

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

THE FOLLOWING CHECKLIST CAN BE USED TO EVALUATE A FACILITY'S EMERGENCY/DISASTER PLANS AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT AND ENHANCEMENT.

Facility Name: _____

Address: _____

Type of Facility:

- Skilled Nursing Facility
- Subacute-Care Facilities
- Intermediate-Care Facilities (ICFs)
- ICFs for the Developmentally Disabled (ICF/DDs)
- Institute for Mental Health (SNF/STPs)
- Residential Care Facility for the Elderly (RCFE)
- Adult Residential Facilities (ARFs)
- Residential Care Facilities for the Chronically Ill
- Social Rehabilitation Facilities

Number of Residents: _____

Levels of Care: _____

Name of Person Responsible for Plan: _____

Assessment Completed By: _____

Date Completed: _____

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
1. Administrative Elements				
a.	Utilizes a consistent format throughout the document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Easy to read	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Contained in a sturdy binder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	No damaged or missing pages or sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Includes a comprehensive Table of Contents (TOC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Uses tabs for easy reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Includes definition section or glossary of terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Includes executive summary that defines the purpose, scope and applicability of plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Includes decision making criteria for activation of emergency operations and process for coordinating with local authorities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Includes language defining the legal authorities and references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Includes record of distribution, annual review and appropriate signatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Includes a comprehensive profile document citing critical characteristics of the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
2. Emergency Planning and Management Concepts:				
a.	References "All Hazards" Emergency Planning and Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Is identified as an Emergency Operations Plan (EOP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Has brief incident specific guides for quick reference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Identifies and defines chain-of-command and staff roles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	References use of an emergency management model like the Nursing Home Incident Command System (NHICS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Utilizes NIMS/NHICS-related terminology throughout the plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Staff assignments are compatible with NHICS protocols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Utilizes NHICS Forms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Utilizes Job Action Sheets (JAS) for Incident Command System (ICS) Positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Identifies location of Nursing Home Command Center (NHCC) and alternate location(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Utilizes a NHICS Kit that includes the following items:			
	▪ IMT Chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ IMT Vests or Caps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ JAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Clerical Items: paper, pens, pencils, directories, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Communication devices- radios, cell phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Other forms needed for NHICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Defines special codes or phrases for internal broadcast for different types of emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Includes a site map or floor plan with important features (e.g. gas, water and electrical shut offs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
2. Emergency Planning and Management Concepts (continued):				
	n. Includes plans and procedures for expanding capacity to accept emergency admits: <ul style="list-style-type: none"> ▪ Expanded areas ▪ Extra supplies (e.g. cots, blankets, etc.) ▪ Accommodation of staff family members during event 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	o. Includes a mass fatality plan <ul style="list-style-type: none"> ▪ Procedures to handle remains of those who have died ▪ Temporary morgue identified ▪ Morgue Log ▪ Supply of Body Bags ▪ PPE / Universal Precautions 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	p. Includes emergency discharge procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

		YES	NO	N/A
3. Hazard Vulnerability Assessment (HVA):				
	a. Plan includes formal HVA identifying potential threats & perils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. HVA is updated at least annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Response protocols in the plan are consistent with the HVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Local community HVA has been reviewed and information incorporated as appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
4. Security Considerations:				
a.	The facility has a security plan that directs staff in how to rapidly secure the building during an intruder event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The facility plan includes “lock down” announcement that alerts staff to a security problem in the building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The security plan includes extra surveillance of critical supplies during disaster event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	All windows interior and exterior doors and associated hardware are periodically inspected to ensure that they properly close and lock in accordance with designated function and design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The exterior of all buildings is periodically checked for signs of forced entry or potentially unprotected access points to the interior of the building (screens, louvers, air intake grill, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If security alarms and/or access control system are present, ensure that they are properly utilized at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The exterior of the building is equipped with appropriate security lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	All interior and exterior lighting is regularly evaluated, and broken, dead or missing bulbs are replaced as soon as identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	All trees and bushes are maintained in a condition where they cannot be used as potential hiding places or access to roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The facility’s visitor sign-in policy/badge program is properly utilized at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Staff members properly wear and display identification badges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	A single controlled access point into the building is maintained for visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Receiving doors, fences and docks are properly secured when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
4. Security Considerations (continued):				
	n. Access doors to administrative offices and areas containing high value equipment, confidential documents/sensitive information are kept locked when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	o. All publicly accessible electrical boxes and similar control panels are locked when not in use to avoid tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	p. Cash supplies within the building are secured in an appropriate location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	q. An accountability system exists to track all keys distributed for the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

