Appendix AA. Organization Charts, Checklists, and Forms

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Blank Intentionally
AA.1. Organization Charts


Note: Dept = Department

Figure AA.1. State of Columbia Government Organization Chart
AA.1.2. Liberty County Government Organizational Chart

*An expanded organizational chart has been developed for the Emergency Management Organization and it is located in the Emergency Management Section.

Figure AA.2. Liberty County Government Organizational Chart
**AA.1.3. Central City Government Organizational Chart**

![Central City Government Organizational Chart]

**Legend:**
- Voters
- Elected Officials
- Appointed Officials
- Civil Service

Figure AA.3. Central City Government Organizational Chart
**AA.1.4. Governments of Other Communities in Liberty County**

![Organizational Chart](image1)

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

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

![Organizational Chart](image2)

*Figure AA.5. NIMS ICS Organization*
**AA.1.6. Major Organizational Elements of Incident Operations**

![Diagram showing major organizational elements of incident operations](image)

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

*Figure AA.6. Major Organizational Elements of Incident Operations*

**AA.1.7. Planning Section Organization**

![Diagram showing planning section organization](image)

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
Figure AA.12. Escalating Incidents

Figure AA.13. Large-Scale Incidents
**AA.1.12. Liberty County/Central City Emergency Operations Center Organization – Emergency Operations Center Support Team**

![Blob Diagram]

*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**

![Blob Diagram]

*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**

![Diagram](image)

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**

![Diagram](image)

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

<table>
<thead>
<tr>
<th>#</th>
<th>SECTION</th>
<th>POSITION</th>
<th>NAME</th>
<th>AGENCY</th>
<th>HOME UNIT</th>
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<td>2</td>
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<td>Deputy IC (T)</td>
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<td>4</td>
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<td>Liaison Officer</td>
<td></td>
<td>ES</td>
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</tr>
<tr>
<td>6</td>
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<td>Safety Officer (shared)</td>
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<tr>
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<td>DOL</td>
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</table>

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

<table>
<thead>
<tr>
<th>#</th>
<th>SECTION</th>
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</table>

Branch, Division, or Group - Six (6) positions can be filled if requested when the team is ordered.

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<tr>
<td>5F</td>
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</table>

| 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)

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)

A Medical Operations Coordination Center (MOCC) is activated when multiple healthcare facilities experience surge. The MOCC for Liberty County facilities is located within the Central City Hospital Operations Center.

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

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

Note: HD = Hospital Director, INTEL = Intelligence
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

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<th>Action</th>
<th>Description</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>Occurrence of emergency/disaster event has been confirmed</td>
<td>☐</td>
</tr>
<tr>
<td>2</td>
<td>City/County Emergency Management Plan (EMP) has been implemented</td>
<td>☐</td>
</tr>
<tr>
<td>3</td>
<td>City/County EOC has been activated</td>
<td>☐</td>
</tr>
</tbody>
</table>
| 4      | Event is significant. Mayor/Chairman declares “LOCAL EMERGENCY/DISASTER” in accordance with CESA10.2.4  
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 | ☐         |
| 6      | City Manager conducts public/media notification | ☐         |
| 7      | City resources have been overwhelmed (or expectant) | ☐         |
| 8      | Preliminary Damage Assessment (PDA) has been performed and reveals:  
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 | ☐         |
| 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:  
1. Copy of “LOCAL EMERGENCY/DISASTER” declaration  
2. Copy of PDA report | ☐         |

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

<table>
<thead>
<tr>
<th>Site Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital Emergency Department Phone Number</td>
</tr>
<tr>
<td>Phone Number</td>
</tr>
<tr>
<td>Pager Number</td>
</tr>
<tr>
<td>How to page “Code Blue”</td>
</tr>
<tr>
<td>Clinic Location</td>
</tr>
<tr>
<td>Clinic Fax Number</td>
</tr>
<tr>
<td>Environmental Service Phone Number</td>
</tr>
<tr>
<td>Location of Illness Evaluation Area</td>
</tr>
</tbody>
</table>

