**CONSUMER-FRIENDLY SUMMARY**

**OF THE EMERGENCY ENVIRONMENTAL CONTROL PLAN**

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| **Facility Information** |
| Facility Name:       |
| Facility Type: [ ]  Nursing Home [ ]  Assisted Living Facility License #       |
| Street Address:       |
| City:       |  | County:       |  | Zip:       |
| Administrator Name:       |
| Contact Number(s):       |
| This Facility Is: [ ]  Located on a campus with other facilities under common ownership[ ]  Located in a multistory building[ ]  A stand-alone single story building |
|  |
| Alternate Power Source |
| Onsite Alternate Power Source:  |
| [ ]  Portable generator [ ]  Fixed generator [ ]  Other:       |
| Make:      Model:      Size:       | Make:      Model:      Size:       | Make:      Model:      Size:       |
| The alternate power source is capable of powering the following equipment:[ ]  Entire Facility [ ]  Lights [ ]  Refrigeration [ ]  Life Safety Systems[ ]  Air Conditioning [ ]  Heating Systems [ ]  Other:      Implementation of the alternate power source will be complete on       (Date) |
|  |
| **Cooling Method** |
| The following kind(s) of equipment will be used to cool the facility:[ ]  Air Conditioner(s) [ ]  Spot Cooler(s) [ ]  Chiller [ ]  Fan(s)[ ]  Other:       |
|  |
| **Temperature Controlled Area(s)** |
| The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:[ ]  Within the licensed facility [ ]  In another location on the campusThe following area(s) will be cooled.[ ]  Entire Facility [ ]  Living Room [ ]  Dining Room [ ]  Resident Room(s)[ ]  Common Area(s) [ ]  Hallways [ ]  Other Area(s):      The net square footage of the area to be cooled is       square feet.How many people are planned to use this area?      Will there be beds available in the cooled area? Yes [ ]  No [ ]  |