



**Fire and Emergency Plan Data Sheet: Please write Legibly**

Facility Type: \_\_\_ALF \_\_\_Adult Day Care \_\_\_Group Home \_\_\_Other: \_\_\_\_\_

**Facility Information:**

1. Specialty License Type, if applicable: \_\_\_\_\_ (ex: LMH, LNS, ECC)
2. Legal Business Name: \_\_\_\_\_
3. Full Address \_\_\_\_\_
4. County: \_\_\_\_\_
5. Office Phone \_\_\_\_\_
6. Office Fax \_\_\_\_\_
7. Cell Phone \_\_\_\_\_
8. Website: www. \_\_\_\_\_
9. Resident / Participant Capacity: \_\_\_\_\_
10. License Number: \_\_\_\_\_
11. County: \_\_\_\_\_
12. 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.
13. Are you in a flood zone? \_\_\_\_\_ if so, Identify flood zone \_\_\_\_\_
14. 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. Cell \_\_\_\_\_
5. Email: \_\_\_\_\_

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

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_
4. Cell \_\_\_\_\_
5. Email: \_\_\_\_\_

**Staff: 1**

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_
4. Cell \_\_\_\_\_
5. Email: \_\_\_\_\_

**Staff: 2**

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_
4. Cell \_\_\_\_\_
5. Email: \_\_\_\_\_

Staff: 3

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_
4. Cell \_\_\_\_\_
5. Email: \_\_\_\_\_

Staff: 4

1. Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Home Phone \_\_\_\_\_
4. Cell \_\_\_\_\_
5. 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: \_\_\_\_\_ 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. Facility Address \_\_\_\_\_
4. Facility Phone \_\_\_\_\_
5. Fax \_\_\_\_\_
6. Cell \_\_\_\_\_ Email \_\_\_\_\_

1. Name \_\_\_\_\_
2. Name of Facility \_\_\_\_\_
3. Facility Address \_\_\_\_\_
4. Facility Phone \_\_\_\_\_
5. 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).
7. Do you have PPE supplies (mask, gloves, gowns, etc.) \_\_\_\_\_
8. Do you have an isolation room(s)? \_\_\_\_\_ How many isolation rooms? \_\_\_\_\_

**PLEASE ATTACH: (If this is a renewal, you do not need to provide this information. You should have the original that was sent prior.**

1. EPP (Generator Plan)
2. Floor Plan with common area for cooling and point of safety.
3. Fire Approval Letter with plan.
4. Manufactures policy and procedures regarding the operation and maintenance of the generator.
5. 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.

**EVACUATION SITE  
STATEMENT  
OF UNDERSTANDING**

**Between the following parties**

\_\_\_\_\_  
**Name of Facility**

\_\_\_\_\_  
**Name of Support Agency**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Phone Number**

**PURPOSE:**

This agreement will provide Royal Vista Assisted Living with pre-arranged support to alternative emergency resources, as needed during an actual disaster situation to minimize suffering, loss of life, injury or property damage.

**MISSION:**

The "Support Agency" agrees to House up to \_\_\_\_ residents during the time of actual disaster.

**EXECUTION:**

The "Support Agency" will make the terms and conditions of this statement of understanding known to those who might have to respond, possibly on a 24 hour basis and make such telephone numbers available to the "Facility" so that necessary goods and services are available.

Evacuating Facility will be responsible for bringing their own supply of food, water, medication, bedding, essential equipment and necessary supplies for their residents. They will also bring or supply sufficient staff to cover their residents 24 hours a day until the emergency is over and residents can return to their Home Facility.

**Signing of this understanding indicates both parties in agreement.**

\_\_\_\_\_  
Signature of Administrator (facility)

\_\_\_\_\_  
Signature of Support Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**RESIDENTIAL HEALTH CARE FACILITY  
Emergency Transportation Agreement**

In the event of an emergency that requires the evacuation of \_\_\_\_\_  
(name of facility)

I, \_\_\_\_\_ agree to provide transportation for the residents of the above  
mention facility to the designated receiving facility and the transportation back to the originating  
facility using my vehicle.

