

Appendix AA. Organization Charts, Checklists, and Forms

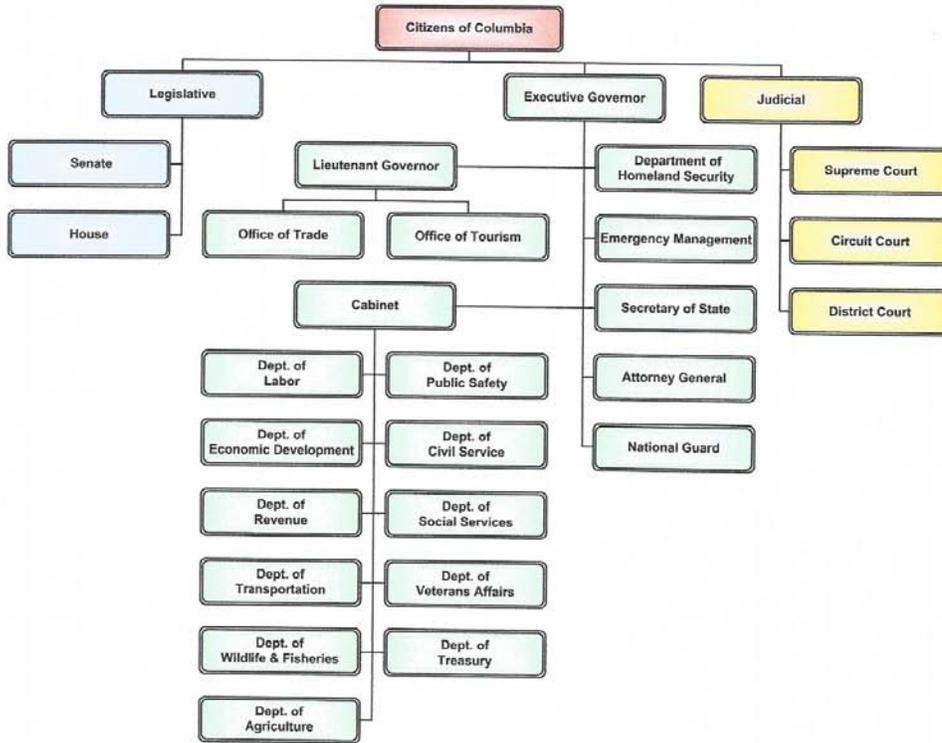
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AA.1. Organization Charts

AA.1.1. State of Columbia Government Organization Chart



Note: Dept = Department

Figure AA.1. State of Columbia Government Organization Chart

AA.1.2. Liberty County Government Organizational Chart

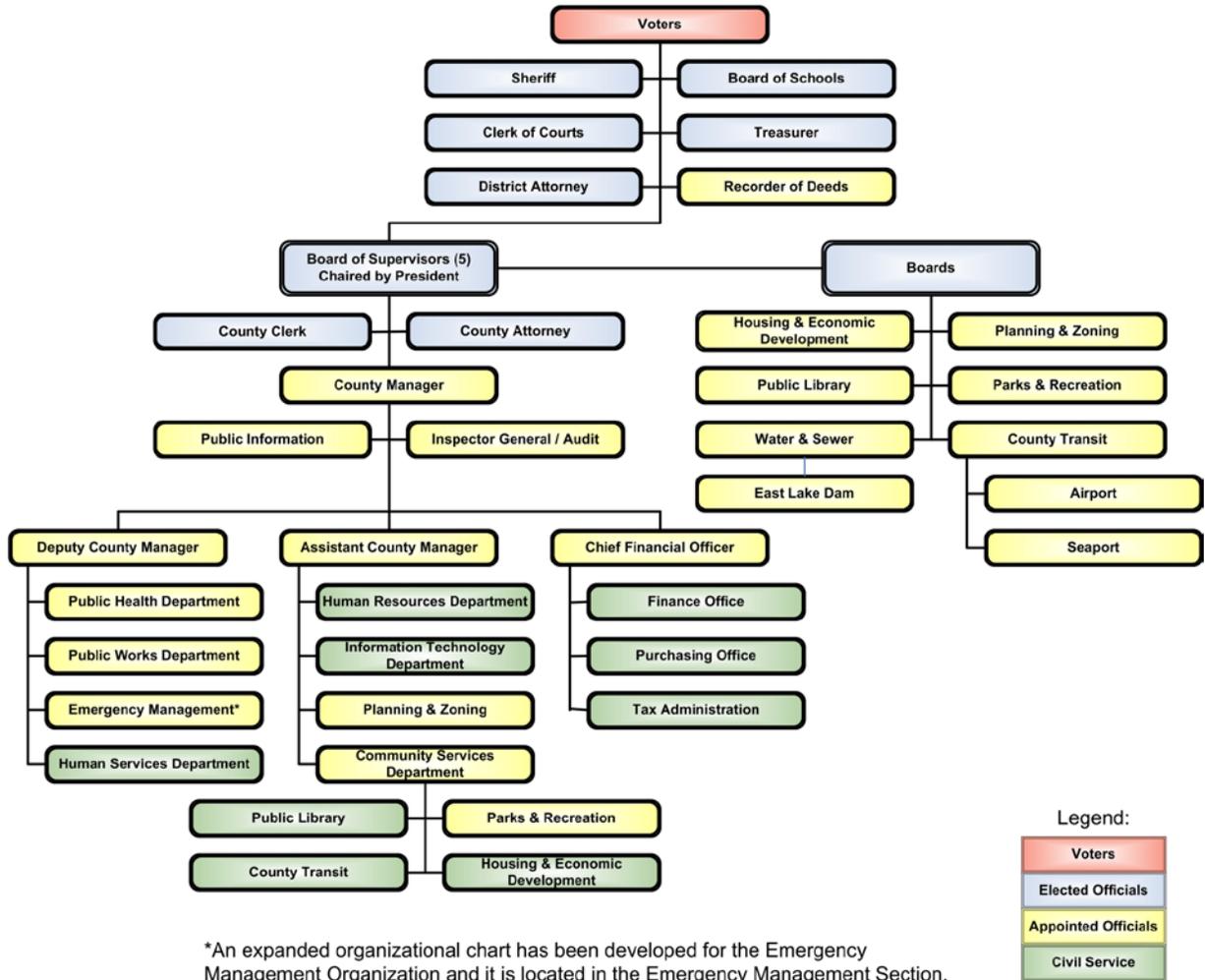


Figure AA.2. Liberty County Government Organizational Chart

AA.1.3. Central City Government Organizational Chart

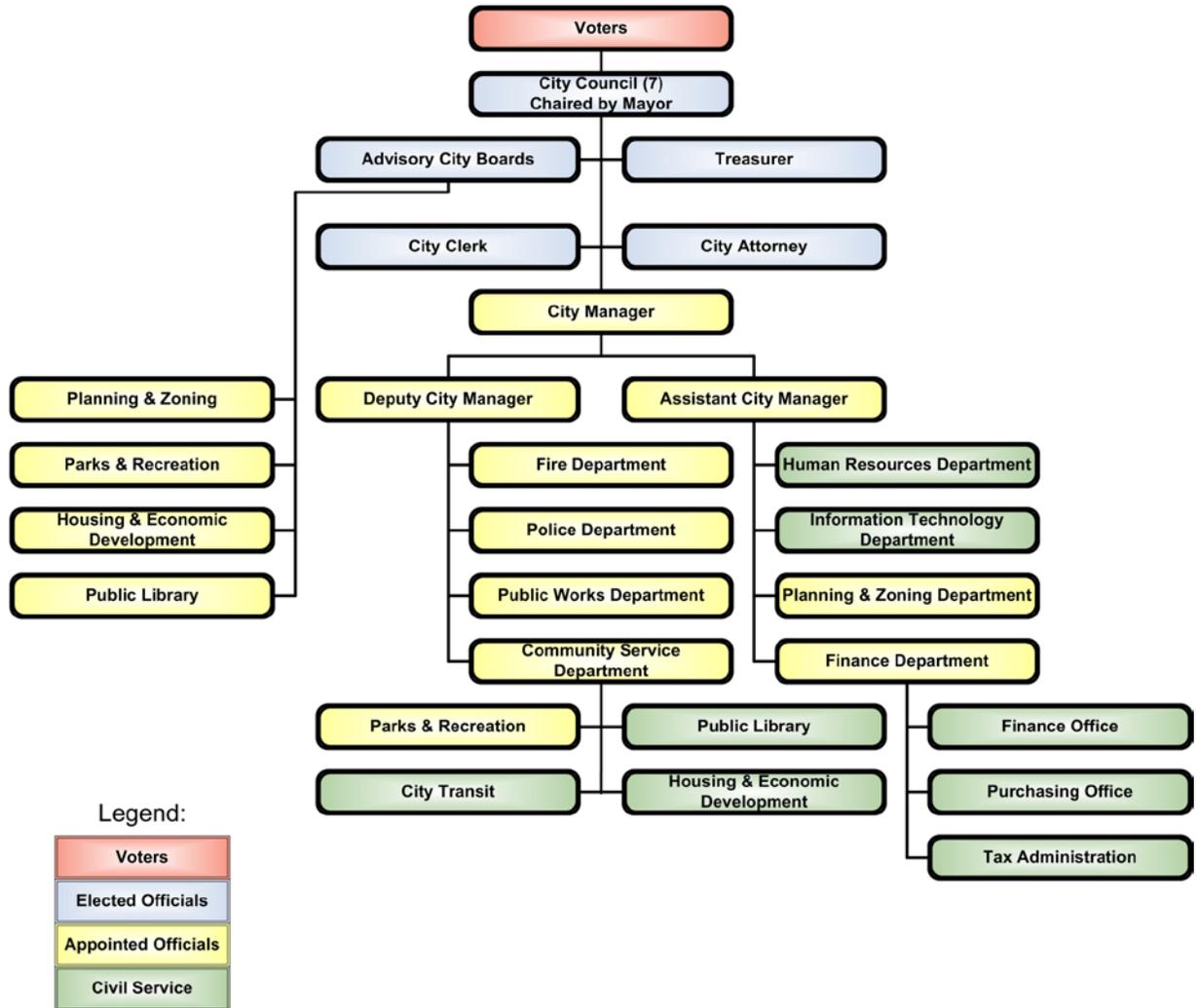


Figure AA.3. Central City Government Organizational Chart

AA.1.4. Governments of Other Communities in Liberty County

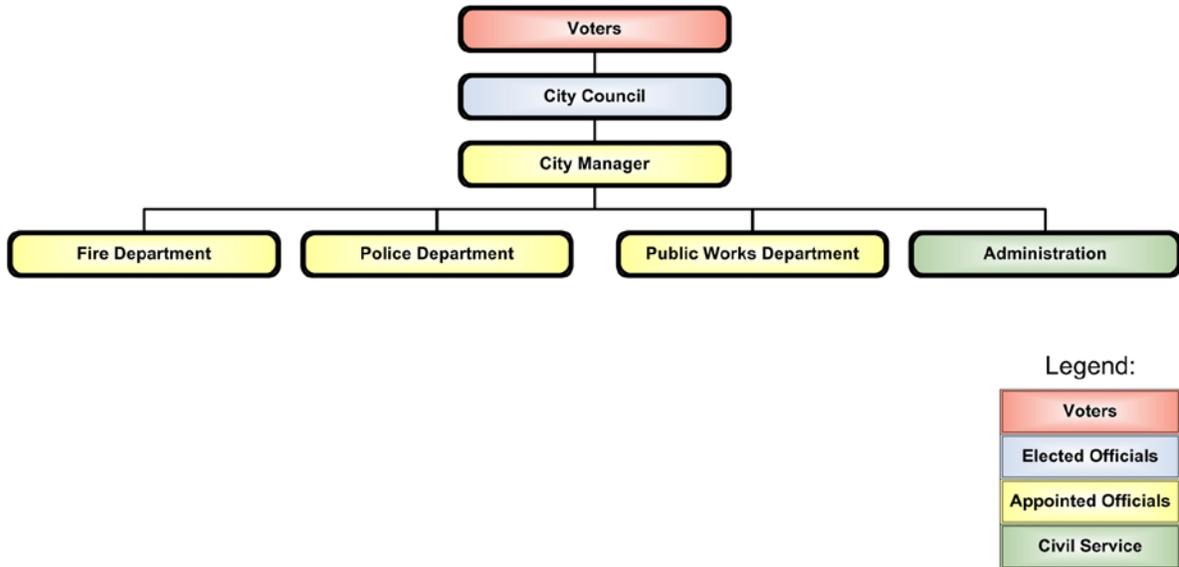


Figure AA.4. Other Communities in Liberty County Government Organizational Chart

AA.1.5. National Incident Management System (NIMS) Incident Command System (ICS) Organization

