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| **Community Information** |
| **County/City/Town** |  | **Population** |  |
| **Primary Point of Contact** | **Secondary Point of Contact** |
| Name |  | Name |  |
| Office |  | Office |  |
| Title |  | Title |  |
| MailingAddress |  | MailingAddress |  |
| 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** |
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| Verification Team General Notes: |
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| Renewal Comments: |
|  |
|  | Date: | Initials: |
| *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.

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| **Guideline 2: NWS Information Reception Equipment** |
| **Warning Point** # Required # Verif  | Verif | **EOC** # Required # Verif  | Verif |
| NOAA Weather Radio (Required if in range) |  | NOAA Weather Radio (Required if in range) |  |
| NOAA Weather Wire (Subscription) |  | NOAA Weather Wire (Subscription) |  |
| EMWIN |  | EMWIN |  |
| Law Enforcement Teletype (LETS) |  | Law Enforcement Teletype (LETS) |  |
| Amateur Radio |  | Amateur Radio |  |
| Pagers\* (Warning reception)  |  | Pagers\* (Warning reception)  |  |
| Television (Local network or cable TV) |  | Television (Local network or Cable TV) |  |
| Radio (AM/FM) - EAS reception |  | Radio (AM/FM) - EAS Reception |  |
| NAWAS |  | NAWAS |  |
| Internet (Subscription for alerts)  |  | Internet (Subscription for alerts)  |  |
| Commercial Data Service  |  | Commercial Data Service  |  |
| Other\*  |  | Other\*  |  |
| Other\*  |  | Other\*  |  |
| *List any additional capabilities on a separate sheet* |
| \*Capabilities needing explanation: |
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| Verification Team Notes: |
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| Renewal Comments: |
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|  | Date: | Initials: |
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| **Guideline 3:** | **Local Warning Dissemination** |
| **Warning Point** # Required # Verif  | Verif | **EOC** # Required # Verif  | Verif |
| Outdoor Warning Siren(s) |  | Outdoor Warning Siren(s) |  |
| Cable TV Override |  | Cable TV Override |  |
| Plan for Sirens on Emergency Vehicles |  | Plan for Sirens on Emergency Vehicles |  |
| Local Alert Broadcast System\* |  | Local Alert Broadcast System\* |  |
| Local Pager System\* (For dissemination) |  | Local Pager System\* (For dissemination) |  |
| Telephone Tree to Critical Facilities |  | Telephone Tree to Critical Facilities\* |  |
| Coordinated Area-Wide Radio Network\* |  | Coordinated Area-Wide Radio Network\* |  |
| Local Flood Warning System\* |  | Local Flood Warning System\* |  |
| Other\*  |  | Other\*  |  |
| Other\*  |  | Other\*  |  |
| *List any additional capabilities on a separate sheet* |
| \*Capabilities needing explanation: |
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| Verification Team Notes: |
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| Renewal Comments: |
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|  | Date: | Initials: |
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| **Local Government-Owned Buildings in Which Public Traffic is Common** |
| Office | Location or Address | Tone Alert NOAA Weather Radio | Verif | Comments |
| Warning Point |  |  |  |  |
| EOC |  |  |  |  |
| City Hall |  |  |  |  |
| School Superintendent |  |  |  |  |
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| Verification Team Notes: |
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| Renewal Comments: |
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|  | Date: | Initials: |
| *Note: Please do not write in shaded areas.* |

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| **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 |
| Designate/establish tsunami shelter/area in safe zone. |  |
| Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs. |  |
| Provide written, locally specific tsunami hazard response material to public. |  |
| Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students. |  |
| Number of annual tsunami awareness campaigns:  |  |
| **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

Tsunami Hazard in Emergency Response Plan

Procedure for reporting tsunami impacts and damage to the local National

Weather Service Office in real-time

EOC Activation Procedures

WP Activation Procedures

Local Warning System(s) Activation Criteria

Yes

Yes

Yes Yes Yes

Yes

Yes

Yes Yes Yes

Warning Point personnel has authority to activate Warning System (written) Yes Yes

Tsunami evacuation routes documented Yes Yes

Last Visit by Emergency Manager to NWS Office Biennial

Last Visit by Emergency Manager to NWS Office Annual

Last Visit by NWS Officials to Community

Annual

Exercises Topic(s): Date: Date:

*List any additional descriptions, narratives, or documentation on a separate sheet*

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:

*Note: Please do not write in shaded areas.*

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| **Site Verification Team Signatures** |
| Print Name: |
| Office: | Title: |
| Signature: | Date: |
| Print Name: |
| Office: | Title: |
| Signature: | Date: |
| Print Name: |
| Office: | Title: |
| Signature: | Date: |
| Print Name: |
| Office: | Title: |
| Signature: | Date: |

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| **Signature in Renewal Year** |
| Application Submitted by: (print name): |
| Office: | Title: |
| Signature: | Date: |
| NWS Personnel Receiving Application (print name): |
| Date Received: |