

CITY OF BROWNSVILLE, TEXAS
ADULT DAY CARE FACILITY
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"/> Internal Disaster Plan (response to incidents within the facility, floor plan) <input type="checkbox"/> External Disaster Plan (procedures and info source for hurricanes, floods, tornadoes etc.) <input type="checkbox"/> Missing Residents (response to guest from facility going missing) <input type="checkbox"/> Emergency Evacuation Transportation (transport details, including current signed contracts if needed) <input type="checkbox"/> Adequate Sheltering Arrangements (sheltering details, including current signed contracts if needed) <input type="checkbox"/> Supplies (supply list, storage location, source, responsible staff) <input type="checkbox"/> Staffing (staff responsibilities, notification, reporting locations, etc.) <input type="checkbox"/> Emergency Equipment (equipment list, storage location, source, responsible staff) <input type="checkbox"/> Individual Identification (method of identification of individual patients) <input type="checkbox"/> Transfer of Records (system of records transfer during disaster) <input type="checkbox"/> Responding to Family Inquiries (method of dealing with family member requests of information) <input type="checkbox"/> Post-Disaster Activities <input type="checkbox"/> Emergency Power (how supplied, how maintained, responsible staff) <input type="checkbox"/> Food (how supplied, how maintained, responsible staff) <input type="checkbox"/> Water (how supplied, how maintained, responsible staff) <input type="checkbox"/> Transportation (how supplied, how maintained, responsible staff) <input type="checkbox"/> Care of Casualties (procedures, triage/treatment locations, local coordination, responsible staff)	
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 OEMHS 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 Administrator / Emergency Planner	