# EPZ Communities

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| **State Fiscal Year 2020** | | **Q1** | **Q2** | **Q3** | **Q4** |
| EPZ Community: |  | **July – Sept** | **Oct – Dec** | **Jan- March** | **April - June** |
| **EQUIPMENT** | | | | | |
| 1. Communications tests completed. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Telephone numbers for personnel, facilities, and agencies verified. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Inventory checks completed. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of Equipment (other than dosimetry and meters). | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Checks of dosimetry (re-zeroing) and meters (checking background). Any equipment issues reported to RIMC. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **TRAINING AND DRILLS** | | | | | |
| 1. All required training requested/needed completed. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Training plan for next year completed and approved by REP Planning (on Assessment Request). | | \* | \* | \* | \_\_\_/\_\_\_ |
| 1. Drill/exercise plan for next year completed and approved by REP Planning (on Assessment Request). | | \* | \* | \* | \_\_\_/\_\_\_ |
| 1. Participated in Drills/exercises, Workshops, TTXs as required. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **REP ANNUAL UPDATE** | |  |  |  |  |
| 1. Any alterations, including relocation, of facilities reported to REP Planning. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Map accuracy checked. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Schools, day cares and other special facilities identified and transportation needs updated. (In concert with HSEM Special Facilities Field Rep.) | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| 1. Signatory page of the REP plan signed by appropriate municipal official when elections held. | |  |  |  | \_\_\_/\_\_\_ |
| 1. Any Local Letters of Agreement reviewed and updated. | |  |  | \_\_\_/\_\_\_ |  |
| 1. Plan and procedures reviewed and comments noted. Comments forwarded to REP Planning. | |  | \_\_\_/\_\_\_ |  |  |
| 1. Any roadway changes due to maintenance, construction, or other projects reported to REP Planning. | | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ | \_\_\_/\_\_\_ |
| **PDAFN List** | | | | | |
| 1. Listing of citizens with Disabilities and Access/Functional Needs. COMPLETED listing forwarded to REP Planning. | |  |  | \_\_\_/\_\_\_ |  |
| **BUDGETS** | | | | | |
| 1. Annual Assessment Request prepared and forwarded to HSEM by March 15th. | | \* | \* | \_\_\_/\_\_\_ | \* |
|  | |  |  |  |  |
|  | |  |  | |  |
| Signature | |  | Date |  |  |
| **Due: Q1 = 10/15 Q2=1/15 Q3=4/15 Q4=6/1** | | | | | | |