

Community Information

This Application is for a: Town, City, Country, Other: _____ (Please Circle)

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| Name of Jurisdiction to be Recognized | | Population In Tsunami Danger Zone | |
| Primary Point of Contact | | Secondary Point of Contact | |
| Name | | Name | |
| Office | | Office | |
| Title | | Title | |
| Mailing Address | | Mailing Address | |
| City | | City | |
| State; Country | | State; Country | |
| Phone | | Phone | |
| e-mail | | e-mail | |

Guideline 1: Communications

| | |
|--|--|
| Location of Tsunami Warning Focal Point | Location of Emergency Operations Center |
| | |

Verification Team General Notes:

Renewal Comments:

| | | |
|--|--------------|------------------|
| | <u>Date:</u> | <u>Initials:</u> |
|--|--------------|------------------|

Note: Please do not write in shaded areas.

Guideline 2: Tsunami Information Reception Equipment

| Warning Point | # Required _____ | # Verif _____ | Verif | EOC | # Required _____ | # Verif _____ | Verif |
|---|------------------|---------------|--------------------------|---|------------------|---------------|--------------------------|
| <input type="checkbox"/> NOAA Weather Radio (If in range) | | | <input type="checkbox"/> | <input type="checkbox"/> NOAA Weather Radio (If in range) | | | <input type="checkbox"/> |
| <input type="checkbox"/> NOAA Weather Wire (Subscription) | | | <input type="checkbox"/> | <input type="checkbox"/> NOAA Weather Wire (Subscription) | | | <input type="checkbox"/> |
| <input type="checkbox"/> EMWIN | | | <input type="checkbox"/> | <input type="checkbox"/> EMWIN | | | <input type="checkbox"/> |
| <input type="checkbox"/> Law Enforcement Teletype (LETS) | | | <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Teletype (LETS) | | | <input type="checkbox"/> |
| <input type="checkbox"/> Amateur Radio | | | <input type="checkbox"/> | <input type="checkbox"/> Amateur Radio | | | <input type="checkbox"/> |
| <input type="checkbox"/> Pagers* (Warning reception) _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Pagers* (Warning reception) _____ | | | <input type="checkbox"/> |
| <input type="checkbox"/> Television (Local network or cable TV) | | | <input type="checkbox"/> | <input type="checkbox"/> Television (Local network or Cable TV) | | | <input type="checkbox"/> |
| <input type="checkbox"/> Radio (AM/FM) - EAS reception | | | <input type="checkbox"/> | <input type="checkbox"/> Radio (AM/FM) - EAS Reception | | | <input type="checkbox"/> |
| <input type="checkbox"/> NAWAS | | | <input type="checkbox"/> | <input type="checkbox"/> NAWAS | | | <input type="checkbox"/> |
| <input type="checkbox"/> Internet (Subscription for alerts) _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Internet (Subscription for alerts) | | | <input type="checkbox"/> |
| <input type="checkbox"/> Commercial Data Service _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Commercial Data Service _____ | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> |

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

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Verification Team Notes:

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Renewal Comments:

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Date:

Initials:

Note: Please do not write in shaded areas.

| Guideline 3: Local Warning Dissemination | | | | | | | |
|--|------------------|---------------|--------------------------|--|------------------|---------------|--------------------------|
| Warning Point | # Required _____ | # Verif _____ | Verif | EOC | # Required _____ | # Verif _____ | Verif |
| <input type="checkbox"/> Outdoor Warning Siren(s) | | | <input type="checkbox"/> | <input type="checkbox"/> Outdoor Warning Siren(s) | | | <input type="checkbox"/> |
| <input type="checkbox"/> Cable TV Override | | | <input type="checkbox"/> | <input type="checkbox"/> Cable TV Override | | | <input type="checkbox"/> |
| <input type="checkbox"/> Plan for Sirens on Emergency Vehicles | | | <input type="checkbox"/> | <input type="checkbox"/> Plan for Sirens on Emergency Vehicles | | | <input type="checkbox"/> |
| <input type="checkbox"/> Local Alert Broadcast System* | | | <input type="checkbox"/> | <input type="checkbox"/> Local Alert Broadcast System* | | | <input type="checkbox"/> |
| <input type="checkbox"/> Local Pager System* (For dissemination) | | | <input type="checkbox"/> | <input type="checkbox"/> Local Pager System* (For dissemination) | | | <input type="checkbox"/> |
| <input type="checkbox"/> Telephone Tree to Critical Facilities | | | <input type="checkbox"/> | <input type="checkbox"/> Telephone Tree to Critical Facilities* | | | <input type="checkbox"/> |
| <input type="checkbox"/> Coordinated Area-Wide Radio Network* | | | <input type="checkbox"/> | <input type="checkbox"/> Coordinated Area-Wide Radio Network* | | | <input type="checkbox"/> |
| <input type="checkbox"/> Local Flood Warning System* | | | <input type="checkbox"/> | <input type="checkbox"/> Local Flood Warning System* | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> |
| <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> | <input type="checkbox"/> Other* _____ | | | <input type="checkbox"/> |
| <i>List any additional capabilities on a separate sheet</i> | | | | | | | |
| <u>*Capabilities needing explanation:</u> | | | | | | | |
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| <u>Verification Team Notes:</u> | | | | | | | |
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| <i>Note: Please do not write in shaded areas.</i> | | | | | | | |

