



## REVIEW FORM INSTRUCTIONS

This Review Form is intended for Assisted Living Facilities ONLY, and is to be submitted every other year.

Fill out the attached Review Form and return it to Pinellas County Emergency Management by email at [emahc@pinellascounty.org](mailto:emahc@pinellascounty.org).

**Please submit the completed Review Form 60 days prior to your Approval Certificate expiration.** If you do not return the attached Review Form within 30 days after the facility's Approval Certificate expires or if your Review Form is not accepted, your entire CEMP will be due for review and approval. Whether annual Review Form or full CEMP review, the review interval is 60 days, and normal review fees will apply. Upon payment of these fees, you will receive an Approval Certificate for your records.

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If you have any questions about this Review Form or the requirements, please call our office at (727) 464-6500.

In accordance with the State of Florida Administrative Code, Rule 58A-5.02, 9G-20 2.(f), you must continue to review and update your disaster plan annually.

**You are required to submit the full plan to our office if there is a substantive change.**

Substantive changes are defined as:

- Change in ownership or operating entity of the facility
- An increase of 10% or more in the licensed capacity of the facility
- An alteration of the facility resulting from construction or renovation activities that has an effect on the plan
- A modification in the hazard(s) to which the facility is exposed
- Any modification in the in-patient services that required a Certificate of Need

# Review Form

## Annual Disaster Plan Update for Assisted Living Facilities

**Due Date of Form: 60 days before Approval Certificate expiration**


Facility Name:	<input type="text"/>	Facility Telephone Number:	<input type="text"/>
Address:	<input type="text"/>	FAX:	<input type="text"/>
Primary Contact Name:	<input type="text"/>	Primary Contact Title:	<input type="text"/>
Primary Contact E-mail:	<input type="text"/>	Primary Contact Cell:	<input type="text"/>
2 <sup>nd</sup> Contact Name:	<input type="text"/>	2 <sup>nd</sup> Contact Title:	<input type="text"/>
2 <sup>nd</sup> Contact E-mail:	<input type="text"/>	2 <sup>nd</sup> Contact Cell:	<input type="text"/>
Last Full Plan Review Date:	<input type="text"/>		
Facility Licensed Capacity:	<input type="text"/>	Evacuation Zone:	<input type="text"/>

Hosting a Facility?  No  Yes (attach current agreement)

Transportation Provider: **If Facility owned, state here each vehicle and # of residents it transports;** or if outside vendor provider/staff owned/owner vehicle, attach current agreement)

Evacuation Destination Facility(ies) attach all agreements for the new CEMP year.

I certify that I have reviewed and updated this facility's Comprehensive Emergency Management Plan (CEMP). I also certify that the above information is correct and there have been no substantive changes to the CEMP that require a complete review of this facility's CEMP. (A list of substantive changes is found on page 1 of this form.)

 Signature of Owner or Representative:

Printed Name:

Date:

Attach a copy of the following which will cover the new plan year:

- 1) Transportation Agreement(s) if using more than facility-owned vehicles to transport residents/supplies
- 2) Sheltering Agreement/Mutual Aid Agreement: Agreement with your evacuation destination – facility(ies) hosting your facility to protect you and/or Agreement if you will Host an incoming facility to protect them.
- 3) Fire Plan Approval letter
- 4) CEMP Acknowledgement Form