



Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
Note: Please do not write in shaded areas.			

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.

Statement on confidentiality. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.



Guideline 2: NWS Information Reception Equipment

Warning Point	# Required	# Verif	Verif	EOC	# Required	# Verif	Verif
<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (Required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (Subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (Warning reception) _____			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (Warning reception)_____			<input type="checkbox"/>
<input type="checkbox"/> Television (Local network or cable TV)			<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input type="checkbox"/> Radio (AM/FM) - EAS reception			<input type="checkbox"/>	<input type="checkbox"/> Radio (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>	<input type="checkbox"/> Internet (Subscription for alerts) _____			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

Verification Team Notes:

Renewal Comments:

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Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 3: Local Warning Dissemination			
Warning Point	# Required _____	# Verif _____	Verif
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (For dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>			
<u>*Capabilities needing explanation:</u>			
<u>Verification Team Notes:</u>			
<u>Renewal Comments:</u>			
			<u>Date:</u>
			<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>				



Guideline 4: Community Preparedness

Annual Safety Talks				# Required _____	# Verif _____
Date	Topic	Location	Speaker		
1					
2					
3					
4					
5					

List any additional safety talks on a separate sheet

Community Tsunami Awareness Program	Verif
<input type="checkbox"/> Designate/establish tsunami shelter/area in safe zone.	<input type="checkbox"/>
<input type="checkbox"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.	<input type="checkbox"/>
<input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public.	<input type="checkbox"/>
<input type="checkbox"/> Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students.	<input type="checkbox"/>
Number of annual tsunami awareness campaigns: _____	<input type="checkbox"/>

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities

Date	Activity	Location	Organizer
1			
2			
3			

List any additional activities on a separate sheet

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 5: Administrative Tools/Record Keeping		Verif	Renewal	
Formal Tsunami Hazard and Hazardous Weather Operations Plan • Procedure for reporting storm/tsunami damage to the local National Weather Service Office in real-time • EOC Activation Procedures • Spotter Activation Criteria • Local Warning System(s) Activation Criteria		<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Spotter Roster and Training Record		<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	
Last Visit by Emergency Manager to NWS Office			<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community			<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers			<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (For populations >40,000)			<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/> Date:	
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>				
Verification Team Notes:				
Renewal Comments:				
		Date:	Initials:	

Signature of Applying Official	
Application Submitted by (print name):	
Office:	Title:
Signature:	Date:
NWS Personnel Receiving Application (print name):	
Date Received:	
<i>Note: Please do not write in shaded areas.</i>	



Site Verification Team Signatures

<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>

Signature in Renewal Year

<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	