		YES	NO	N/A
5. Updated Emergency Contact Information - INTERNAL Resources (Citing All Forms of Contact):				
	a. All contact information is updated on at least annual basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. All contact information is updated whenever significant changes occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. All contact information is dated showing the most recent update:			
	▪ Executive Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Supervisory Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Line Staff and Corporate Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Residents' Family / Responsible Parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
6. Updated Emergency Contact Information - EXTERNAL Resources (Citing All Forms of Contact):				
a.	All contact information is updated on at least an annual basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	All contact information is updated whenever significant changes occur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	All contact information is dated showing the most recent update	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Emergency Response Agencies: <ul style="list-style-type: none"> ▪ Fire Department / Fire Authority ▪ Police Department ▪ Sheriff's Department ▪ Tribal Law Enforcement Agency ▪ State Police Agency- Local Contact ▪ Emergency Medical Services ▪ Public Works ▪ Local / County / Tribal Emergency Management Agency ▪ State Emergency Management Agency 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Utilities: <ul style="list-style-type: none"> ▪ Electric ▪ Natural Gas ▪ Propane Gas ▪ Public Works ▪ Water ▪ Sewer ▪ Telephone Service – Landlines ▪ Telephone Service – Cellular ▪ Internet Provider 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Local Health Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Local Flood Control Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	State Regulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Federal Regulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Insurance Agent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Insurer Claims Department(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
6. Updated Emergency Contact Information - EXTERNAL Resources (Citing All Forms of Contact) (continued):				
l.	Local Disaster Relief Agency:			
	▪ Red Cross	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Salvation Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Charitable Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Disaster Recovery / Disaster Restoration Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n.	Local Ombudsman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o.	Coroner / Morgue Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p.	Funeral Home / Mortuaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q.	Evacuation Re-location Sites in the Immediate Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r.	Other "Like" Facilities in the Immediate Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s.	Other "Like" Facilities Outside of the Immediate Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
t.	Security Company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
u.	Vendors Providing Emergency Assistance:			
	▪ Emergency Generator Service Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Emergency Generator Fuel Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Fire Alarm System Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Fire Suppression System Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ HVAC Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Electrical Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Plumbing Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Board-up Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Food Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Medical Supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Laundry Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Truck / Equipment Rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Portable Toilets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Other Vendors Providing Essential Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
6. Updated Emergency Contact Information - EXTERNAL Resources (Citing All Forms of Contact) (continued):				
	v. Written agreement for emergency supplies and services that are reviewed and updated annually:			
	▪ Evacuation transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Drinking water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Food re-supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Pharmacy re-supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Medical and sanitary products re-supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Generator fuel re-supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ "Priority Restoration of Power" agreement with local utility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Temporary shelter in local area (e.g. school, church)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ "Like" facilities for relocation in immediate area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ "Like" facilities for relocation outside immediate area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

		YES	NO	N/A
7. Communications:				
	a. Identifies Modes of Communications:			
	▪ Primary mode of internal communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Back-up mode of internal communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Primary mode of external communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Back-up mode of external communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Formal relationship with Ham Radio Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ All other modes of communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. System to re-call staff during emergencies:			
	▪ Call/phone tree	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Computerized/Automated System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
8. Inventory List of Emergency and Supplies (e.g., disposable briefs, first aid, flashlights, etc.):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Types of Supplies:				
▪ Food and Water		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Sanitation Supplies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Emergency Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Critical Medical Supplies		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Critical Forms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other: _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

		YES	NO	N/A
9. Disaster Menu including alternative cooking, serving and cleaning procedures during power and/or water disruption:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Emergency Water Supplies:				
▪ Identifies quantity of water required for residents and staff for a minimum of one gallon per person per 24-hours for 72-hours		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Identifies how emergency water is stored		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Identifies how emergency water is transported to resident areas		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Identifies how emergency water is rotated		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Identifies procedures for water purification if needed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
10. Evacuation Planning:				
a.	Evacuation procedures are clearly defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Type of evacuation identified: <ul style="list-style-type: none"> ▪ Horizontal ▪ Vertical ▪ Complete Facility Evacuation 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c.	Comprehensive evacuation maps / diagrams are posted strategically in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	External re-assembly locations are identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Includes an identification system for residents evacuated off-site (wristbands, triage tags, face sheets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Includes an Evacuation Kit which includes supplies of cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Includes an Evacuation Log to track residents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Identifies pre-established off-site temporary evacuation sites (auditoriums, halls, schools, churches, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Identifies pre-established "like" facilities for longer term evacuation in immediate area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Identifies pre-established "like" facilities for longer term evacuation outside of the immediate area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	Primary evacuation routes identified and includes maps and directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	Secondary evacuation routes identified and includes maps and directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	Identifies capacity of internal fleet of vehicles that can be used for evacuation: <ul style="list-style-type: none"> ▪ Gas tanks of facility vehicles are kept at least half full 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
11. Sheltering-In-Place Planning:				
	a. Sheltering-in-Place procedures are clearly defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Safe or "hardened" areas in the building have been identified with a sign or placard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Includes a Sheltering-in-Place Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Includes provisions to allow staff and their family to stay at the facility during a disaster	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Includes procedures and supplies for sanitation (e.g., waterless wipes, briefs, trash bag liners for toilets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Includes procedures for protecting internal air quality if needed (e.g. smoke & gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

		YES	NO	N/A
12. Specific Emergency Procedures Included in the Plan:				
	a. Fire / Explosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Fire Protection Systems Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Life Safety Systems Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Emergent Severe Weather Events (storms, hurricanes, tornados, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Prolonged Severe Weather Events (excessive cold, excessive heat, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. Earthquake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g. Heating Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h. Cooling Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i. Emergency Generator System Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
12. Specific Emergency Procedures Included in the Plan (continued):				
	j. Mechanical Failure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k. Utility Failure:			
	▪ Electric	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Propane Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Public Works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Sewer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Telephone Service - Landlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Telephone Service - Cellular	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Internet Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l. Emergency Shutdown Procedures- Utilities, Mechanical Equipment, Technology, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	m. Hazardous Materials Incident- Internal (spill, leak, exposure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	n. Hazardous Materials Incident- External (spill, leak, exposure, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	o. Missing Resident / Elopement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	p. Bomb Threat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	q. Internal / Workplace Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	r. Security Breach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	s. Facility Lockdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	t. Labor Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	u. Civil Disturbance / Riot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	v. Terrorist Event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	w. Epidemic / Pandemic / Mass Medical Emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	x. Supply / Delivery Disruption	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	y. Any peril unique to the facility's HVA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				

**DISASTER PROGRAM AND EMERGENCY
 OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
13. Post Incident Damage Assessment:				
	a. Defines Damage Assessment Procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Includes Damage Assessment Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			

		YES	NO	N/A
14. Release of Information:				
	a. Identifies those authorized to release information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Identifies an official & back-up spokesperson(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Identifies system to release information to the media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Identifies system to release information to family members and responsible parties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e. Identifies system to release information to regulators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			



**DISASTER PROGRAM AND EMERGENCY
OPERATIONS PLAN EVALUATION**

		YES	NO	N/A
15. Disaster Recovery:				
	a. Defines Disaster Recovery Procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b. Includes system to sequentially reactivate elements of the operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Includes Disaster Recovery Checklist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d. Recovery Analysis:			
	▪ Identify strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Vulnerabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Opportunities for improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:				