

## Facility Annual/BiAnnual CEMP Review Acknowledgement

FACILITY NAME: \_\_\_\_\_

FACILITY TYPE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ Zip: \_\_\_\_\_

I certify the facility's Comprehensive Emergency Management Plan (CEMP) submitted to the Pinellas County Office of Emergency Management for renewal or initial review submitted on this day is accurate and complete. The following declaration is based on my personal knowledge.

The undersigned acknowledges that this written declaration has been read, understood, fully explained, and all questions regarding it have been answered. The facility's plan has been updated. All employees have been trained on their roles and responsibilities during an emergency and given the opportunity to review the CEMP.

\_\_\_\_\_  
Signature of Administrator / Director / Owner

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

\_\_\_\_\_  
Date