

CITY OF BROWNSVILLE, TEXAS
NURSING HOME
EMERGENCY PLAN SUBMITTAL FORM

1. FACILITY NAME:	
2. CONTACT PERSON:	5. EMAIL:
3. ADDRESS (Street):	6. PHONE:
4. (City, ST, Zip):	7. FAX:
8. PLAN STATUS: <input type="checkbox"/> Updated Plan <input type="checkbox"/> New Plan	
9. CHECKLIST OF EMERGENCY PLAN ELEMENTS:	
<input type="checkbox"/> Cover Sheet (name of facility, address, phone number, year of current plan) <input type="checkbox"/> Table of Contents <input type="checkbox"/> Warning (incoming, outgoing) <input type="checkbox"/> Communications (how, with whom) <input type="checkbox"/> Sheltering Arrangements (sheltering details, including current signed contracts) <input type="checkbox"/> Evacuation (destination, routes) <input type="checkbox"/> Transportation (staff responsibilities, notification, reporting locations, including current signed contracts, etc.) <input type="checkbox"/> Health and Medical Needs (equipment list, storage location, source, responsible staff) <input type="checkbox"/> Resource Management (method of identification of individual patients) <input type="checkbox"/> Detailed Plans and Procedures <input type="checkbox"/> Fire <input type="checkbox"/> Severe Weather (including hurricanes) <input type="checkbox"/> Missing Residents <input type="checkbox"/> Contingency Plan for Residents' Comfort <input type="checkbox"/> Potable Water <input type="checkbox"/> Fire Watch Contingency Plan <input type="checkbox"/> Emergency Evacuation Floor Plan <input type="checkbox"/> Internal Disaster Plan (equipment list, storage location, source, responsible staff) <input type="checkbox"/> External Disaster Plan (equipment list, storage location, source, responsible staff) <input type="checkbox"/> Supplies (Detailed) <input type="checkbox"/> Staffing (Staff actions related to emergencies, staff duties, log sheet) <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Transfer of Records (Storage location, source, responsible staff) <input type="checkbox"/> Post-Disaster Activities: Water	
10. CERTIFICATION: This Emergency Plan Submittal Form, along with the attached Emergency Plan for our Facility, accurately reflects our intended procedures and actions during times of emergency and/or disaster, and is true to the best of my knowledge.	
_____	_____
Authorized Official (Original Signature)	Date
BROWNSVILLE OEM/HS USE ONLY	
11. REVIEW RESULTS: The attached 2015 Emergency Plan is: <input type="checkbox"/> On File	
_____	_____
<input type="checkbox"/> Director/EMC	Date
<input type="checkbox"/> Emergency Planner	