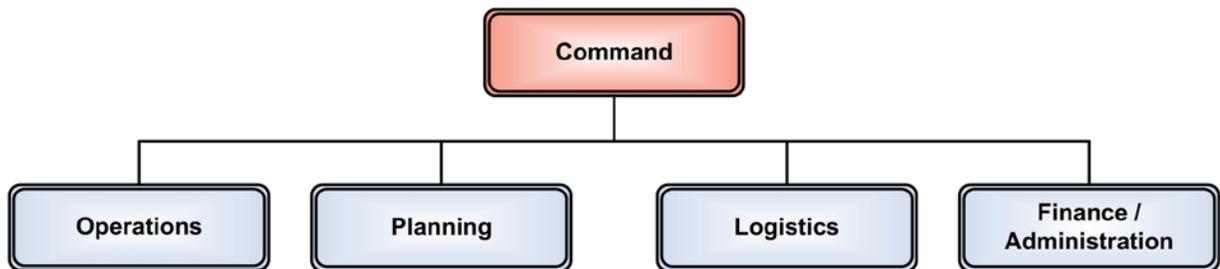
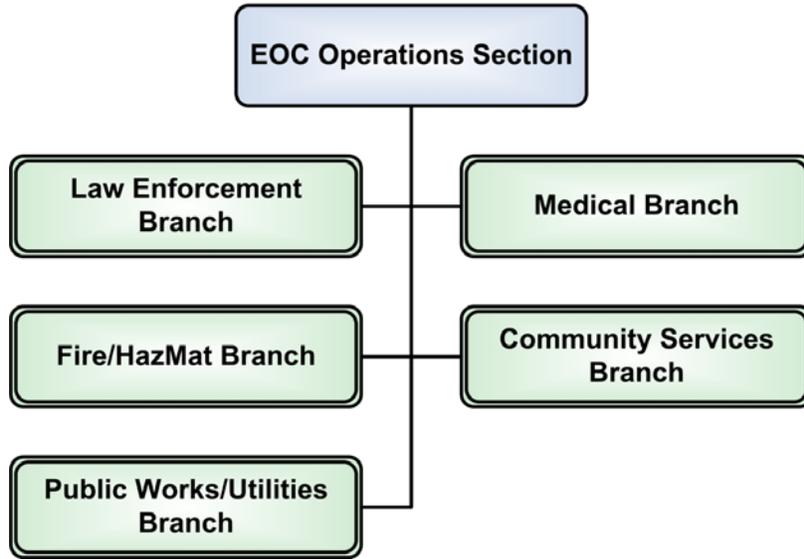


Figure AA.5. NIMS ICS Organization

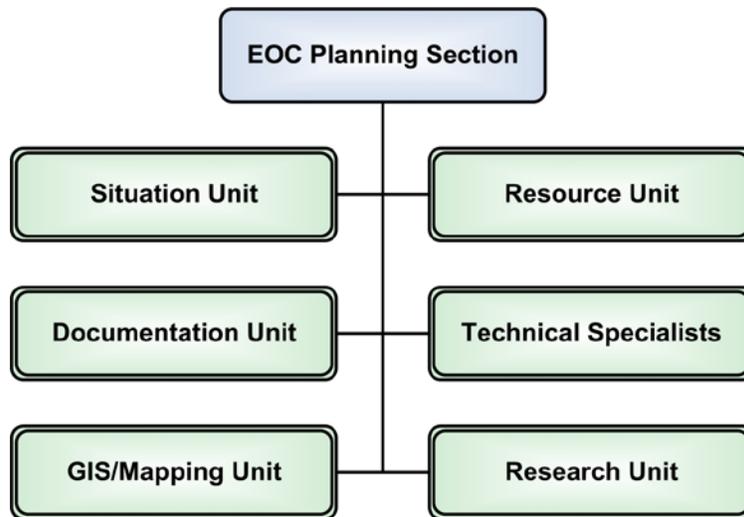
AA.1.6. Major Organizational Elements of Incident Operations



Note: EOC = Emergency Operations Center, HazMat = Hazardous Materials

Figure AA.6. Major Organizational Elements of Incident Operations

AA.1.7. Planning Section Organization



Note: GIS = Geographic Information System

Figure AA.7. Planning Section Organization

AA.1.8. Logistics Section Organization

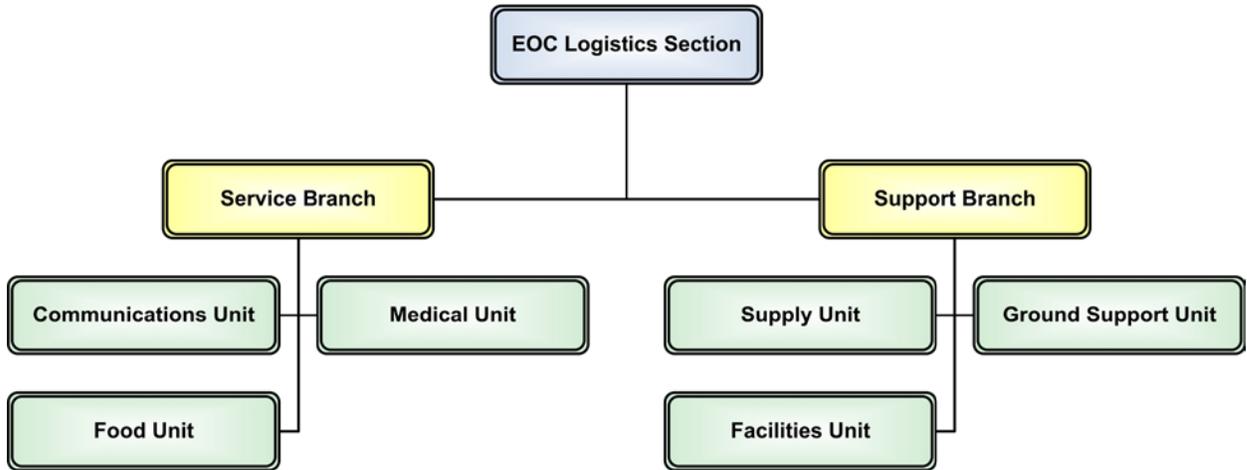


Figure AA.8. Logistics Section Organization

AA.1.9. Finance and Administration Section Organization

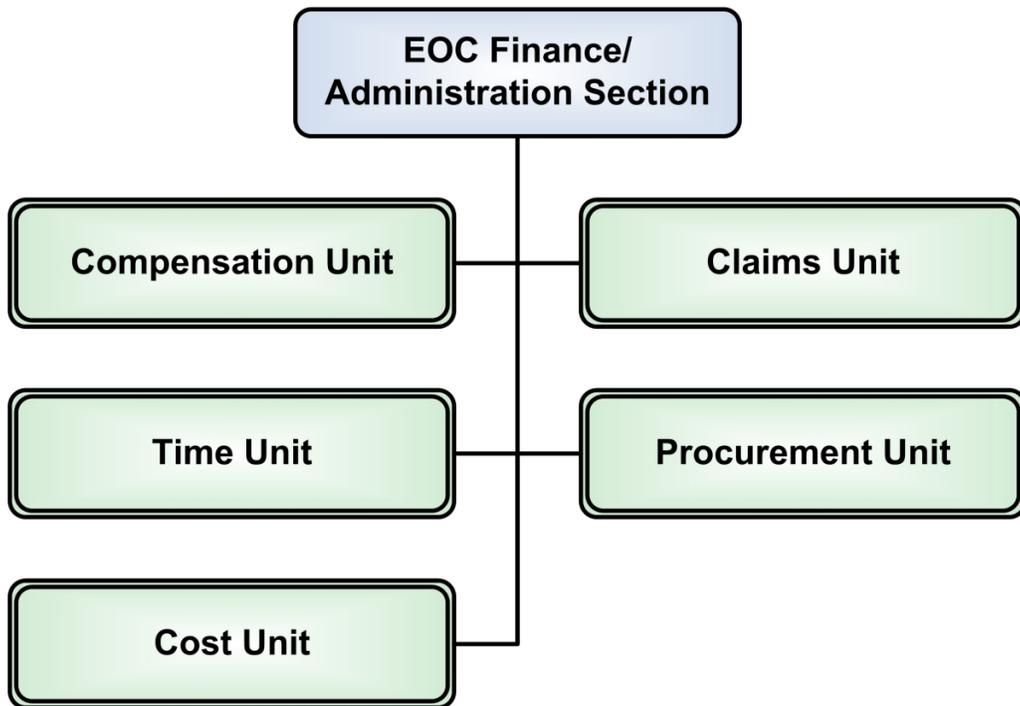


Figure AA.9. Finance and Administration Section Organization

AA.1.10. Liberty County/Central City Emergency Operations Center Organization

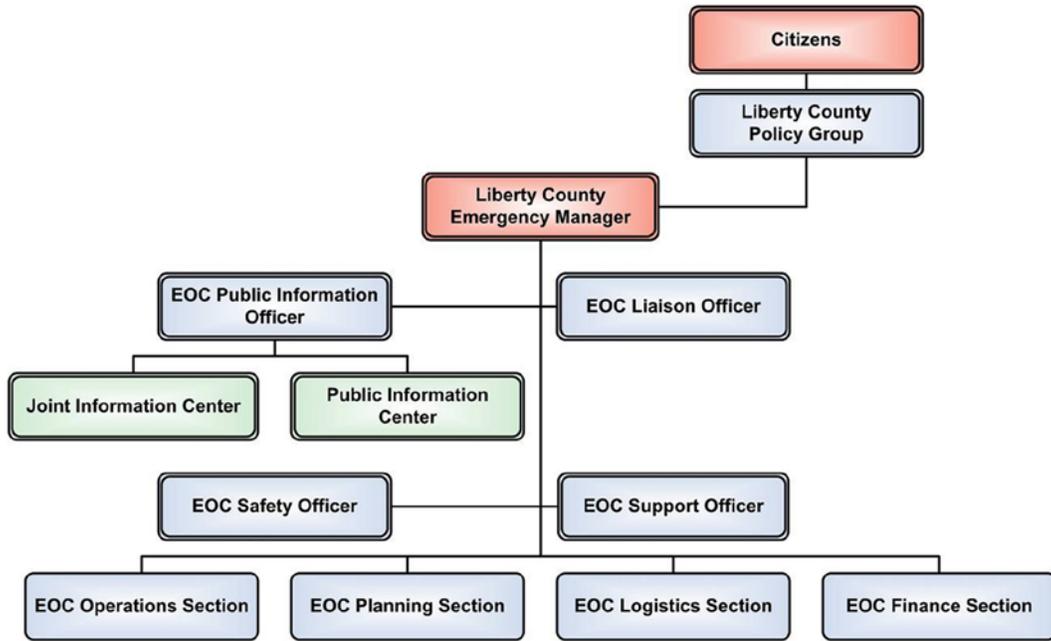


Figure AA.10. Liberty County/Central City Emergency Operations Center Organization

AA.1.11. Liberty County/Central City Emergency Operations Center Organization – Joint Information Center (JIC)

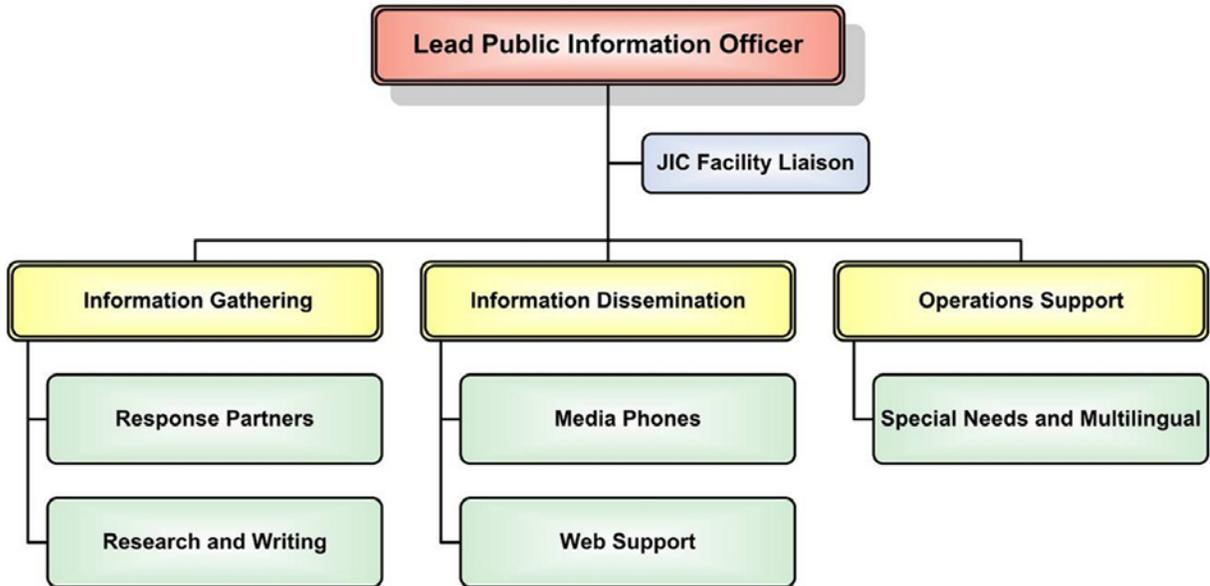
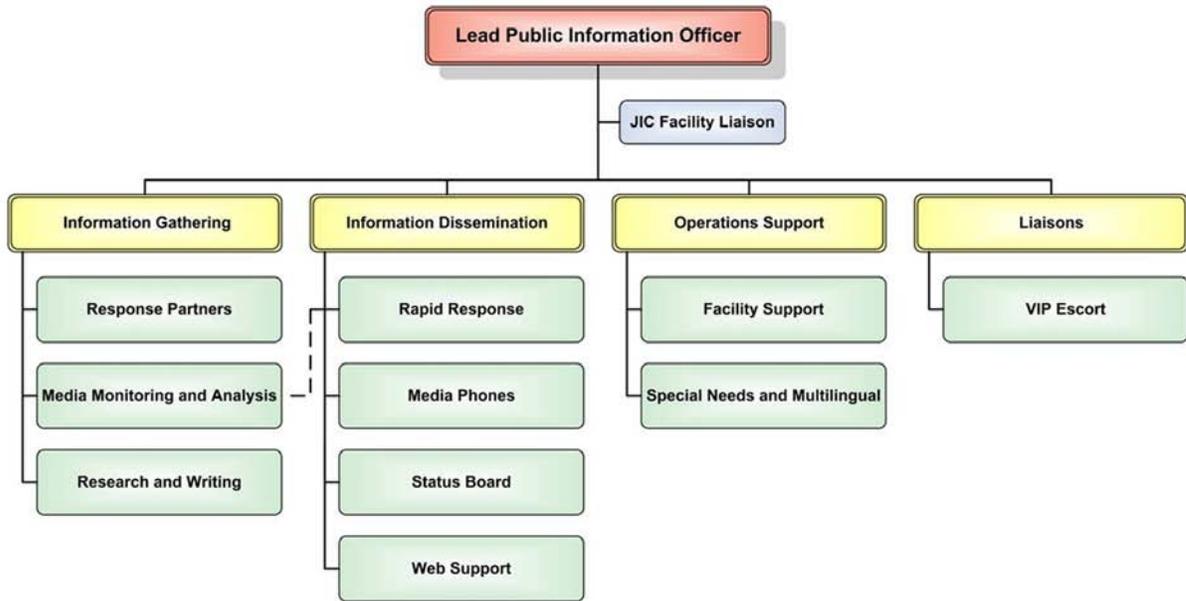
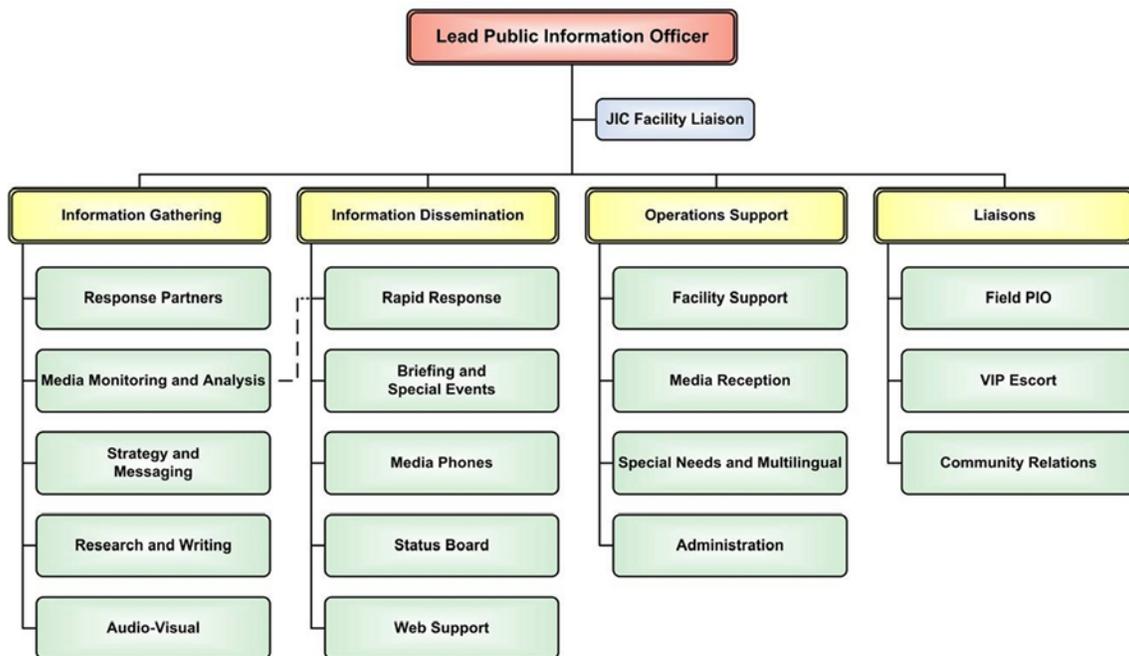


Figure AA.11. Initial Response or Local Incident



Note: VIP = Very Important Person

Figure AA.12. Escalating Incidents



Note: PIO = Public Information Officer

Figure AA.13. Large-Scale Incidents

AA.1.12. Liberty County/Central City Emergency Operations Center Organization – Emergency Operations Center Support Team

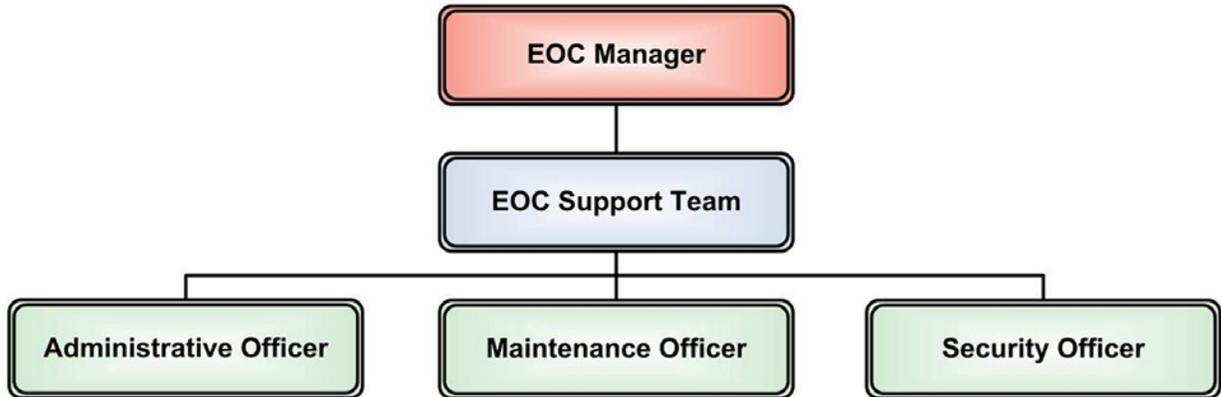
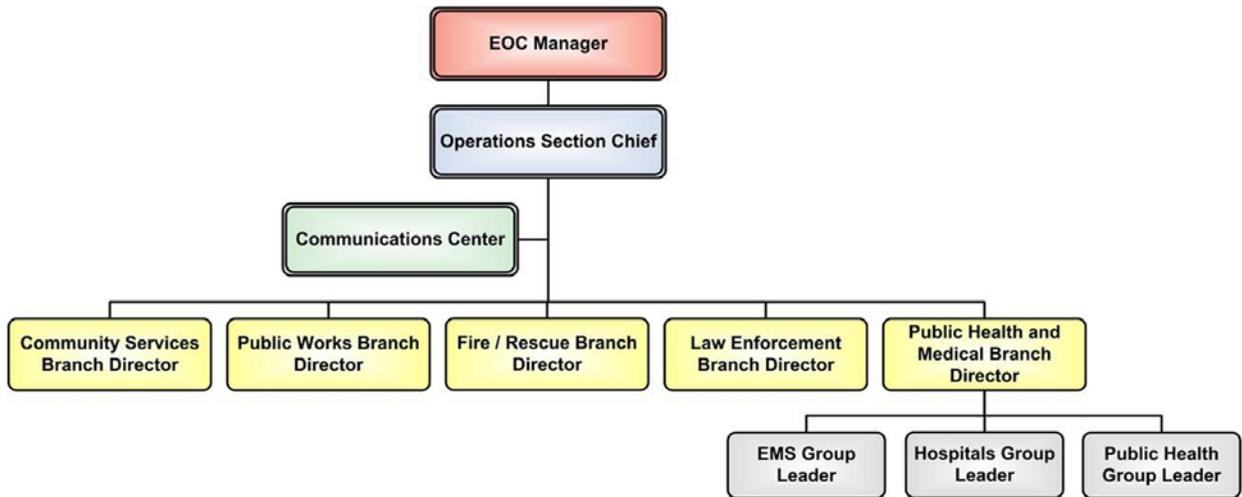


Figure AA.14. Liberty County/Central City Emergency Operations Center Organization – Emergency Operations Center Support Team

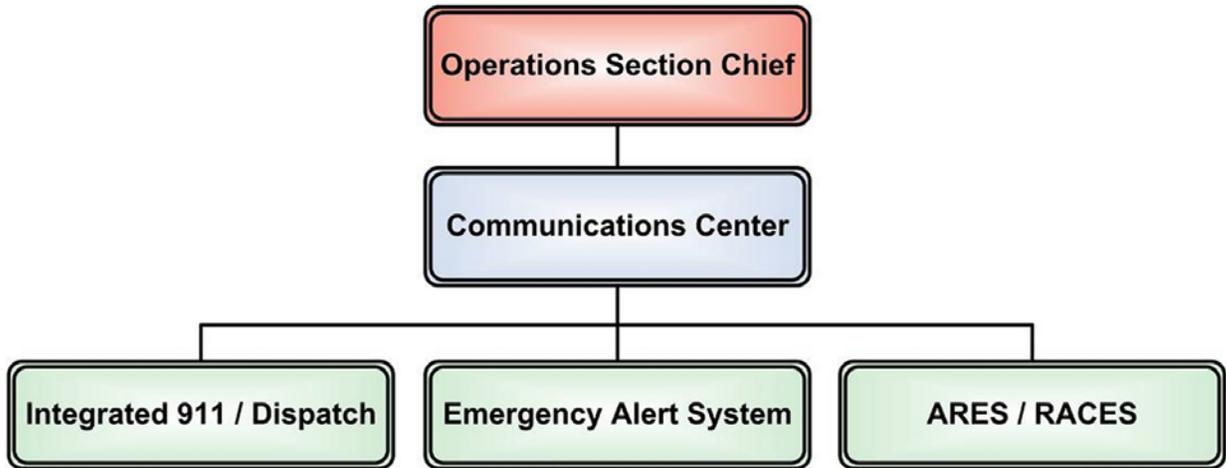
AA.1.13. Liberty County/Central City Emergency Operations Center Organization – Operations Section



