



**EMERGENCY
MANAGEMENT**

**MARTIN COUNTY EMERGENCY MANAGEMENT AGENCY
ASSISTED LIVING FACILITY
EMERGENCY ENVIRONMENTAL CONTROL PLAN
RULE 58A-5.036, FLORIDA ADMINISTRATIVE CODE (F.A.C.)
AHCA Format for Plan Submission**

1. Facility's Information

Facility's Name:

Street Address:

City:

County:

Zip:

Administrator's Name:

Office Number:

Cell Number:

License Number:

Number of Licenses Beds:

Is the Facility

- Located on a campus with other facilities under common ownership?
- Located in a multistory building?
- Stand-alone single-story building?
- Located in a mandatory evacuation zone? If so, provide details below

Reviewer Comments (MCEMA use only)

2. Alternate Power Source

Description of onsite alternate power source:

- Portable generator
- Fixed generator
- Other: _____

Provide the below information for the generator(s):

Make:

Model:

Size:

Make:

Model:

Size:

Make:

Model:

Size:

Is the alternate power source capable of powering the following equipment?

- Entire Facility
- Lights
- Refrigeration
- Life Safety Systems
- Air Conditioning
- Heating Systems
- Other:

(New Facility) Provide the date implementation of the alternate power source will be complete:

_____ Date Complete: _____

Reviewer Comments (MCEMA use only)

3. Fuel Information

Type of Fuel: Diesel Propane Piped Gas Gasoline

Hours of run time with onsite fuel: _____ hours

Fuel Distributor:

Are there local restrictions on the amount of fuel stored onsite? Yes No

If yes, list regulation and limitation: [Click or tap here to enter text.](#)

Describe how your fuel will be stored onsite: [Click or tap here to enter text.](#)

Describe how your facility will refuel before, during, and after an emergency: [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

4. Cooling Method

What kind of equipment will be used to cool the facility?

Air Conditioner(s) Spot Cooler(s) Chiller Fan(s)

Other: [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

5. Cooled Area

What area(s) of the facility do you plan to keep at or below 81 degrees?

Entire Facility Living Room Dining Room Resident Room(s)

Common Area(s) Hallways Other Area(s)

What is the net square footage of the areas to be cooled? [Click or tap here to enter text.](#)

How many people (residents and staff) do you plan to locate in this cooled space/area (please keep in mind the required square footage requirements per person for your facility type)? [Click or tap here to enter text.](#)

Will there be beds available in the cooled area? Yes No

If yes, are these beds currently onsite: Yes No

Describe how you will ensure the facility does not exceed the required temperature and how the facility and residents will be monitored: [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

6. Policies and Procedures

Provide a training procedure to ensure staff are aware of how to operate the emergency power to the facility (If you have a written procedure, you can attach it).

Describe: [Click or tap here to enter text.](#)

Provide a maintenance and testing schedule for both the alternate power source and cooling system. (if you have a written process, you can attach it).

Describe: [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

7. Carbon Monoxide Alarm

Where is the carbon monoxide alarms(s) located in the facility? [Click or tap here to enter text.](#)

What is the maintenance schedule for the carbon monoxide alarm(s)? [Click or tap here to enter text.](#)

Reviewer Comments (MCEMA use only)

8. Supporting Documentation

Submit the following documentation with the plan:

- Facility floor plan (area(s) intended to be used as the “cooled area” identified in Section 5 should be outlined/highlighted on the facility floor plan).
- Letter attesting that the alternate power source is sufficient to operate the equipment necessary to maintain an indoor temperature in accordance with the rule (may be provided by a professional electrical engineer or a licensed electrical contractor).
- If residents will be relocated to an area(s) of refuge, a letter attesting that the HVAC equipment serving the area is sufficient to maintain an indoor temperature, in accordance with the rule, for the number of residents served in the areas(s) - (May be provided by a professional mechanical engineer or a licensed mechanical contractor).
- Fuel agreement
- **New Facility** - Once the plan is implemented (completed), submit documentation that the alternate power source is installed and operable.

Reviewer Comments (MCEMA use only)

ATTESTATION

I attest that the facility is in compliance with all of the requirements and standards that are contained in Rule 58A-5.036, F.A.C (Emergency Environmental Control for Assisted Living Facilities).

Signature of Licensee or Authorized Representative Title Date

NOTE:

- The plan must be submitted for your Local Emergency Management Agency for review and approval.
- If there are deficiencies with the plan, the plan must be resubmitted timely in order to ensure timely implementation.
- Within 2 business days of approval of your plan, written proof must be submitted to the Agency for Health Care Administration.
- Once approved by your local emergency management office, your facility is responsible for providing a consumer friendly summary of your emergency power plan to the Agency for Health Care Administration.
- A copy of your pan must be maintained and readily available at the facility’s physical location.

This section will be completed by Martin County Emergency Management

Approved by:

Emergency Management Director or Date
Deputy Emergency Management Director