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

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

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

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

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

<table>
<thead>
<tr>
<th>Education Room</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area for video Setup</td>
</tr>
<tr>
<td>Large Screen Video/TV Setup with VCR to show Orientation Video</td>
</tr>
<tr>
<td>Chairs</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>General Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Latex Free Gloves: ________ Boxes (one box for each station)</td>
</tr>
<tr>
<td>Disinfectant for Vaccine Spill(s) Brand Name: ________Cleaning Supplies/Spill Kit(s) Paper</td>
</tr>
<tr>
<td>Towels</td>
</tr>
<tr>
<td>All General Paper Supplies: Post-it notes, stapler/staples, tape, paper clips, pens, pencils, scissors, envelopes, paper, clipboards, file boxes</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Site Care Supplies</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 Pairs of Vinyl Gloves</td>
</tr>
<tr>
<td>30 2x2 Gauze</td>
</tr>
<tr>
<td>2 Rolls of 1” Paper Tape</td>
</tr>
<tr>
<td>4 4x4 Semi Permeable Transparent Dressing (Tegaderm)</td>
</tr>
<tr>
<td>4 Ziploc Baggies</td>
</tr>
</tbody>
</table>

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

LIBERTY COUNTY
County Clerk:

CENTRAL CITY
Council members present and voting:

LIBERTY COUNTY
Board of Supervisors present and voting:

Mayor Aye Nay Chairman Aye Nay
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐
☐ ☐ ☐ ☐ ☐ ☐

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.
<table>
<thead>
<tr>
<th>Location Name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>State</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Location Description</td>
<td></td>
</tr>
<tr>
<td>Latitude/Longitude</td>
<td></td>
</tr>
<tr>
<td>Number of Employees</td>
<td></td>
</tr>
<tr>
<td>Contact</td>
<td></td>
</tr>
<tr>
<td>Phone (work)</td>
<td></td>
</tr>
<tr>
<td>Phone (cell)</td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td></td>
</tr>
</tbody>
</table>

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

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:

<table>
<thead>
<tr>
<th>OWNER:</th>
<th>RED CROSS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>By:</td>
<td>By:</td>
</tr>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Title:</td>
<td>Title:</td>
</tr>
<tr>
<td>Office Phone:</td>
<td>Office Phone:</td>
</tr>
<tr>
<td>Cell Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Email:</td>
<td>Email:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
</tbody>
</table>
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
### 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.

---

**SHELTER FACILITY SURVEY**

**Capacity**
- E = __________
- P = __________

**Evacuation**
- @ 20 sq. ft./person

**Post Impact**
- @ 40 sq. ft./person

**County:**

**Town:**

**In Storm Surge/SLOSH area?**
- Yes [ ]
- No [x]

**In Flood Plain?**
- No [ ]
- 100yr event [ ]
- 500yr event [ ]

---

**Latitude:**

**Longitude:**

**Map locator information:**

**ADA compliant?**
- Yes [ ]
- No [ ]
- Part [ ]

---

**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**

**Chapter jurisdiction or SSDA?**

**Chapter Street Address**

**Town/City**

**State**

**Zip Code**

**Contact Name and Title**

**Director of Emergency Services**

**Phone Number**

---

**To authorize facility use, call**

**Name**

**Title**

**Daytime phone number**

**Daytime phone number**

**After-hours/emergency phone number**

**Alternate to open facility, call**

**Name**

**Title**

**Daytime phone number**

**After-hours/emergency phone number**

---

---

---

---

---

---
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  
- 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** [ ]
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

Shower
☐ 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_____
ADDITIONAL INFORMATION

Does the chapter have a current agreement for this site?  Yes  No
Is this facility within five miles of an evacuation route?  Yes  No
Is this facility within 10 miles of a nuclear power plant?  Yes  No
Does this facility comply with ARC 4496 (Hurricane)?  [N/A – Not in hurricane prone area]
If no, and this facility is being evaluated for use as a hurricane evacuation shelter, are there any mitigation steps other actions that can be taken to make the facility safer for shelterees and comply with ARC 4496?

Are there trees, towers or other potential hazards that can affect the safety of the facility or block access to it during or after a storm or other disaster?  Yes  No
If yes, are there any mitigation measures that could reduce or eliminate those hazards?

Groups associated with this facility

Facility staff required when using facility?  Yes  No
Paid feeding staff required when using facility?  Yes  No
Church auxiliary required when using facility?  Yes  No
Fire auxiliary required when using facility?  Yes  No
Other  Required  Yes  No
Other  Required  Yes  No

Will any of the above groups be trained or experienced in shelter management?

RECOMMENDATIONS/OTHER INFORMATION (Be specific)

***** Attach a sketch or copy of the facility floor plan *****

Survey completed/updated by

Printed Name          Signature          Date completed

Printed Name          Signature          Date completed

Action taken (this section for Red Cross Use only)

Chapter will use as primary disaster shelter (non-hurricane).
Chapter will propose inclusion in hurricane evacuation shelters to State.
Chapter will use as a secondary shelter only.
Chapter will not pursue use of this facility as a shelter.
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