:* Sign up for Calhoun Alerts by texting CalhounEMA to 888-777
* Build self-emergency kits
 |  |
| Host or participate in an emergency preparedness event |  |
| Verification Team General Notes: |
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| **READINESS PHASE 5: TEST** |
| **Actions** | **Completed** |
| Conduct and document exercises or drills with employees and volunteers participation for all hazards response to:* Severe Weather
* Emergency Medical
* Floods
* Winter Weather
* Heat Waves
* Active Shooter
* Cyber Security
* Fire
 |  |
| Schedule a date and time for program evaluation by Emergency Management Officer |  |
| Conduct and document annual/monthly exercise or drills with employees and volunteers participating. |  |
| Verification Team General Notes: |
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