

**CONSUMER-FRIENDLY SUMMARY
OF THE EMERGENCY ENVIRONMENTAL CONTROL PLAN**

Facility Information		
Facility Name: _____		
Facility Type: <input type="checkbox"/> Nursing Home	<input type="checkbox"/> Assisted Living Facility	License # _____
Street Address: _____		
City: _____	County: _____	Zip: _____
Administrator Name: _____		
Contact Number(s): _____		
This Facility Is: <input type="checkbox"/> Located on a campus with other facilities under common ownership <input type="checkbox"/> Located in a multistory building <input type="checkbox"/> A stand-alone single story building		

Alternate Power Source		
Onsite Alternate Power Source:		
Portable generator	<input type="checkbox"/> Fixed generator	<input type="checkbox"/> Other: _____
Make: _____	Make: _____	Make: _____
Model: _____	Model: _____	Model: _____
Size: _____	Size: _____	Size: _____
The alternate power source is capable of powering the following equipment:		
<input type="checkbox"/> Entire Facility	<input type="checkbox"/> Lights	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Heating Systems	<input type="checkbox"/> Life Safety Systems
<input type="checkbox"/> Other: _____		
Implementation of the alternate power source will be complete on _____ (Date)		

Cooling Method
The following kind(s) of equipment will be used to cool the facility:
Air Conditioner(s) <input type="checkbox"/> Spot Cooler(s) <input type="checkbox"/> Chiller <input type="checkbox"/> Fan(s) <input type="checkbox"/>
Other: _____

Temperature Controlled Area(s)
The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:
<input type="checkbox"/> Within the licensed facility <input type="checkbox"/> In another location on the campus
The following area(s) will be cooled.
Entire Facility <input type="checkbox"/> Living Room <input type="checkbox"/> Dining Room <input type="checkbox"/> Resident Room(s) <input type="checkbox"/>
Common Area(s) <input type="checkbox"/> Hallways <input type="checkbox"/> Other Area(s): _____
The net square footage of the area to be cooled is _____ square feet.
How many people are planned to use this area? _____
Will there be beds available in the cooled area? Yes <input type="checkbox"/> No <input type="checkbox"/>