

County: _____

Original

Revised (*attach explanation*)



Oregon Department
of Human Services

SUMMARY OF EMERGENCY PLAN

Office of Licensing and Regulatory Oversight

Site name: _____ Date: _____

Site address: _____ Main phone: _____
(Street address) (City and ZIP)

Type of facility: _____ 24/7 Days Nights/weekends 24-hour fax: _____

Affiliate of: _____ Phone: _____

Number of residents/clients: _____ Number of staff day: _____ Number of staff night: _____

Resident disability/care needs: (**Please complete in numbers*)

_____ Adults _____ Children _____ Mobility _____ Hearing _____ Sight _____ Non-verbal
_____ Extremely obese _____ Cognitive/mental health/behavioral issues _____ Confined to bed
_____ Special diet _____ Oxygen _____ Service animals

Additional significant condition(s): _____

Principal contact:

_____ (Name/title) _____ (Phone 1/24 hr. carrier) _____ (Phone 2/pager) _____ (E-mail)

Secondary contact:

_____ (Name/title) _____ (Phone 1/24 hr. carrier) _____ (Phone 2/pager) _____ (E-mail)

Shelter in place: Full plan includes plan to shelter in place (*number of days*)

Food: _____ Water: _____ Fuel/generator: _____

Emergency transportation: **site requires (numbers of)*

_____ Seats for ambulatory residents _____ Tie-downs for wheel chairs _____ Medical transport
_____ Extreme obese capability _____ Extra transportation for equipment _____ Child seats

Site has its own transportation: Capacity: _____ Number of seat belts: _____
Number of tie-downs: _____ Other: _____ Specify: _____

List of transportation provider(s):

Name and phone number:	Verbal agreement	Written agreement	N/A
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List evacuation arrangements (*name, address and phone number*):

Local, immediate/short term: _____

Local, across town: _____

1. _____

2. _____

Out of immediate area: _____

1. _____

2. _____

Resources you have that could assist others and how to access them (*generator, kitchen facility, extra bed capacity, HAM radio, etc.*): _____

Additional important information: _____

Where your site's full emergency plan is kept and date updated: _____

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