

Perry County Multi-Hazard Mitigation Plan Essential Facilities Review Form Return to kelseybowe@greateregypt.org when completed



Fill Out This Box Completely, it is necessary to track the cost-match

| Title: | | | |
|---|--|-----------------------------------|--|
| Date: Time spent on exercise: | Jurisdiction: | | |
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| use this space to correct any street addresses , include the facility name | Time spent on exercise: | | |
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If there is any additional information you can provide, please do so here:

| Facility Name: |
|---|
| Does this facility have backup power? \Box yes \Box no |
| Does this facility have a kitchen? \square yes, commercial \square yes, small \square no |
| How many beds are available (hospitals)? |
| How many persons can this facility house during an emergency situation? |
| |
| What trucks and other rescue equipment are available at this facility (Fire station)? |
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| If this facility was built before 1973, has it been upgraded to meet seismic building codes? \Box yes \Box no |
| Does this facility have a basement? \Box yes \Box no |
| How many stories does this facility have? |
| What is this facility's square footage? |
| What is this facility's replacement value? |

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