Note: EMS = Emergency Medical Service

Figure AA.15. Liberty County/Central City Emergency Operations Center Organization – Operations Section

AA.1.14. Liberty County/Central City Emergency Operations Center Organization – Communications



Note: ARES = Amateur Radio Emergency Services, RACES = Radio Amateur Civil Emergency Service

Figure AA.16. Liberty County/Central City Emergency Operations Center Organization – Communications

AA.1.15. Liberty County Department of Emergency Management Organizational Chart

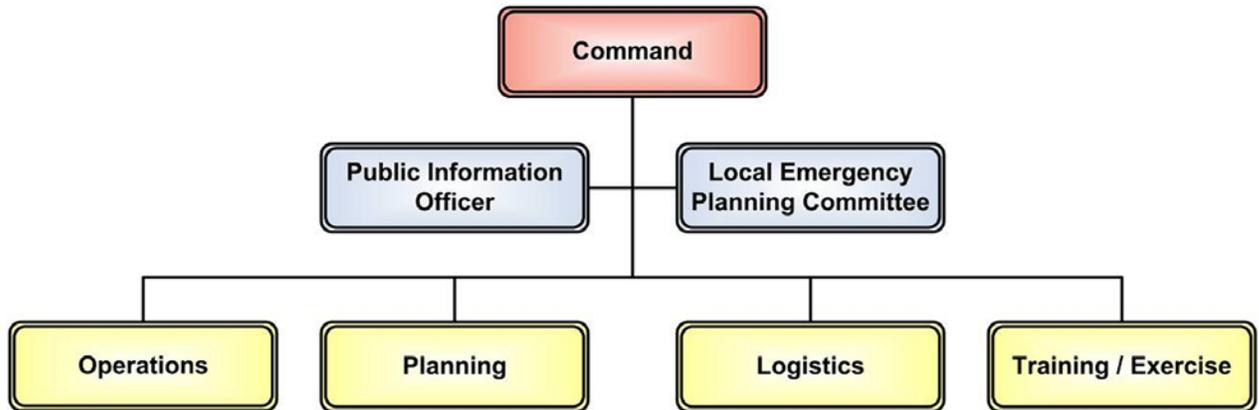


Figure AA.17. Liberty County Department of Emergency Management Organizational Chart

AA.1.16. Delegation of Authority

Delegation of Authority for the

The _____ Incident Management Team has been requested to support the delivery of public safety at the venues that make up the _____. You have full authority and responsibility to establish a Unified Command and for managing the public safety activities within the framework of laws, policy, and direction provided through Liberty County/Central City Policy Group.

Your primary responsibility is to organize and direct your assigned resources for efficient and effective protection of the public within the priorities of life safety, a stable event protection of property, and conservation of the environment. You are accountable to the Policy Group and should report event status on a periodic basis but not less than 3 times per day.

Specific directions for this incident, covering management and environmental concerns follow:

1. Protection of life and private property is your highest priority task:
 - Use management tactics that will facilitate efficient and safe achievement of management objectives;
 - Give special consideration to staff safety, especially with respect to LCES, work/rest guidelines (2:1 ratio), marine, and aviation operations;
 - Conduct reconnaissance to hazards to civilians.
2. Wildlife, watershed, and heritage constraints and considerations have been documented in the planning process.
3. Manage the human resources assigned to the event in a manner that promotes mutual respect and is consistent with policies for preventing discrimination and sexual harassment.
4. Be cost effective; you are authorized to spend up to \$10,000 without recourse to the bidding process. For authority to expend more than that, the membership of the Policy Group have been authorized to approve amounts over \$10,000. Utilize local vendors and contractors for fire supplies and services, as much as possible.
5. The IMT will have the authority to close down any venue location or support area as required. However, cancellation of the entire event will require prior approval of the Agency Administrators.

6. Public information will remain a shared responsibility of the Joint Information System and the Public Information Officers assigned to the EOC and IMT.
7. Notify the Policy Group of any accidents or unusual events.
8. Coordinate resources requests through the Liberty County/Central City Emergency Operations Center which will act as the Multi-Agency Coordination Center.
9. You should take over management of the incident on or before _____.

The Liberty County/Central City Emergency Manager will serve as the designated Agency Administrator representative and will be available and reachable unless the need for a designated acting designee should arise. You will be kept informed of any changes in authority.

Mayor Date

County Board Date

Agency Administrator Date

UIC Date

UIC Date

UIC Date

AA.1.17. State of Columbia Type II Incident Management Team Positions

#	SECTION	POSITION	NAME	AGENCY	HOME UNIT
1	Command	Incident Commander (IC)		DNR	
2		Deputy IC (T)		DHS	
4		Liaison Officer		ES	
4		Public Information Officer		DHHS	
5		Public Information Officer (T)		DOT	
6		Safety Officer (shared)		DOL	
7		Safety Officer		DPS	
8		Safety Officer (T)		DSS	
9		Human Resource		DOL	
10		Human Resource (T)		DOL	
11	Operations	Ops Section Chief		DHS	
12		Ops Section Chief		DNR	
13		Ops Section Chief (T)		DHHS	
14		Ops Section Chief (T)		DEP	
15		Air Ops Branch Div. (shared)		DOT	
16		Air Ops Branch Div.		DPS	
17		Air Tac. Group (T)		DOT	
18		Div. Sup.		DNR	
19		Div. Sup.		DPS	
20		Div. Sup.		DHHS	
21		Div. Sup. (T)		DEP	
22		Div. Sup.		DOA	
23	Intel/Inv	Intelligence/Investigation		DHS/DPS	
24	Planning	Planning Section Chief		DED	
25		Planning Section Chief		DPS	
26		Planning Section Chief		DPS	
27		Res. Unit Leader (shared)		DCS	
28		Status Check-in Recorder		DOTR	
29		Train. Spec.		DPS	
30		Sit. Unit Leader		DHHS	
31		GIS Info. Tech.		DED	
32		Fire Behav. Analyst		DPS	
33	Logistics	Logistics Section Chief		DOTR	
34		Comm. Unit Leader (shared)		DPS	
35		Comm. Unit Leader (shared)		DOT	
36		Comp. Tech. Spec.		DPS	
37		Supply Unit Leader		DOTR	
38		Equipment Manager (T)		DOT	
39		Med. Unit Leader (shared)		DPS	
40		Med. Unit Leader (shared)		DHHS	
41		Food Unit Leader (T)		DSS	
42		Facility Unit Leader (shared)		DOTR	
43		Facility Unit Leader (shared)		DOTR	
44		Ordering Manager		DWF	
45	Finance	Finance Section Chief		DOTR	
46		Time Unit Leader		DOL	
47		Cost Unit Leader		DCS	
48		Procur. Unit Leader		DOTR	
49		Equip. Time Rec.		DPS	
50		Personnel Time Rec.		DOL	

#	SECTION	POSITION	NAME	AGENCY	HOME UNIT
51		Personnel Time Rec. (T)		DHHS	
52		Comp/Claims		DOL	

DOA Department of Agriculture
 DED Department of Education
 DEP Department of Environmental Protection
 DNR Department of Conservation and Natural Resources
 DHS Department of Homeland Security
 DOL Department of Labor
 DHHS Department of Health and Human Services
 DPS Department of Public Safety
 DSS Department of Social Services
 DOT Department of Transportation
 DOTR Department of Treasury
 DWF Department of Wildlife and Fisheries
 ES Executive Staff
 (T) Trainee

Table AA.1. Columbia State Incident Management Team (IMT) – Type II Staffing Matrix

AA.1.18. State of Columbia Type III Incident Management Team Positions

#	SECTION		REQUIRED	POSITION	NAME	AGENCY	HOME UNIT
1	Command	1	X	IC*			
2				IC*			
3				IC*			
4				IC*			
5		2	X	PIO			
6				PIO			
7		3	X	Safety Officer			
8				Safety Officer			
9		4	X	Liaison Officer			
10	Operations	5	X	Ops SC			
Branch, Division, or Group - Six (6) positions can be filled if requested when the team is ordered.							
		5A					
		5B					
		5C					
		5D					
		5E					
		5F					
11	Planning	6	X	PSC			
12				RUL			
13				SUL			
14				GIS Info. Tech.			
16				Comm. UL			
17				Supply UL			
18				Facility UL			
19	Finance	8	X	Finance SC			
20				Time UL			
21				Cost UL			
22				Procur. UL			

* PW, EMS, Health, LE, or Fire

Table AA.2. Columbia State Incident Management Team (IMT) – Type III Staffing Matrix

This form is used by the Columbia State Emergency Management District Director to staff the IMT – Type III.

AA.1.19. Central City Fire Department (CCFD)

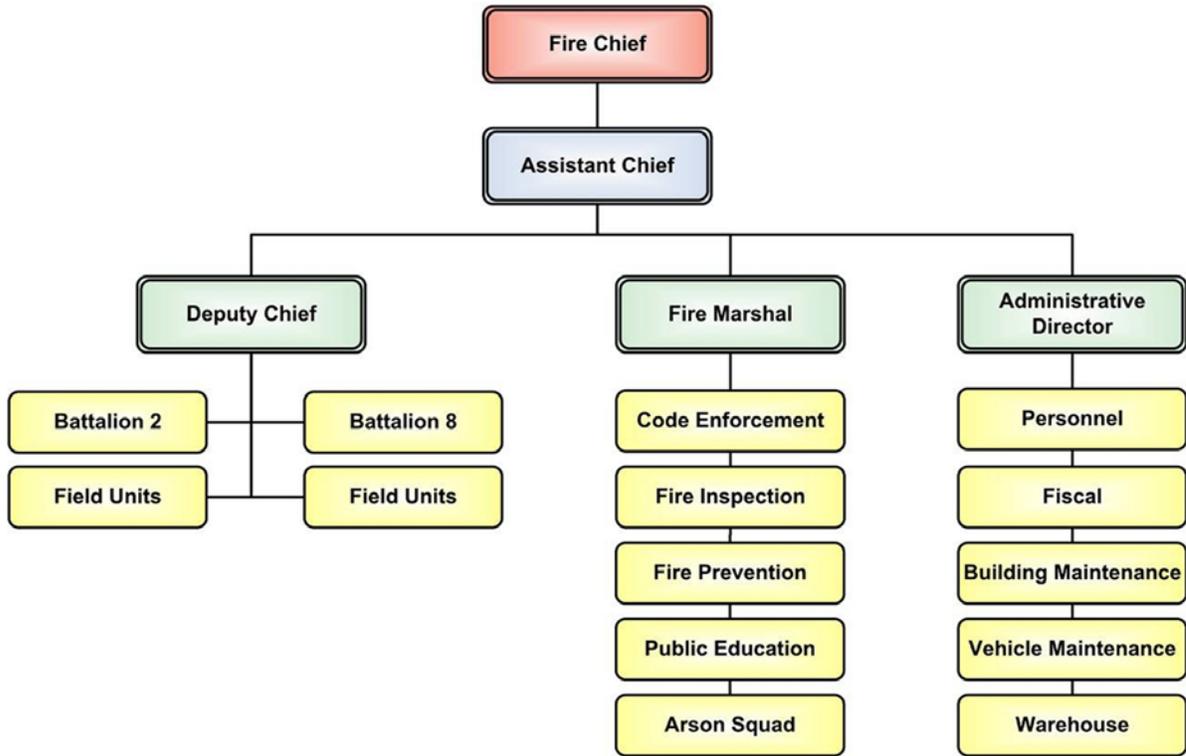
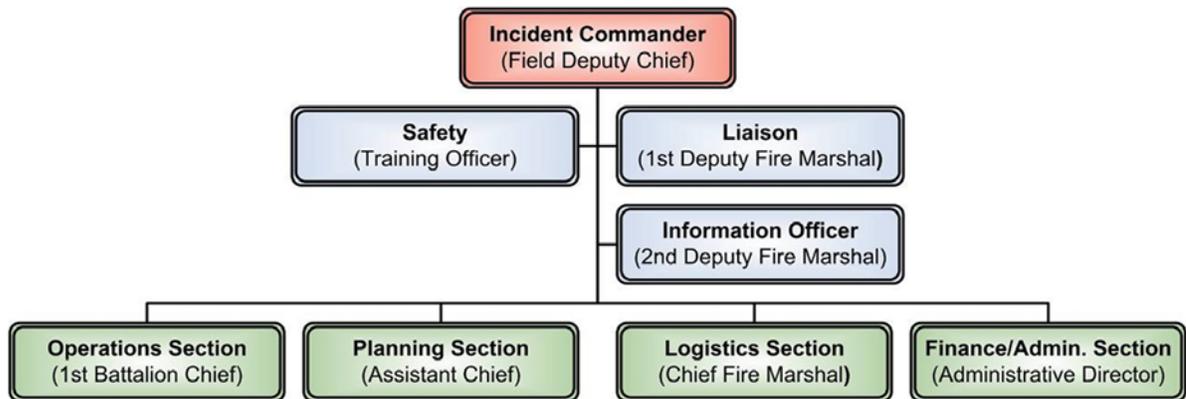


