**TAB 1**

**XXX HOUSING AUTHORITY**

**Emergency Operations Plan**

**Contact and Call Down List**

**FOR FIRE, POLICE, AND MEDICAL EMERGENCIES, DIAL 9-1-1**

|  |
| --- |
| **(Executive Director) (work phone) (mobile phone) (email)** |

|  |  |  |
| --- | --- | --- |
| Housing Authority Chair(Name)(Phone) (Email)  | Maintenance Supervisor(Name)(Phone) (Email) | Resident Services Coordinator(Name)(Phone) (Email) |

|  |  |  |
| --- | --- | --- |
| Housing Authority Members(Name) ((Phone)(Name) (Phone)(Name) (Phone)(Name) (Phone) | Maintenance Staff(Name) (Phone)(Name) (Phone)(Name) (Phone)(Name) (Phone) | Administration/Senior Staff(Name) (Phone)(Name) (Phone(Name) (Phone)(Name) (Phone) |

**IMPORTANT PHONE NUMBERS**

Housing Authority Main Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Housing Authority Command Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Emergency Management Director (NAME) \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Emergency Operations Center\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police/Fire/EMS Communications Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(XXX) Electric Utility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(XXX) Gas Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(XXX) Water Company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Hall Main Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Health Director (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Social Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Senior Center \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Sewer Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City First Selectman/Mayor (NAME) \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City Emergency Shelter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local American Red Cross \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Transportation Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Hospital Main \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Electrician \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Plumber \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Local Carpenter/Contractor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TAB 2**

**(NAME OF HOUSING SITE)**

**XXX Housing Authority**

**Emergency Operations Plan**

**Resident Assistance Roster**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name | Unit | Physical Disability/Mobility Impairment | Sensory Impairment | Oxygen/Medical Device | Other | Emergency Contact |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**TAB 3**

**(NAME OF HOUSING SITE)**

**XXX HOUSING AUTHORITY**

**Emergency Operations Plan**

**Pre-Emergency Checklist**

***Staff***

*Task Name*

Contact information current? \_\_\_\_\_\_\_\_

Staff availability verified? \_\_\_\_\_\_\_\_

Assigned responsibilities verified? \_\_\_\_\_\_\_\_

Staff ready for prolonged event? \_\_\_\_\_\_\_\_

Command Center protocols reviewed? \_\_\_\_\_\_\_\_

Coordinate with local EMD? \_\_\_\_\_\_\_\_

At-risk residents identified? \_\_\_\_\_\_\_\_

Residents contacted emergency contact? \_\_\_\_\_\_\_\_

Residents aware of emergency protocols? \_\_\_\_\_\_\_\_

Residents aware of evacuation protocols? \_\_\_\_\_\_\_\_

Ready.gov information distributed? \_\_\_\_\_\_\_\_

***Physical Plant***

High priority repairs made? \_\_\_\_\_\_\_\_

Outdoor items stowed/secured? \_\_\_\_\_\_\_\_

Life safety systems in working order? \_\_\_\_\_\_\_\_

Heating and cooling systems checked? \_\_\_\_\_\_\_\_

Heating fuel adequate? \_\_\_\_\_\_\_\_

Emergency lighting checked? \_\_\_\_\_\_\_\_

CO detectors checked? \_\_\_\_\_\_\_\_

Fire detection/protection systems checked? \_\_\_\_\_\_\_\_

**TAB 3 (cont.)**

***Equipment***

*Task Name*

Vehicles fueled and positioned? \_\_\_\_\_\_\_\_

Hand tools ready for use? \_\_\_\_\_\_\_\_

All generators fueled? \_\_\_\_\_\_\_\_

All power equipment ready? \_\_\_\_\_\_\_\_

All safety equipment ready? \_\_\_\_\_\_\_\_

All emergency supplies ready? \_\_\_\_\_\_\_\_

All medical supplies ready? \_\_\_\_\_\_\_\_

All fire extinguishers ready? \_\_\_\_\_\_\_\_

***Communications***

Phone system in working order? \_\_\_\_\_\_\_\_

Contact info given to staff? \_\_\_\_\_\_\_\_

All radios in working order and charged? \_\_\_\_\_\_\_\_

Radio protocols reviewed? \_\_\_\_\_\_\_\_

Radio chargers accessible? \_\_\_\_\_\_\_\_

Cell phone chargers available? \_\_\_\_\_\_\_\_

Back up phone lines working? \_\_\_\_\_\_\_\_

***Information and Information Systems***

Surge protection in working order? \_\_\_\_\_\_\_\_

All data backed up? \_\_\_\_\_\_\_\_

Paper files secured and protected? \_\_\_\_\_\_\_\_

**TAB 4**

**XXX HOUSING AUTHORITY**

**Emergency Operations Plan**

**Resource Guides**

***Ready.gov provides up-to-date and easy to understand resource material to better prepare residents to respond to an emergency. Arranged by event type, these pages will afford access to the most current information available.***

The home page for [www.ready.gov](http://www.ready.gov)

For individuals with disabilities: <https://www.ready.gov/individuals-access-functional-needs>

For seniors: <https://www.ready.gov/seniors>

For pets and animals: <https://www.ready.gov/animals>

To prepare for an evacuation: <https://www.ready.gov/evacuating-yourself-and-your-family>

Sheltering guidelines: <https://www.ready.gov/shelter>

Snowstorms, extreme cold, and winter weather preparedness: <https://www.ready.gov/winter-weather>

Hurricane preparedness: <https://www.ready.gov/hurricanes>

Power outages: <https://www.ready.gov/power-outages>

Severe weather events: <https://www.ready.gov/severe-weather>

Thunderstorms and lightning: <https://www.ready.gov/thunderstorms-lightning>

Tornadoes: <https://www.ready.gov/tornadoes>

Hazardous materials incidents: <https://www.ready.gov/hazardous-materials-incidents>

Home fires: <https://www.ready.gov/home-fires>

Household chemical emergencies: <https://www.ready.gov/household-chemical-emergencies>

Emergency alerts: <https://www.ready.gov/alerts>

For additional language translations: <https://www.ready.gov/languages>

CT Department of Emergency Management and Homeland Security: [www.ct.gov/demhs](http://www.ct.gov/demhs)

\*\*Please note that items listed are all found on FEMA online emergency listings\*\*

**TAB 5**

**XXX HOUSING AUTHORITY**

**Emergency Operations Plan**

**Activation Log**

**Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Type of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Command Center Opened \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Staff Roster of Activity**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Assignment | Radio # | In | Out |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**TAB 6**

**XXX HOUSING AUTHORITY**

**Emergency Operations Plan**

**Evacuation Log**

**Date of Event \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Type of Event \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evacuation Ordered By \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*MAINTAIN A LOG OF ALL ADDITIONAL EVACUATION ORDERS\*\***

**Resident Evacuation Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Resident Name | Unit # | Evacuated To | Date/Time Evacuated | Date/Time Returned\* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\*Note Returning Resident Issues Here:**

**Emergency Operations Plan**

**Approval Tracking Sheet**

Initially Adopted: Month/Day/Year

Annual Review Date: \_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_

Annual Review Date: \_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_

Annual Review Date: \_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_

Annual Review Date: \_\_\_\_\_\_\_\_\_\_ Completed by: \_\_\_\_\_\_\_\_\_\_ Approved: \_\_\_\_\_\_\_\_\_\_

**Emergency Operations Plan**

**Record of Changes**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Change****Number** | **Page and Section** | **Detailed Description of Change** | **Date** | **Date** **Approved** | **Inserted by (name/****title)** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |