



**Community Information**

<b>County/City/Town</b>		<b>Population</b>	
<b>Primary Point of Contact</b>		<b>Secondary Point of Contact</b>	
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**

<b>Location of 24-Hour Warning Point</b>	<b>Location of Emergency Operations Center</b>

Verification Team General Notes:


Renewal Comments:

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

*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	EOC	# Required	# Verif	Verif
<input type="checkbox"/> Outdoor Warning Siren(s)				<input type="checkbox"/> Outdoor Warning Siren(s)			
<input type="checkbox"/> Cable TV Override				<input type="checkbox"/> Cable TV Override			
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles				<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			
<input type="checkbox"/> Local Alert Broadcast System*				<input type="checkbox"/> Local Alert Broadcast System*			
<input type="checkbox"/> Local Pager System* (For dissemination)				<input type="checkbox"/> Local Pager System* (For dissemination)			
<input type="checkbox"/> Telephone Tree to Critical Facilities				<input type="checkbox"/> Telephone Tree to Critical Facilities*			
<input type="checkbox"/> Coordinated Area-Wide Radio Network*				<input type="checkbox"/> Coordinated Area-Wide Radio Network*			
<input type="checkbox"/> Local Flood Warning System*				<input type="checkbox"/> Local Flood Warning System*			
<input type="checkbox"/> Other* _____				<input type="checkbox"/> Other* _____			
<input type="checkbox"/> Other* _____				<input type="checkbox"/> Other* _____			

*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.*



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"/>		
EOC		<input type="checkbox"/>		
City Hall		<input type="checkbox"/>		
School Superintendent		<input type="checkbox"/>		
		<input type="checkbox"/>		
Verification Team Notes:				
Renewal Comments:				
			Date:	Initials:
Note: Please do not write in shaded areas.				



**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"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs.	
<input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public.	
<input type="checkbox"/> 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:
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Note: Please do not write in shaded areas.



Guideline 5: Administrative Tools/Record Keeping			Verif	Renewal
Tsunami Hazard in Emergency Response Plan		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Procedure for reporting tsunami impacts and damage to the local National Weather Service Office in real-time		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
EOC Activation Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
WP Activation Procedures		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Local Warning System(s) Activation Criteria		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Tsunami evacuation routes documented		<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office			<input type="checkbox"/> Biennial	
Last Visit by NWS Official to Agency			<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**

Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:
Print Name:	
Office:	Title:
Signature:	Date:

**Signature in Renewal Year**

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