



Indian River County
Board of County Commissioners
Department of Emergency Services

4225 43rd Avenue, Vero Beach, Florida 32967

NOTE: In an effort to assist Nursing Homes and Assisted Living Facilities meet the tenants of Emergency Rule 59AER17-1 (Nursing Homes) and 58AER17-1 (Assisted Living Facilities) on emergency power, Indian River County Emergency Management has put together this crosswalk to aid in the development of your Emergency Power Plan (EPP). Completion of the Emergency Power Plan (EPP) does not exempt the facility from submitting their annual facility emergency plan update. If you have questions, please contact our office at 772-226-3900.

Emergency Power Plan (EPP) Criteria

1. What is your facility type? (Nursing Home or Assisted Living)
2. Facility Name?
3. Facility Address and phone number?
4. Contact name, position, email address, and emergency phone number (i.e.: cell phone).
5. What areas of your facility do you plan to keep below 80 degrees?
6. What kind of equipment is being used to cool the facility?
7. What is the square footage of the cooled area (may include floor plan of area)?



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8. How many people (residents and staff) do you plan to locate in this cooled space/area (must meet national emergency shelter standards/state shelter guidelines and appropriate fire codes)?
9. Please provide a statement for how you plan to move residents to this location.
10. Will there be beds available in the cooled area?
 - a. How many?
 - b. Do you have these beds onsite?
 - c. If you do not have a sufficient number of beds, what are you using or do you have a contract to obtain some?
11. Describe how you will ensure the facility does not exceed 80 degrees and how often it will be monitored when under generator power.
12. Describe the fuel type you will need to operate the generator.
13. How do you plan on storing 96 hours of fuel on-site?
14. Please provide a maintenance schedule for both the generator and HVAC system. Include mechanism for load testing and documentation of the test.
15. State the procedure of how your facility will refuel before and after an emergency.



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16. Provide a training procedure to ensure staff is aware of how to operate the emergency power to the facility.
17. Describe how new staff will be informed of the Emergency Power Plan (EPP).
18. Please attach a certified HVAC letter with a quote approving the tonnage required to cool the space indicated.
19. Please attach a certified letter from the electrician with a quote specifying the generator capacity required to run HVAC system and fuel for 96 hours. For a conditional approval, attach a copy of Request for Waivers and Variances if you requested an extension on the time frame to receive a tentative approval of the EPP. You must provide the certified letter to receive final approval.
20. Please attach a construction implementation timeline for the generator and/or fuel tank where appropriate.
21. Please provide documentation to show the generator and fuel storage for the facility has been installed and is operable.
22. Your Emergency Power Plan (EPP) must contain the following written statement:

“Under penalties of perjury, I declare that I have read the foregoing Emergency Power Plan and that the facts stated in it are true.”