Figure AA.18. Central City Fire Department Organization

AA.1.20. CCFD Incident Management Team (IMT)



Note: Admin = Administration

Figure AA.19. Central City Fire Department Incident Management Team

AA.1.21. Emergency Medical Service Organization

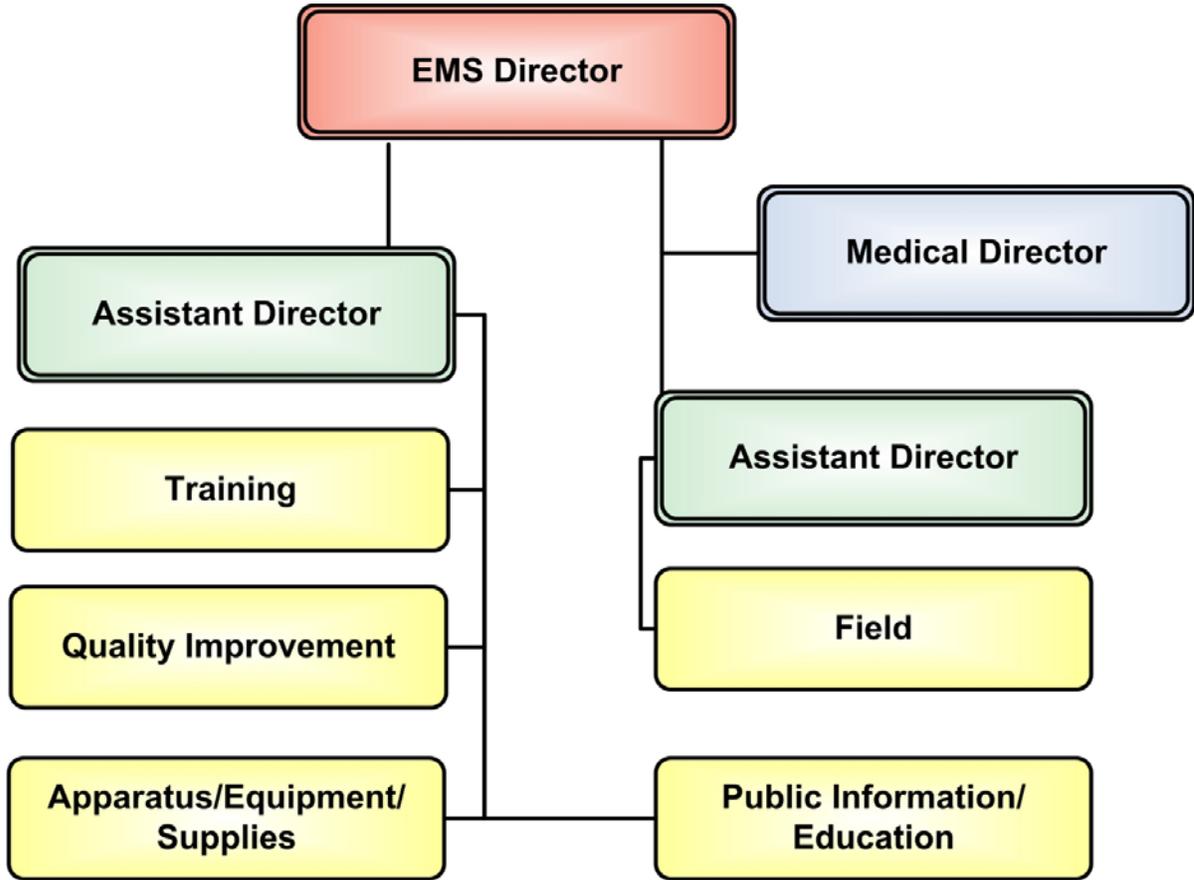
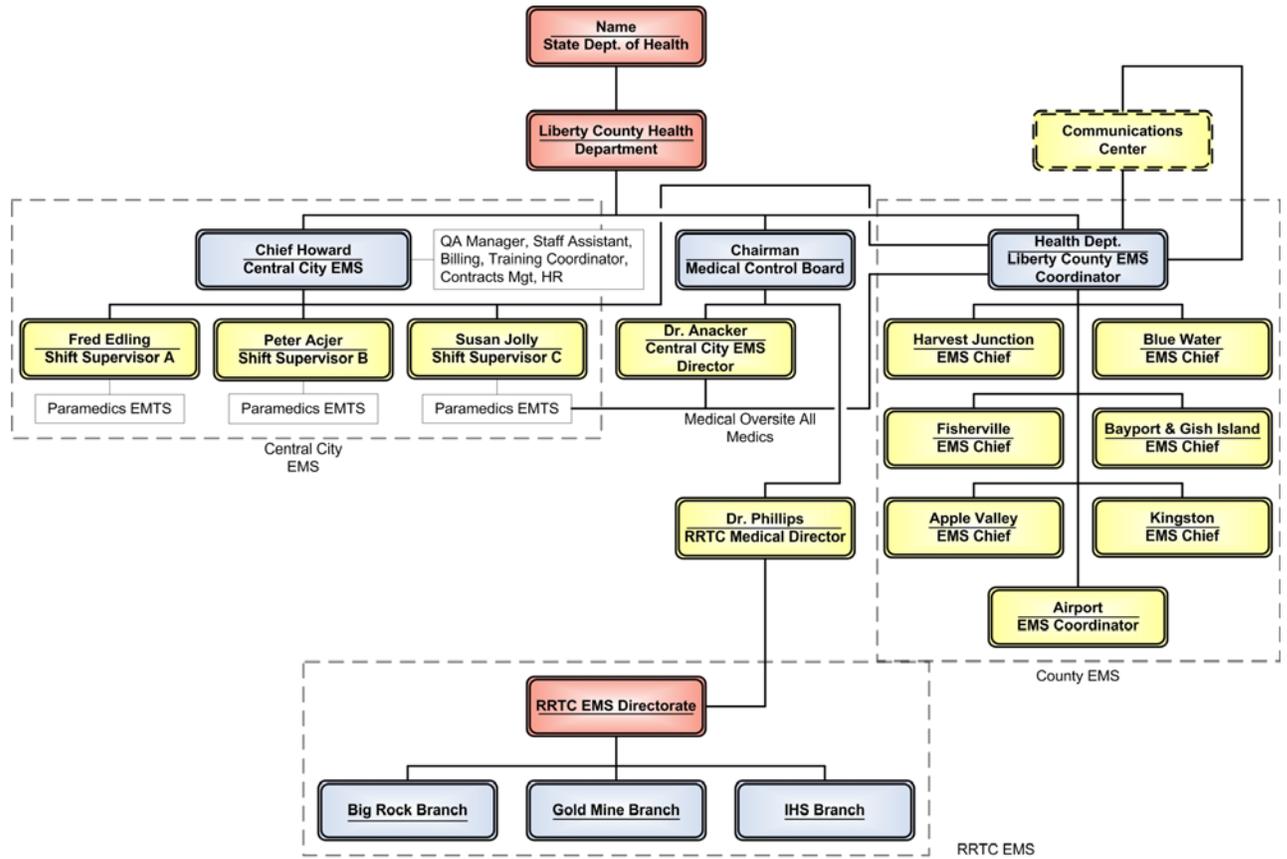


Figure AA.20. Emergency Medical Service Organization

AA.1.22. Liberty County and Central City Emergency Medical Service Organization



Note: DR = Doctor, EMT = Emergency Medical Technician, HR = Human Resources, IHS = Indian Health Service, MGT = Management, QA = Quality Assurance, RRTC = Roaring River Tribal Community

Figure AA.21. Liberty County and Central City Emergency Medical Service Organization

AA.1.23. Medical Operations Coordination Center (MOCC)

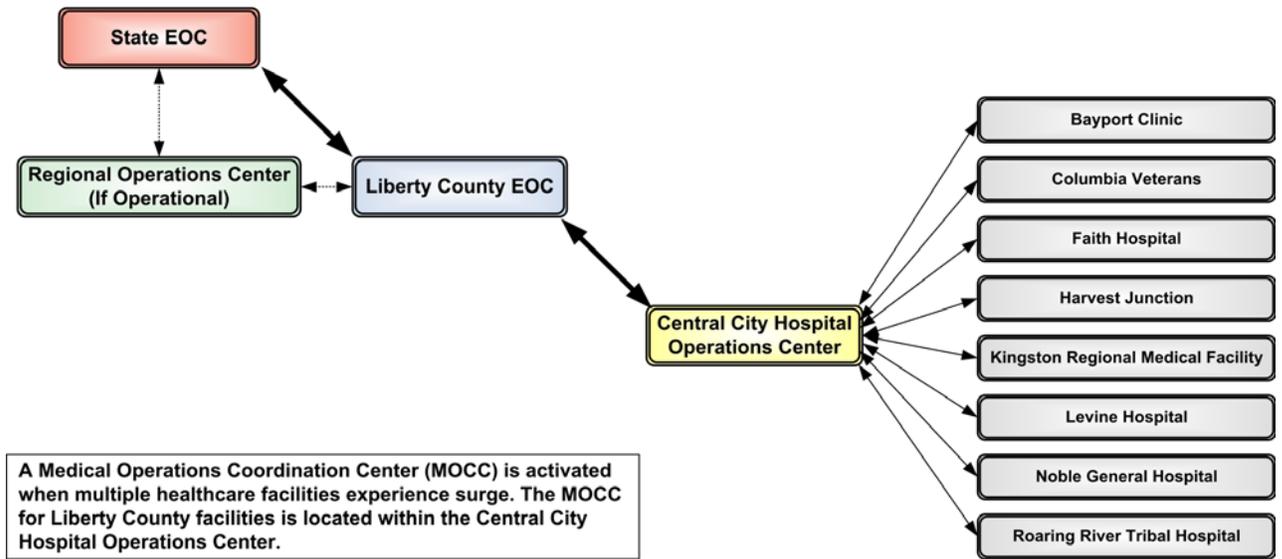
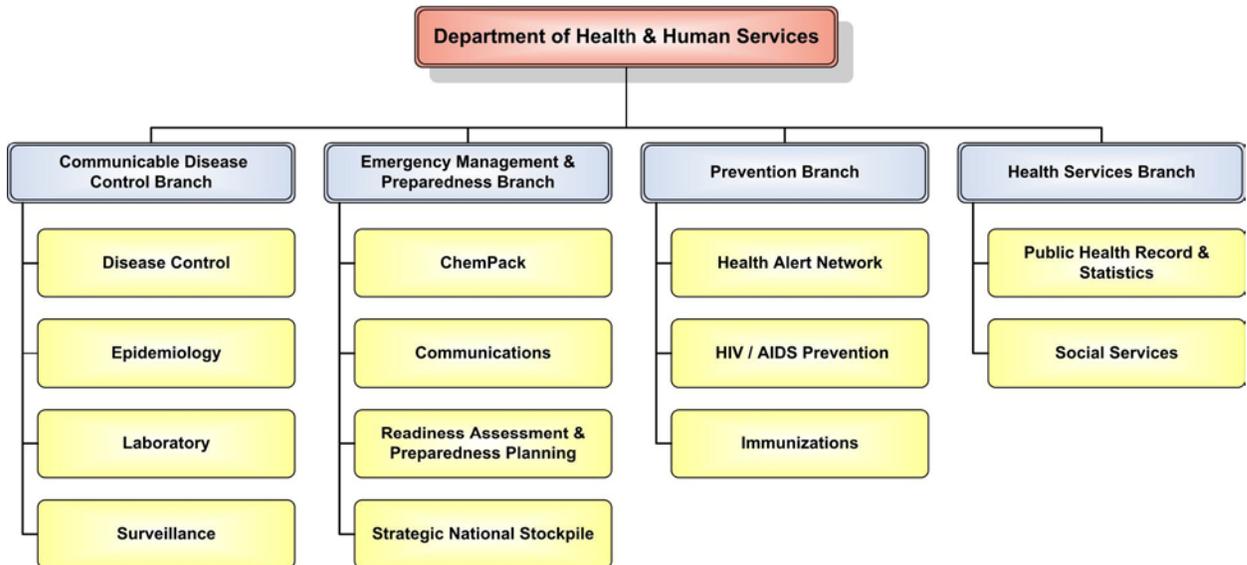


