

WATER AGREEMENT

I have read and approved this Comprehensive Emergency Management Plan for the current year. This plan, including all vendor and transportation contracts, and mutual aid agreements, will be reviewed and updated on yearly basis.

I agree to pay all fees associated with the review of this plan.

I hereby certified that my facility holds (please check one):

- 3 Days supply of water (amount # _____ GAL.) with an Emergency Water Agreement and I am including the agreement with my renewal package.**

Or

- 7 Days supply of water (amount # _____ GAL.) No Emergency Water Agreement.**

Signature: _____

Print Name: _____

Date: _____

*******Please note for the year 2004 the Agency for Health Care Administration (AHCA), now requires 3 gallons of water per patient per day, please make the necessary changes.*******