

**CALIFORNIA ASSOCIATION OF HEALTH FACILITIES  
DISASTER PLANNING GUIDE**

**EMERGENCY OPERATIONS PLAN MANUAL  
REVIEW, REVISION AND DISTRIBUTION LOG**

<b>PREPARED BY:</b>	_____				
<b>FACILITY NAME:</b>	_____				
<b>ADDRESS:</b>	_____			<b>CITY, ZIP, STATE:</b>	_____
<b>PHONE:</b>	_____	<b>FAX:</b>	_____	<b>E-MAIL:</b>	_____

**THIS FACILITY'S EMERGENCY OPERATIONS MANUAL (EOP) IS REVIEWED ANNUALLY AND AS NEEDED. THIS LOG PROVIDES A LOG OF THOSE REVIEWS AND PLAN DISTRIBUTION.**

DATE ISSUED	DEPARTMENT / LOCATION	REVIEWED BY	DATE	REVISED Yes? NO?	SECTION REVISED	APPROVED BY	DATE
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____
_____	_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____

**OFF SITE COPIES OF THE EOP MANUAL**

LOCATION	REVIEWED BY	REVISED BY	DATE	SIGNATURE
_____	_____	_____	_____	_____