Figure AA.22. Medical Operations Coordination Center

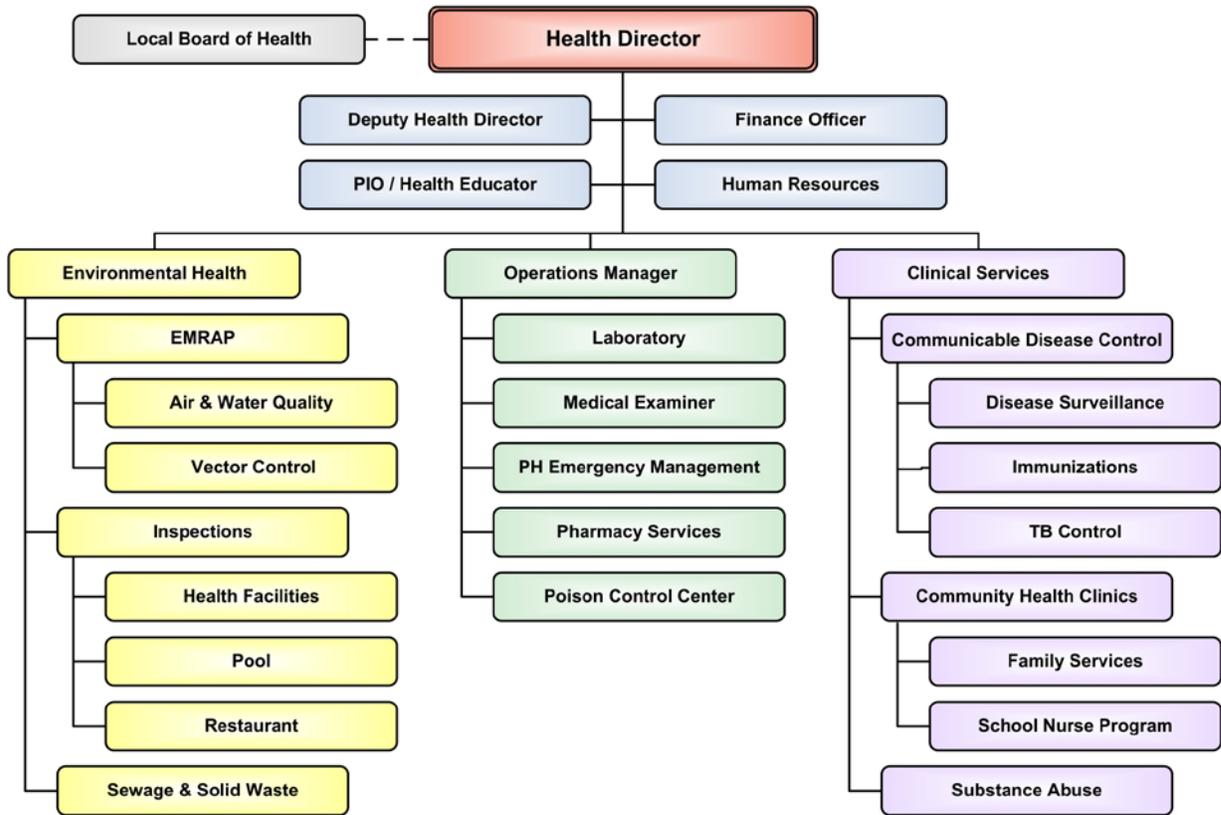
AA.1.24. State of Columbia Health Department Organization Chart



Note: AIDS = Acquired Immunodeficiency Syndrome, HIV = Human Immunodeficiency Virus

Figure AA.23. State of Columbia Health Department Organization Chart

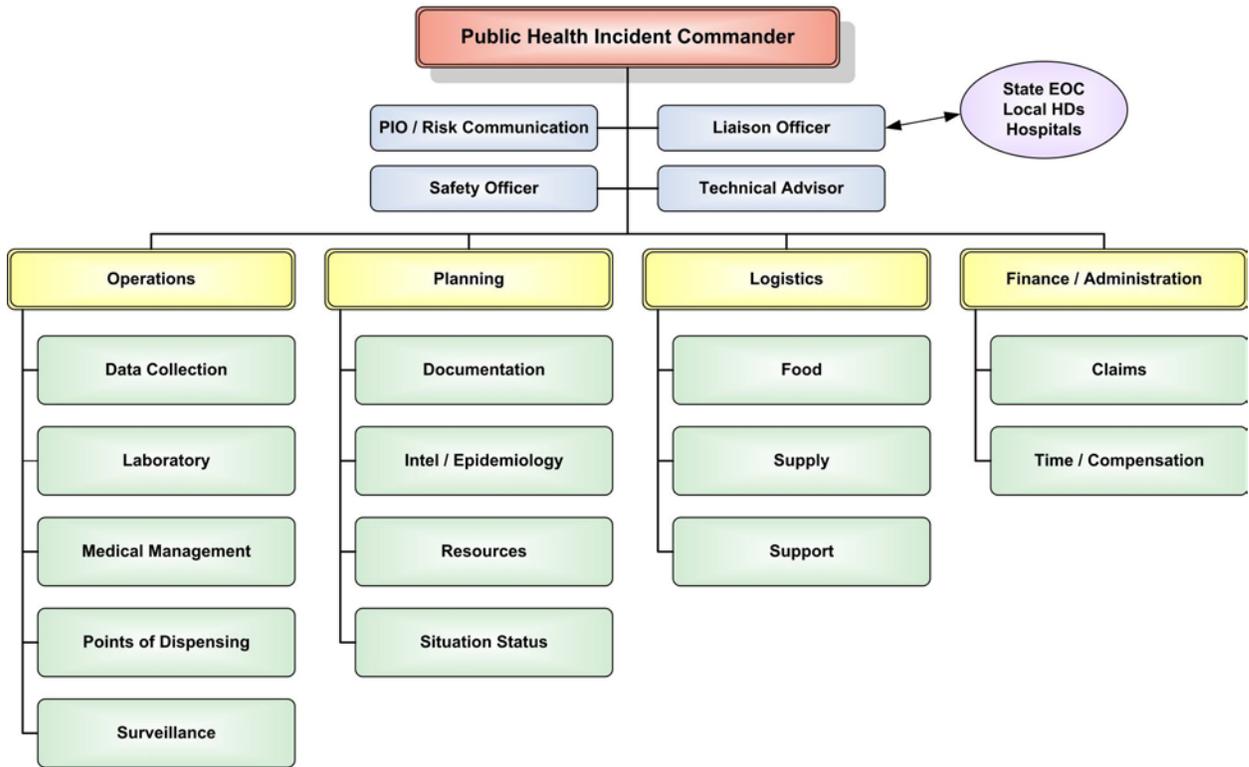
AA.1.25. Liberty County Health Department Organization Chart



Note: EMRAP = Environmental Management and Risk Assessment Program
 PH = Public Health
 TB = Tuberculosis

Figure AA.24. Liberty County Health Department Organization Chart

AA.1.26. Public Health Department Operations Center Chart



Note: HD = Hospital Director, INTEL = Intelligence

Figure AA.25. Public Health Department Operations Center Organization Chart

AA.1.27. State of Columbia Emergency Operations Center (Health Relationships)

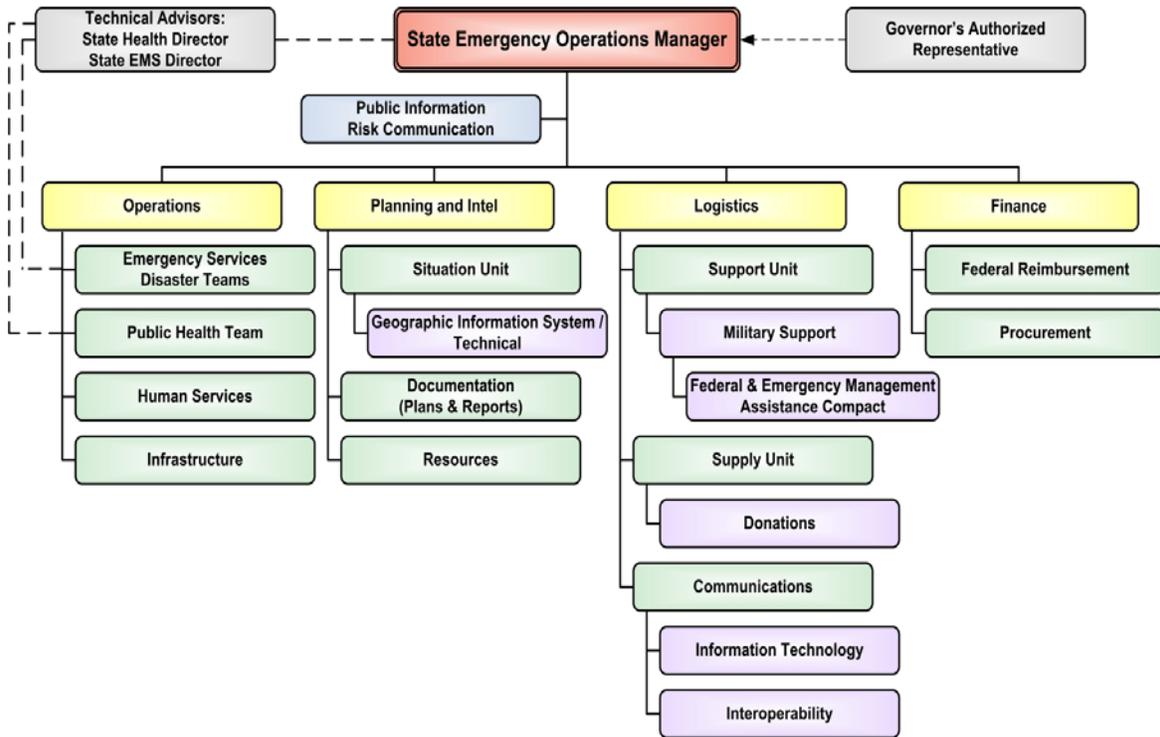


Figure AA.26. State of Columbia Emergency Operations Center (Health Relationships) Organization Chart

AA.1.28. Central City Department of Public Works Organization

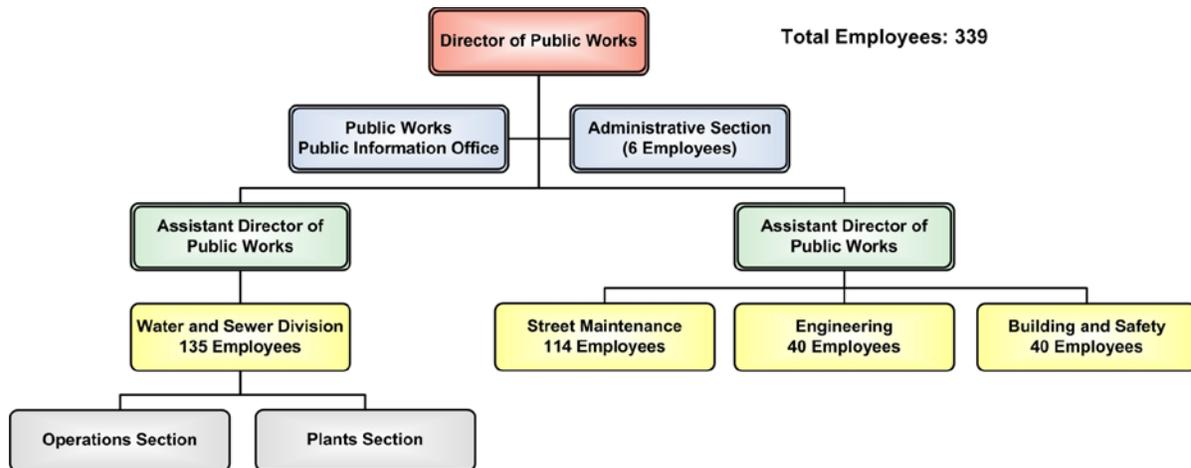


Figure AA.27. Central City Department of Public Works Organization

AA.2. Checklists

AA.2.1. Liberty County/Central City Declaration of Disaster/Emergency Sequence Checklist

