

Location: _____
Community Emergency Response Plan

1. Community Coordinator and backup Pg. 2
2. Communication Pg. 3
3. Medical Response Pg. 4
4. Access/Transportation/Evacuation Pg. 5
5. Food/water Pg. 6
6. Security Pg. 7

**Please forward a copy of this plan to
Emergency Management when
completed or updated.**

Location: _____
Community Emergency Response Plan

Community Coordinator

The Community Coordinator “CC” will act as a liaison between the community and the office of Emergency Management in the event of a disaster and blue skies. The CC will also assist in developing the C.E.R.P., updating information as needed and scheduling exercises/drills.

Community Coordinator:

Name: _____

Phone Number: _____

Address: _____

Community Coordinator Back-up:

Name: _____

Phone Number: _____

Address: _____

Location: _____
Community Emergency Response Plan

Communication

GMRS Repeater Frequency and tone: _____

Repeater use will be limited as much as possible.

Primary GMRS Channel for radio to radio: _____

Secondary GMRS Channel for radio to radio: _____

Time of frequency monitoring during battery preservation:
(Example: Top of the hour for 10 minutes):

Location of community base station: _____

Primary CB Radio Channel: _____

Secondary CB Radio Channel: _____

Community Nets will be held: (Example: Every Tuesday at
7:00pm): _____

Location: _____
Community Emergency Response Plan

Food/Water

Central Storage Location: _____

Point of Distribution: _____

Meal Locations and times:

1. _____

2. _____

3. _____

Location: _____
Community Emergency Response Plan

Access/transportation/Evacuation

Road Clearing Equipment:

Emergency Transport:

Supply Transport:

Location: _____
Community Emergency Response Plan

Security

Goal:

Trained Citizens:

Shift Schedule:
