**ASSOCIATION EMERGENCY PLAN CHECKLIST TEMPLATE**

Board Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title (Pre, VP, Sec, Treas.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by the Board of Directors on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DISASTER RISK ASSESSMENT**

Outline past experience/s with disasters or emergencies. Pinpoint possible risks and potential effects the association may experience.

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**PLANNING**

1. **Protecting Important Documents**

Discuss how important documents such as the association’s governing documents, insurance policies, bank statements, minutes, contracts, warranties, etc. should be protected in case of emergencies.

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1. **Financial Plan**

Briefly discuss the budget for disaster and emergency expenses. Include funds for pre-disaster supplies and equipment, debris removal, demolition, uninsured losses, insurance deductibles, and other costs.

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Person/s authorized to approve expenditures or contracts in times of disaster or emergency:

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1. **Management Company Coordination**

How should the association coordinate with its management company? Request the company to prepare in writing protocols in the event of an emergency or disaster. This includes communications, special support personnel, disaster management procedures, etc.

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1. **Communications Plan**

Discuss the communication methods the association will use before, during, and after the disaster or emergency. This can include the following:

* Assign a designated meeting place where residents can meet following a disaster.
* Create and distribute a disaster preparedness flyer.
* Dedicate a section of your community website for information on disaster preparedness.
* Maintain a directory containing resident contact information.

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1. **Insurance Plan**

Talk to your insurance provider about your coverage. Cover items such as deductibles, risks, and resident responsibilities. Find out what the procedures are for reporting losses. Keep a copy of insurance policies, along with vital contact information, in your emergency plan.

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1. **Physical Plant Inventory**

Maintain a record of all equipment and major items in common areas and community amenities. Include brand names, serial numbers, make and models, date of purchase, photos, and other pertinent information. It is also advisable to create a map showing the location of all switches and shut-off valves. Pictures/Drone footage of Roofs and the property surrounding your Association including additional buildings and structures.

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1. **Evacuation Plan**

Discuss the evacuation procedures for the community. Note - A lot of reference materials of Hillsborough County evacuation routes, maps, and packing lists for both the residents and pets, can be found at kpmaster.com/disasterplanning in the county guide

The plan must cover the following:

* Evacuation directions and routes (include maps)
* Nearest public shelters
* Special considerations for at-risk residents
* Remind residents to make arrangements for pet care and prepare pet supplies

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**RECOVERY**

Take the following steps during the recovery procedure:

* Remain calm (panicking will only hinder your decision-making process)
* Secure the area
* Provide first aid to those who require it
* Cooperate with local authorities and follow their instructions
  + Do not allow residents to return to their properties without the go signal from local authorities (the Sherriff and the command center).
* Assess the damage
* Contact insurance provider
* Protect property – Notify FirstService about property issues

**SAFETY PRECAUTIONS**

It necessary for the association to take the following steps to prepare for a disaster or emergency:

* Educate residents on the emergency or disaster preparedness plan.
* Ask residents to review their individual insurance policies in case of an emergency or disaster.
* Provide an emergency contact person/s along with their phone number/s.
* Encourage residents to regularly inspect their property for safety hazards such as dead tree branches.
* Assign an area where residents can safely park their cars.
* Ask residents to keep their vehicles fueled prior to a forecasted calamity.
* Encourage residents to report any special needs they have (disabilities, medical, etc.) to the Board.
* Hand out maps with evacuation routes/directions and the nearest shelters.
* Encourage residents to arrange for pet care in case of an emergency.
* Prepare to have cash available.

**EMERGENCY SUPPLIES CHECKLIST**

Make note of the locations of all emergency supplies. Take inventory on a regular basis to determine what you lack. After a disaster, take inventory again and replace what has been exhausted.

☐ First aid supplies

☐ Painkillers such as ibuprofen, paracetamol, and aspirin

☐ Antihistamine (in cream and tablet form)

☐ Cough medicine

☐ Cold medicine

☐ Eye wash and bath

☐ Antiseptic cream

☐ Plasters in various sizes and shapes

☐ Sterile gauze dressings in various sizes

☐ At least two (2) sterile eye dressings

☐ Bandages

☐ Distilled water for washing wounds

☐ Alcohol-free cleansing wipes

☐ Safety pins

☐ Sticky tape

☐ Disposable sterile gloves

☐ Scissors

☐ Tweezers

☐ Thermometer

☐ Two-way radios

☐ Radios

☐ Flashlights

☐ Batteries

☐ Flares

☐ Bottled water

☐ Blankets

☐ Utility knives

☐ Rope and chain

☐ Duct tape

☐ Tarps

☐ Ladders

☐ Basics tools (hammer, shovel, nails, wrenches, etc.)

☐ Portable generators

☐ Portable heaters

☐ Fuel

☐ Digital cameras

**EMERGENCY CONTACTS LIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Contact Number** | **Email** |
| HOA/property manager |  |  |  |
| Board President |  |  |  |
| Board Vice President |  |  |  |
| Board Secretary |  |  |  |
| Board Treasurer |  |  |  |
| Disaster Committee Chair |  |  |  |
| Disaster Volunteer #1 |  |  |  |
| Disaster Volunteer #2 |  |  |  |
| Disaster Volunteer #3 |  |  |  |
| Police Liaison |  |  |  |
| Fire Department Liaison |  |  |  |
| Power Company |  |  |  |
| Gas Company |  |  |  |
| Phone Company |  |  |  |
| Cable Company |  |  |  |
| Water/Sewage Company |  |  |  |
| Resident Physician |  |  |  |
| Resident Nurse |  |  |  |
| Insurance Agent |  |  |  |
| Contractor #1 |  |  |  |
| Contractor #2 |  |  |  |
| Contractor #3 |  |  |  |
| Contractor #4 |  |  |  |
| Contractor #5 |  |  |  |

**RESIDENT CONTACT LIST**

Maintain a resident directory consisting of their contact information and other details. Be sure to take note of the following:

* At-risk or elderly residents who require special treatment or medicine
* Residents with training, experience, or licenses in the medical field and public safety
* Residents with special equipment (trucks, 4WD, all-terrain vehicles, snowmobiles, small boats, generators, chainsaws, pumps, etc.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Contact Number** | **Email** | **Notes** |
| Resident #1 |  |  |  |
| Resident #2 |  |  |  |
| Resident #3 |  |  |  |
| Resident #4 |  |  |  |
| Resident #5 |  |  |  |
| Resident #6 |  |  |  |
| Resident #7 |  |  |  |
| Resident #8 |  |  |  |
| Resident #9 |  |  |  |
| Resident #10 |  |  |  |