Action	Description	Completed
1	Occurrence of emergency/disaster event has been confirmed	<input type="checkbox"/>
2	City/County Emergency Management Plan (EMP) has been implemented	<input type="checkbox"/>
3	City/County EOC has been activated	<input type="checkbox"/>
4	Event is significant. Mayor/Chairman declares "LOCAL EMERGENCY/DISASTER" in accordance with CESA10.2.4 <ol style="list-style-type: none"> 1. City/County Attorney review and approve as to form 2. City/County Clerk review and attest 3. Liberty County Office of Emergency Management notified 	
5	Declaration of "LOCAL EMERGENCY/DISASTER" presented to City Council within 48 hours from time of proclamation	<input type="checkbox"/>
6	City Manager conducts public/media notification	<input type="checkbox"/>
7	City resources have been overwhelmed (or expectant)	<input type="checkbox"/>
8	Preliminary Damage Assessment (PDA) has been performed and reveals: <ol style="list-style-type: none"> 1. Damages to uninsured public property are equal to or exceed a per capita allocation set in the Federal Register. (i.e., 2009 sample 302,412 X \$2.50 = \$756,030) 2. Other catastrophic event with significant damage and/or loss of life 	<input type="checkbox"/>
9	Mayor/Chairman of the County Board of Supervisors issues proclamation requesting Governor to declare "STATE OF EMERGENCY/DISASTER" to acquire State and/or Federal assistance City/County Attorney review and approve as to form City/County Clerk review and attest Fax/forward to Governor via Columbia Division of Emergency Management (DEM) within 48 hours Request shall include: <ol style="list-style-type: none"> 1. Copy of "LOCAL EMERGENCY/DISASTER" declaration 2. Copy of PDA report 	<input type="checkbox"/>

Note: Action items 1–9 may occur sequentially or concurrently based upon the size and complexity of the event.

Table AA.3. Liberty County/Central City Declaration of Disaster/Emergency Sequence Checklist

AA.2.2. Suggested Hospital Mass Prophylaxis Clinic Action Item Checklist

Site Manager	
Hospital Emergency Department Phone Number	
Phone Number	
Pager Number	
How to page "Code Blue"	
Clinic Location	
Clinic Fax Number	
Environmental Service Phone Number	
Location of Illness Evaluation Area	

Table AA.4. Suggested Hospital Mass Prophylaxis Clinic Action Item Checklist – General Information

Clinic Room Setup (ideally, separate entrance and exit)	Checklist
Stations: Setup Number: _____ (Include station for refreshments)	
Sink w/running water/soap If unavailable, waterless alcohol gel available	
Facial Tissue	
Number of Tables: _____ Number of Chairs: _____ (Stations set up so staff have back to wall)	
Partitions for Privacy/Confidentiality	
Electrical Outlet(s)	
Red Biohazard Waste Bags How many extra red biohazard waste bags on hand?	
Sharps Container(s) How many sharps containers on hand?	
Waste Basket/Trash Bags for each Station	
If floor carpeted, consider plastic under chairs at injection stations to protect if vaccine drips from needle	
Telephone/Phone Access	
FAX Machine Access Extra paper on hand?	
Photocopy Machine Access Copier paper and extra toner cartridge on hand?	
Signs for Clinic Stations, Enter, and Exit, etc. (To be brought by Core Vaccination Team)	
List of Emergency Numbers Posted	
Identification Badges for Staff _____ Owner _____ Issued	
Arrangements made with American Red Cross for Refreshments for clients receiving vaccine	
Break Area for Vaccination Team Hospital agrees to supply beverage, snacks, cups, and/or napkins? _____ Lunch _____	
Diagram of clinic layout and flow to be reviewed by Regional Vaccine Coordinator and Site Manager prior to first day of clinic	
Clinic Set Up for Core Vaccination Team prior to arrival	

Table AA.5. Suggested Clinic Supplies and Equipment – Field Hospital Clinics – Clinic Room Setup

Medical Emergency Supplies	Checklist
Standing orders for Emergency	
Ampules of Epinephrine 1:100 SQ or EpiPen	
Ampules of Diphenhydramine (Benadryl) 50 mg IM	
3 cc Syringes with 1", 25-gauge needles	
1.0" Needles	
TB Syringes with 5/8" Needles (for Epinephrine)	
Alcohol wipes	
Ammonia wipes	
Blood Pressure Cuffs (1) Adult (2) Adult Obese	
Stethoscope, Blanket/Pillows, Latex Free Gloves	
Ambu bag with adult masks	
Emesis Basins	
1-2 Cots/Stretchers, if available	

Note: Core Vaccination Team to bring drugs for allergic reaction,
 CC = Cubic Centimeter, IM = Intramuscular, MG = Milligram, SQ = Subcutaneous

Table AA.6. Suggested Clinic Supplies and Equipment – Hospital Clinics – Medical Emergency Supplies

Education Room	Checklist
Area for video Setup	
Large Screen Video/TV Setup with VCR to show Orientation Video	
Chairs	

Table AA.7. Suggested Clinic Supplies and Equipment – Hospital Clinics – Education Room

General Supplies	Checklist
Latex Free Gloves: _____Boxes (one box for each station)	
Disinfectant for Vaccine Spill(s) Brand Name: _____Cleaning Supplies/Spill Kit(s) Paper Towels	
All General Paper Supplies: Post-it notes, stapler/staples, tape, paper clips, pens, pencils, scissors, envelopes, paper, clipboards, file boxes	

Table AA.8. Suggested Clinic Supplies and Equipment – Hospital Clinics – General Supplies

Site Care Supplies	Checklist
25 Pairs of Vinyl Gloves	
30 2x2 Gauze	
2 Rolls of 1" Paper Tape	
4 4x4 Semi Permeable Transparent Dressing (Tegaderm)	
4 Ziploc Baggies	

Table AA.9. Suggested Clinic Supplies and Equipment – Hospital Clinics – Site Care Supplies

Forms and Educational Materials	Checklist
Information packets (including contraindication)	
Numbered Stickers _____ PVN _____ Contact	
Registration/Vaccination Logs	
Medical Record/Consent Forms	
Post-Vaccination Site Care Information Sheet/Card	
Symptom Diaries	
Vaccination Cards	

Note: PVN = Patient Vaccination Number

Table AA.10. Suggested Clinic Supplies and Equipment – Hospital Clinics – Forms and Educational Materials

AA.3. Forms

AA.3.1. Resolution/Proclamation Passed, Adopted, and Approved Signature Form

PASSED, ADOPTED and APPROVED this (xx) day of (Month), 20(xx).					
CENTRAL CITY			LIBERTY COUNTY		
City Clerk:			County Clerk:		
CENTRAL CITY			LIBERTY COUNTY		
Council members present and voting:			Board of Supervisors present and voting:		
Mayor	Aye	Nay	Chairman	Aye	Nay
	<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"/>	<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"/>		<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"/>	<input type="checkbox"/>

AA.3.2. Interim Occupation Health and Safety Survey Tool – Shelters Form

The following three tables were developed with reference to the Center for Disease Control and Prevention (CDC) – Interim Occupational Health and Safety Survey Tool – Shelters form.

Agency/Organization Doing the Assessment	
Group #	
Surveyor Name	
Date of Assessment (dd/mm/yyyy)	

Table AA.11. Interim Occupational Health and Safety Survey Tool – Shelters – Surveying Agency Data

Location Name	
Street Address	
City	
State	
Zip	
Location Description	
Latitude/Longitude	
Number of Employees	
Contact	
Phone (work)	
Phone (cell)	
Email	

Table AA.12. Interim Occupational Health and Safety Survey Tool – Shelters – Facility Name and Spatial Data

Area	Assessment Item	Acceptable (Yes)	Not Acceptable (No)	Comment
01	Are staffing levels adequate for providing shelter services?			
02	Is a program in place to provide and monitor employee Health and Safety?			
03	Is an occupational health and safety training provided to all new shelter employees and volunteers?			
04	Is there a record keeping system in place to collect worker illness and injury data?			Method:
05	Are Standard Precautions included in orientation?			
06	Are Personal Protective Equipment (PPE) requirements included in the orientation?			
07	Are supplies of worker PPE adequate?			Inadequate:
08	Are procedures in place for: 1. Infectious waste handling? 2. Isolation of potentially infectious patients? 3. Handling of laundry? 4. Cleaning the facility?			
09	Are there Infection Control issues at this site? (If yes, describe in the comment box)			
10	Is there a safe system for providing food for workers?			
11	Is there a system for providing rest breaks for the workers?			
12	Are adequate hand-washing facilities provided?			
13	Is there a main safety and health concern among workers at this site? (If yes, describe in the comment box.)			
14	Is information needed about any specific occupational risk or exposures? (If yes, describe in the comment box.)			

Table AA.13. Interim Occupational Health and Safety Survey Tool – Shelters – Assessment Items

**AGREEMENT TO PERMIT THE USE
OF A FACILITY AS A RED CROSS EMERGENCY SHELTER**

Effective Date: Upon execution.

Expiration Date: None. Owner or Red Cross may terminate the agreement upon 30 days' notice.

Owner: [legal name of Owner of facility]

Owner's 24 Hour Point of Contact (name and cell phone number)

Primary: _____

Alternate: _____

Owner's Address for Legal Notices:

Red Cross: The American National Red Cross, a not-for-profit corporation under the laws of the United States.

Red Cross 24 Hour Point of Contact

Primary: Disaster Supervisor On-Call at 702-591-4025 (cell)

Alternate: Director of Emergency Services at 702-591-4022 (cell)

Red Cross Address for Legal Notices: The American National Red Cross, Southern Nevada Chapter, 1771 E Flamingo #206B, Las Vegas, NV 89119 with a copy to The American National Red Cross, Office of the General Counsel, 2025 E Street, N.W., Washington, D.C. 20006 and with a copy to The American National Red Cross, Disaster Operations, 2025 E Street, N.W., Washington, D.C. 20006;

Red Cross Address for Invoices: Southern Nevada Chapter, 1771 E Flamingo #206B, Las Vegas, NV 89119, with a copy to: The American National Red Cross, Facilities Associate - Field Logistics, Disaster Response, 2025 E Street, Washington, D.C. 20006.

Name and Address of Shelter:

OWNER:

By:
Name:
Title:

Office Phone:

Cell Phone:

Email:

Date:

RED CROSS:

The American National Red Cross

By:
Name:
Title:

Office Phone:

Cell Phone:

Email:

Date:

TERMS AND CONDITIONS

This Agreement is made for the temporary use of a facility designated by Owner for use as a public shelter during a declared or undeclared natural disaster or other condition or event requiring the activation of the disaster relief functions of The American National Red Cross (referred to as an "Emergency"). The parties desire to reach an understanding that will result in providing the facility owned by the Owner to the Red Cross to operate an emergency shelter for the benefit of Owner's community.

1. Owner's Responsibilities.

(a) Owner has identified the facility, and Red Cross has determined that the facility may be suitable for use as a public shelter, or staging area, or for other purposes in connection with disaster relief operations. (The facility is referred to as the "Shelter"). Upon request by the Red Cross (which may be made orally or in writing) Owner will make the facility available to Red Cross for use as a Shelter.

(b) Owner will appoint a person to coordinate the Owner's activities (This individual is referred to as the Owner's "Facility Coordinator"). The Facility Coordinator will coordinate the use of the Shelter with the Red Cross's designated official. (The Red Cross official is referred to as the "Shelter Manager"). The Facility Coordinator and the Shelter Manager will collaborate to resolve questions regarding Shelter operations. The Facility Coordinator and the Shelter Manager will jointly conduct a pre-inspection survey of the Shelter before it is turned over to the Red Cross. The pre-inspection survey, attached as Exhibit A, will be used to identify and record any existing damage or conditions. The Facility Coordinator will secure all equipment that is not supposed to be used by the Red Cross in the operation of the Shelter.

(c) The Facility Coordinator will, on request and if feasible, designate a "Foodservice Manager" to establish a feeding schedule and determine foodservice inventory and supply needs. The Facility Coordinator also will, on request and if feasible, designate a Facility Custodian, to establish and direct the sanitation inventory and supply needs. The Shelter Manager and the Facility Coordinator will jointly coordinate a work schedule for any personnel who are not Red Cross employees, volunteers, or contractors. If it is not feasible for one or both of a Foodservice Manager or a Facility Custodian to be designated by the Facility Coordinator, the Facility Coordinator will inform the Shelter Manager, who may obtain such services by contract.

(d) At the direction of and in cooperation with the Shelter Manager, the Foodservice Manager will provide the food and supplies needed for meals at the Shelter site. If, in the opinion of the Shelter Manager, additional food or supplies are needed, the Shelter Manager will coordinate the procurement of the additional food or supplies. Red Cross will pay or reimburse Owner for all food and supplies as approved by the Shelter Manager and used in the course of operating the Shelter.

(e) The Facility Custodian will provide sanitation services and supplies for custodial care at the Shelter as directed by the Shelter Manager. The Facility Coordinator or Facility Custodian will order and provide all additional sanitation and custodial supplies and services as shall be determined by the Shelter Manager. Red Cross will pay or reimburse Owner for all sanitation supplies as approved by the Shelter Manager and used in the course of operating the Shelter.

(f) Red Cross is not responsible for police or public safety at the Shelter. Any private security services that are to be the responsibility of Red Cross must be arranged under a separate agreement. Shelter population shall be exclusively the role of Red Cross. Owner shall not distribute or reveal any information concerning occupants of a Shelter without the express written consent of the Shelter Manager. No press releases or other information shall be disseminated without the express written consent of the Shelter Manager. Owner will refer all media questions related to the Shelter to the Shelter Manager.

(g) Within thirty (30) days after the close of a Shelter, the Facilities Coordinator shall submit to the Red Cross all invoices to the address above. Invoice backup must include a list of the Shelter operations personnel and hours worked at the Shelter, and details on any materials or goods used or consumed.

2. Red Cross's Obligations.

(a) The Red Cross Shelter Manager has primary responsibility for the operation of the Shelter. Red Cross will provide additional Red Cross staff and volunteers to carry out the activities of the Shelter. Red Cross will post signs identifying the Shelter. Red Cross will remove all Red Cross signs when the Shelter is closed. Red Cross and all of its agents, and employees, and volunteers will exercise reasonable care in the operation of any Shelter.

(b) Storm damage or other damage caused by the Emergency is not the responsibility of Red Cross. Red Cross reimburses personnel costs at actual current per hour straight time rate for instruction, custodial, maintenance, and food service. Red Cross will reimburse Owner for the reasonable actual out-of-pocket costs and expenses for operational expenses, including the replacement of food, supplies, equipment. Property damaged, lost or stolen due to the negligence of Red Cross will be compensated based on depreciated actual cash value. Reimbursement for any extraordinary or capital expenses (including without limitation painting, carpeting, wiring, and structural work) will be limited to replacement at actual cash value of the property. In such cases, Red Cross will select from among bids from at least three reputable contractors.

(c) Red Cross will notify the Owner or Facilities Coordinator of the closing schedule for the Shelter. After the Shelter has been closed, the Facility Coordinator and the Shelter Manager will conduct a post-disaster facilities survey to ensure that the Shelter is returned to the Owner in the same condition as it was when it was opened, ordinary wear and tear excepted. The form to be used for this post-operation survey is Form 6556 (Release of Facility) attached as Exhibit B.

Exhibits A and B

Exhibit A: Shelter Survey Form

Exhibit B: Release of Facility

American Red Cross Shelter Survey(Header)

SHELTER FACILITY SURVEY

Directions:
Print legibly. This form is used to record information needed to make effective decisions whenever it becomes necessary to open a shelter. The form has fields to record information unique to many types of disasters, and some may not be applicable to your situation. Complete all sections as thoroughly as possible, indicating numbers, space dimensions, etc.
Record only usable space. If a room is 600 square feet, but has furniture or fixtures occupying half that space that can't or won't be removed, the usable space is 300 square feet. Data fields not appropriate to your application may be left blank or "N/A" may be inserted. All phone numbers should include area codes.

Capacity E= _____ P= _____
 Evacuation @ 20 sq. ft./person
 Post Impact @ 40 sq. ft./person

County: _____

Town: _____

In Storm Surge/SLOSH area? Yes No

In Flood Plain?
 No 100yr event 500yr event

(GPS Information)

Shelter type: Primary

Latitude: _____

Longitude: _____

Map locator information: _____ ADA compliant? Yes No Part
 (Map name, page, grid)

Site Name _____ Database ID _____
 Street Address _____
 Town/City _____ County _____
 State _____ Zip Code _____ District Name _____
 Mailing Address (If different) _____
 Phone (____) _____ - _____ Fax (____) _____ - _____

Directions to the facility from the chapter identified below. Use major landmarks (e.g., highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster.

Red Cross Chapter Southern Nevada Chapter Chapter Code 28-016 Chapter jurisdiction or SSDA? Chapter
 Street Address 1771 E Flamingo #206B
 Town/City Las Vegas State NV Zip Code 89119
 Contact Name and Title Director of Emergency Services Phone Number (702) 791 - 3311

To authorize facility use, call	_____	_____
Name	Title	Daytime phone number
_____	_____	_____
Title	Daytime phone number	After-hours/emergency phone number _____
_____	_____	_____
Daytime phone number _____	After-hours/emergency phone number _____	
After-hours/emergency phone number _____		

Alternate to open facility, call

Name _____
 Title _____

LIMITATIONS ON FACILITY USE

- This facility will be available for use at any time during the year.
- This facility is **only** available for use during the following time periods.
From _____ to _____

From _____ to _____

- This facility is **not** available for use during the following time periods:

From _____ to _____

From _____ to _____

FACILITY INFORMATION

Exterior information Number of parking spaces _____ Handicapped spaces _____

Number of lots _____ Type of surface _____

Thickness or load bearing capacity of surface (if known) _____

Athletic field(s) _____ (Quantity and size [sq. ft.])

Fenced court(s) _____ (Quantity and size [sq. ft.])

Is the facility securable (fenced) _____

Facility construction Wood Frame Concrete Masonry (Brick) Metal

Prefabricated Trailer Bungalow Pod

Other (describe) _____

Number of stories (floors) _____ Approximate year of construction _____

Are there long or open roof spans? Yes No

If yes, where and what length? _____

(Note: This is for hurricane planning purposes. See ARC 4496 for current standards regarding long/open roof spans.)

Are there windows in the sleeping area? Yes No

If yes, are they: Protected from shattering? (Earthquake) Yes No

Protected by storm shutters? (Hurricane) Yes No

Does the facility have fire extinguishers? Yes No

Does the facility have fire sprinklers? Yes No

Does the facility have a fire alarm? Yes No

If yes choose one: Manual (pull-down) Automatic

If requested, who would inspect the facility post-impact to determine that the facility is safe to occupy?

Name/Agency _____ Phone Number(_____) _____ - _____

UTILITIES

Electricity Emergency generator on site? Yes No

Capacity in kilowatts_____ Power for entire shelter? Yes No

If no, what will it operate? _____

Operating time, in hours, without refueling, at rated capacity _____

Auto start Manual start Fuel type _____

Utility company name _____

Contact name _____ Emergency phone number (____) ____ - ____

Generator fuel vendor _____ Emergency phone number(____) ____ - ____

Generator repair contact _____ Emergency phone number(____) ____ - ____

Heating Electric Natural gas Propane Fuel Oil

Utility/vendor name _____

Contact name _____ Emergency phone number(____) ____ - ____

Repair contact _____ Emergency phone number(____) ____ - ____

Cooling Electric Natural gas Propane

Utility/vendor name _____

Contact name _____ Emergency phone number(____) ____ - ____

Repair contact _____ Emergency phone number(____) ____ - ____

Cooking Electric Natural Gas Propane

Utility/Vendor name _____

Contact name _____ Emergency phone number(____) ____ - ____

Repair contact _____ Emergency phone number(____) ____ - ____

Telephones Business phones available to shelter staff?

Yes No

Number of phones _____ Locations _____

Utility/vendor name _____

Contact name _____ Emergency phone number(____) ____ - ____

Repair contact _____ Emergency phone number(____) ____ - ____

Water Municipal Well(s) Trapped water

If trapped: Potable (drinkable) storage capacity in gallons _____

Non-drinkable storage capacity in gallons _____

Utility/vendor name _____

Contact name _____ Emergency phone number(____) ____-____

Repair contact _____ Emergency phone number(____) ____-____

ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

- Curb cuts (minimum 35 inches wide) Accessible doorways (minimum 35 inches wide)
- Ramps (minimum 35 inches wide) Automatic doors or appropriate door handles
- Fixed
- Portable
- Level Landings

Accessible and accommodating restrooms

- Grab bars (33-36 inches wide) Sinks @ 34 inches in height
- Stall (38 inches wide) Towel dispenser @ 39 inches in height

Showers

- Shower stall (minimum 36 inches by 36 inches) Grab bars (33-36 inches in height)
- Shower seat (17-19 inches high) Hand-held spray unit with hose
- Fixed shower head (48 inches high)

Accessible and accommodating cafeterias

- Tables (28-34 inches high)
- Serving line [counter] (28-34 inches high)
- Aisles (minimum 38 inches wide)

Accessible telephones

- Maximum 48 inches high
- TDD available
- Earpiece (volume adjustable)

Note: No single deficiency in the above list makes a facility “out of compliance” or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area contact your local Building and Safety Department, Assisted Living Center, or a disability-related organization.

Sanitation (List only those facilities that will be accessible to shelter residents and Red Cross staff)

Number of toilets available: Men _____ Women _____ Unisex _____ People with disabilities _____

Number of sinks available: Men _____ Women _____ Unisex _____ People with disabilities _____

Number of showers available: Men _____ Women _____ Unisex _____ People with disabilities _____

Are there any limitations on the availability of any of these facilities? Yes No

If yes, describe limitations. (Only during specific time blocks, etc.)

FOOD PREPARATION

- None on site Warming oven kitchen
- Full-service kitchen (If full-service meals, “per meal” number that can be produced)_____
- Facility uses central kitchen — meals are delivered
- Central kitchen contact_____ Phone Number(_____) _____ - _____

Equipment (Indicate quantity and size [sq. ft.] as appropriate)

- Refrigerators_____ Walk-in refrigerators_____ Ice machines_____
- Freezers_____ Walk-in freezers_____ Braising pans_____
- Burners_____ Griddles_____ Warmers_____
- Ovens_____ Convection ovens_____ Microwave ovens_____
- Steamers_____ Steam kettles_____
- Sinks_____ Dishwashers_____

FEEDING AREAS

- None on site Snack Bar (seating capacity_____) Cafeteria (seating capacity_____)
- Other indoor seating (describe, including size and capacity estimate)_____
- Total estimated seating capacity for eating_____
- Comments related to feeding_____

LAUNDRY FACILITIES

- Number of clothes washers_____ Number of clothes dryers_____
- Will the Red Cross have access to these machines? Yes No
- Special conditions or restrictions_____

HEALTH SERVICES

- Number of rooms available_____ Number of beds or cots_____
- Total square footage of available health care space_____

American Red Cross

RELEASE OF FACILITY

This is to certify that the _____
(Name)

(Address)

(Telephone)

controlled, owned or operated by _____ and used temporarily by the American

Red Cross, DR # _____, _____ as an emergency disaster facility from
(#) (Name)

_____ to _____, is hereby returned by the American Red Cross to _____

in a satisfactory condition, less the following deficiencies:

Signature of Owner/Operator

Signature of American Red Cross Representative

Printed Name & Title

Printed Name & Title

Date

Date

American Red Cross Form 6556 (March 2006)

Blank Intentionally