**Vehicle:** \_\_\_\_\_

**Year:** \_\_\_\_\_

**Model:** \_\_\_\_\_

**# of Passengers:** \_\_\_\_\_

**OWNER OF VEHICLE:**

**DRIVER OF VEHICLE:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Name of Facility**

\_\_\_\_\_  
**Vehicle Capacity**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**ASSISTED LIVING FACILITY**  
**EMERGENCY ENVIRONMENTAL CONTROL PLAN**  
**RULE 58A-5.036, FLORIDA ADMINISTRATIVE CODE (F.A.C.)**  
**AHCA Sample Format for Plan Submission**

*The AHCA sample format is designed as a tool for facilities to use as they develop their Emergency Power Plan to meet the provisions of the rule. Local Emergency Management Agencies may have specific checklists to assess the plans and assist with plan development and review, which should be used before this format is considered. Please visit <https://www.floridadisaster.org/counties/> to contact your local county emergency management agency to determine whether a specific local checklist is available.*

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**1. Facility Information:**

Facility Name:

Street Address:

City, County, Zip:

Administrator Name:

Contact Number(s):

License Number: \_\_\_\_\_ Number of Licensed Beds: \_\_\_\_\_

- Is the facility:  Located on a campus with other facilities under common ownership  
 Located in a multistory building  
 Stand-alone single story building  
 Located in a mandatory evacuation zone (If so, provide details below).

Details:

**2. Alternate Power Source:**

Description of onsite alternate power source:

- Portable generator       Fixed generator       Other: \_\_\_\_\_

Provide: Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Size: \_\_\_\_\_

The alternate power source is capable of powering the following equipment:

- Entire Facility       Lights       Refrigeration       Life Safety Systems  
 Air Conditioning       Heating Systems       Other \_\_\_\_\_

Provide the date implementation of the alternate power source will be complete:

Date Complete: \_\_\_\_\_

**3. Fuel Information:**

Type of Fuel:  Diesel       Propane       Piped Gas       Gasoline

Hours of runtime with onsite fuel: \_\_\_\_\_ hours

Fuel Distributor:

Are there local restrictions on the amount of fuel stored onsite?  Yes       No

If yes, list regulation and limitation:



Describe how your fuel will be stored onsite?

Describe how your facility will refuel before, during, and after an emergency.

**4. Cooling Method:**

What kind of equipment will be used to cool the facility?

- Air Conditioner(s)       Spot Cooler(s)       Chiller       Fan(s)  
 Other: \_\_\_\_\_

**5. Cooled Area:**

What area(s) of the facility do you plan to keep at or below 81 degrees?

- Entire Facility       Living Room       Dining Room       Resident Room(s)  
 Common Area(s)       Hallways       Other Area(s) \_\_\_\_\_

What is the net square footage of the area to be cooled? \_\_\_\_\_

How many people (residents and staff) do you plan to locate in this cooled space/area? (Please keep in mind the required square footage requirements per person for your facility type.) \_\_\_\_\_

Will there be beds available in the cooled area? Yes       No

If yes, are these beds currently onsite? Yes       No

Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored.

**6. Policies and Procedures**

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility. Describe:

Provide a maintenance and testing schedule for both the alternate power source and cooling system. Describe:

**7. Carbon Monoxide Alarm**

Where is the carbon monoxide alarm(s) located in the facility?

What is the maintenance schedule for the carbon monoxide alarm(s)?

**8. Supporting Documentation**

Submit the following documentation with the plan:

- Facility floor plan. Area(s) intended to be used as the “cooled area” identified in Section 5 should be outlined/highlighted on the facility floor plan.
- Letter attesting that 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).
- 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).
- Fuel agreement

Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable.

**ATTESTATION**

**I attest that the facility is in compliance with all of the requirements and standards that are contained in Rule 58A-5.036, F.A.C. (Emergency Environmental Control for Assisted Living Facilities.**

\_\_\_\_\_  
Signature of Licensee or Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**NOTE:**

- The plan must be submitted to your Local Emergency Management Agency for review and approval.
- If there are deficiencies with the plan, the plan must be resubmitted timely in order to ensure timely implementation.
- Within 2 business days of the approval of your plan, written proof must be submitted to the Agency for Health Care Administration.
- Once approved by your local emergency management office, your facility is responsible for providing a consumer friendly summary of your emergency power plan to the Agency for Health Care Administration.
- A copy of your plan must be maintained and readily available at the facility's physical location.

