

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	
Verification Team General Notes:			
Renewal Comments:			
		Date:	Initials:
<i>Note: Please do not write in shaded areas.</i>			

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			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/>			<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 4: Local Warning Dissemination							
Warning Point	# Required _____	# Verif _____	Verif	EOC	# Required _____	# Verif _____	Verif
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>	<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<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"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<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"/> Local Pager System* (For dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<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"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<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"/>
<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>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				

Guideline 5: Community Preparedness			
Annual Safety Talks			# Required _____ # Verif _____
Date	Topic	Location	Speaker
1			
2			
3			
4			
5			
<i>List any additional safety talks on a separate sheet</i>			
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			
<i>List any additional activities on a separate sheet</i>			
<u>Renewal Comments:</u>			
			<u>Date:</u>
			<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			

Guideline 6: Administrative Tools/Record Keeping		Verif	Renewal
Formal Tsunami Hazard and Hazardous Weather Operations Plan	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
< Procedure for reporting storm/tsunami 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
< Spotter Activation Criteria	<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
Spotter Roster and Training Record	<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 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 (<i>For populations >40,000</i>)		<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:			
Note: Please do not write in shaded areas.			

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>	