



# Jefferson County Multi-Hazard Mitigation Plan Essential Facilities Review Form

Return to [kelseybowe@greateregypt.org](mailto:kelseybowe@greateregypt.org) when completed



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

Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

Date: \_\_\_\_\_

Time spent on exercise: \_\_\_\_\_

Please use this space to correct any **street addresses**, include the facility name

**Continue to page 2**

**If there is any additional information you can provide, please do so here:**

**Facility Name:** \_\_\_\_\_

Does this facility have backup power?     ☐ yes                      ☐ no

Does this facility have a kitchen?   ☐ yes, commercial     ☐ yes, small            ☐ 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)?

If this facility was built before 1973, has it been upgraded to meet seismic building codes?     ☐ yes                      ☐ no

Does this facility have a basement?   ☐ yes                      ☐ 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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