**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 campus  The 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 | | | | | | |