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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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