| Government-Owned Buildings in Which Public Traffic is Common | | | | |
|--|---------------------|-------------------------------|--------------------------|-----------|
| Office | Location or Address | Emergency Notification System | Verif | Comments |
| Tsunami Warning Focal Point | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Tsunami National Contact | | <input type="checkbox"/> | <input type="checkbox"/> | |
| EOC | | <input type="checkbox"/> | <input type="checkbox"/> | |
| City Hall | | <input type="checkbox"/> | <input type="checkbox"/> | |
| School Superintendent | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |
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| <u>Verification Team Notes:</u> | | | | |
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| <u>Renewal Comments:</u> | | | | |
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| | | | Date: | Initials: |
| <i>Note: Please do not write in shaded areas.</i> | | | | |

Guideline 4: Community Preparedness

Annual Safety Talks # Required _____ # Verif _____

| Date | Topic | Location | Speaker |
|------|-------|----------|---------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

List any additional safety talks on a separate sheet

Community Tsunami Awareness Program

| | Verif |
|---|--------------------------|
| <input type="checkbox"/> Designate/establish tsunami shelter/area in safe zone. | <input type="checkbox"/> |
| <input type="checkbox"/> Designate tsunami evacuation areas and evacuation routes, and install evacuation route signs. | <input type="checkbox"/> |
| <input type="checkbox"/> Provide written, locally specific tsunami hazard response material to public. | <input type="checkbox"/> |
| <input type="checkbox"/> Encourage schools to implement a tsunami hazard curriculum, practice evacuations, and provide safety material to staff and students. | <input type="checkbox"/> |
| Number of annual tsunami awareness campaigns: _____ | <input type="checkbox"/> |

Subsidized Citizen Alert Notification Systems

Does your Town/Community/Country have a program to subsidize the purchase of Notification Systems for the homes of its Citizens? (not required) Yes _____ No _____

Other Community Preparedness Activities

| Date | Activity | Location | Organizer |
|------|----------|----------|-----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

List any additional activities on a separate sheet

Renewal Comments:

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|--|--------------|------------------|
| | <u>Date:</u> | <u>Initials:</u> |
|--|--------------|------------------|

Note: Please do not write in shaded areas.

Pilot Project
UNESCO IOC

Intergovernmental Coordination Group for
Tsunamis and Other Coastal Hazards for
the Caribbean and Adjacent Regions



National Ocean and Atmospheric Administration (NOAA)

**Application
Form**

| Guideline 5: Administrative Tools/Record Keeping | | Verif | Renewal |
|--|-----------|--|--|
| Standard Tsunami Hazard and Operations Plan (SOP) <ul style="list-style-type: none"> • Procedure for reporting tsunami impacts and damage to the Tsunami Warning Center in real time • EOC Activation Procedures • Tsunami Warning Focal Point Activation Procedures • Local Warning System(s) Activation Criteria | | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes |
| Warning Point personnel has authority to activate Warning System (written) | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| Tsunami evacuation routes documented | | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |
| Key Emergency Management and Warning Point personnel complete COMET on line Community Preparedness and Tsunami Warning Systems training module (https://www.meted.ucar.edu). | | <input type="checkbox"/> Yes | <input type="checkbox"/> Biennial |
| Last Visit by NWS Officials to Community | | <input type="checkbox"/> Yes | <input type="checkbox"/> Biennial |
| Exercises | Topic(s): | Date: | <input type="checkbox"/> Date: |
| <i>List any additional descriptions, narratives, or documentation on a separate sheet</i> | | | |
| <u>Verification Team Notes:</u> | | | |
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| <u>Renewal Comments:</u> | | | |
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| | | Date: | Initials: |

| Signature of Applying Official | |
|--|---------------|
| <u>Application Submitted by (print name):</u> | |
| <u>Office:</u> | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>NWS Personnel Receiving Application (print name):</u> | |
| <u>Date Received:</u> | |
| <i>Note: Please do not write in shaded areas.</i> | |

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UNESCO IOC**

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the Caribbean and Adjacent Regions



National Ocean and Atmospheric Administration (NOAA)

**Application
Form**

Site Verification Team Signatures

| | |
|---|---------------|
| <u>Print Name:</u> | |
| <u>Office:</u> NOAA NWS Caribbean Tsunami Warning Program | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>Print Name:</u> | |
| <u>Office:</u> UNESCO IOC CARIBE EWS | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>Print Name:</u> | |
| <u>Office:</u> Regional Emergency Management Organization (CDEMA/CEPREDENAC) | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>Print Name:</u> | |
| <u>Office:</u> NOAA NWS SJWFO/SR WCM | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>Print Name:</u> | |
| <u>Office:</u> NOAA NWS TsunamiReady Program Manager | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>Print Name:</u> | |
| <u>Office:</u> NOAA NWS Tsunami Program Manager | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |

Signature in Renewal Year

| | |
|--|---------------|
| <u>Application Submitted by: (print name):</u> | |
| <u>Office:</u> | <u>Title:</u> |
| <u>Signature:</u> | <u>Date:</u> |
| <u>NWS Personnel Receiving Application (print name):</u> | |
| <u>Date Received:</u> | |