

Fire and Emergency Plan Questionnaire: Please write Legibly

Facility Type: ___ALF ___Adult Day Care ___Group Home ___Other:_____

Facility Information:

1. Legal Business Name: _____
2. Full Address _____
3. County: _____
4. Office Phone _____
5. Office Fax _____
6. Cell Phone _____
7. Website: www. _____
8. Resident / Participant Capacity: _____
9. License Number: _____
10. County: _____
11. Do you have a generator: ___ No (if extension, must show in process) ___ Yes (complete)
Manufactures Name: _____
Model Number: _____
Serial Number: _____
KVA / KW: _____
Voltage: _____
Phase: _____
Type of Fuel: _____
**If natural gas, is there a switch to change to Diesel or Propane? _____
Fuel Capacity: _____
Running hours at 75% capacity: _____ (Running at 75% capacity runs longer hours than at 100% capacity)
Running hours of 100% capacity: _____ (look on manufacturer's box)
Note: Please complete this for EACH generator.
12. Are you in a flood zone? _____ if so, Identify flood zone _____
13. Approximately how close are you to a railroad _____ miles; _____ I-95; _____ Turnpike

Staff and Resident / Consumer Information:

1. Will you have live in staff? _____ how many live-ins? _____
2. How many residents / consumers will need the following:
be ambulatory? ___ human assistance? ___ mechanical devices? ___
special medical equipment? ___ intensive personal assistance? ___

Owner(s) Information:

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

7. Work Phone number: _____

Administrator's / Staff Information: (Please Complete all that is applicable)

Administrator

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Assistant Administrator / Manager's Information: (If Applicable)

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 1

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 2

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 3

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email: _____

Staff: 4

1. Name _____
2. Home Address _____

3. Home Phone _____
4. Home Fax _____
5. Cell _____
6. Email _____

Emergency Transportation Provider

Person(s) who will be transporting the resident:

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____ Email: _____
6. Vehicle Type: _____ Year: _____ Vehicle Capacity including driver: _____

1. Name _____
2. Home Address _____
3. Home Phone _____
4. Home Fax _____
5. Cell _____ Email _____
6. Vehicle Type: _____ Year: _____ Vehicle Capacity including driver: _____

Emergency Hosting / Relief Facility / Mutual Aid Facility

Person(s) who will be providing shelter to your residents: (must complete this section)

1. Name _____
2. Name of Facility _____
3. Home Address _____
4. Home Phone _____
5. Home Fax _____
6. Cell _____ Email _____

1. Name _____
2. Name of Facility _____
3. Home Address _____
4. Home Phone _____
5. Home Fax _____
6. Cell _____ Email _____

1. Name _____
2. Name of Facility _____
3. Home Address _____
4. Home Phone _____
5. Home Fax _____
6. Cell _____ Email _____

QUESTIONS:

1. What is the sq. ft of the common area where the residents will be during the emergency? _____
2. Have you completed a Fire Plan? _____ No _____ Yes

- Do you have a Fire Plan Approval Letter? _____ **(cannot be older than 60 days from expiration)**
3. Do you have your AHCA / APD License? _____
4. Is this an initial or renewal? _____
5. Do you have the facility Floor Plan? _____ **(See example attached describing safe area or zone where all residents will be kept)**
6. What is your point of safety? _____ (Please indicate on your floor plan).

PLEASE ATTACH:

1. Floor Plan with common area for cooling and point of safety.
2. Fire Approval Letter with plan.
3. Manufactures policy and procedures regarding the operation and maintenance of the generator.
4. Service Agreements, if applicable:
 - a. Fuel
 - b. Maintenance
 - c. Installation
 - d. Letter attesting the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule. (May be provided by a professional electrical engineer or a licensed electrical contractor). Copy of ordinance from jurisdiction restricting fuel (if applicable)
 - e. If residents will be relocated to an area(s) of refuge, a letter attesting that the HVAC equipment serving the area is sufficient to maintain an indoor temperature, in accordance with the rule, for the number of residents served in the area(s). (May be provided by a professional mechanical engineer or a licensed mechanical contractor).
 - f. Copy of ordinance from jurisdiction restricting fuel (if applicable)

*We will do the ECC (Emergency Environmental Control Plan) plan if applicable to your county.

Attestation: Please sign certifying that all information is correct and true

Print

Signature

Date

Note: Additional Information may be required, as each location is different.