COLLIER COUNTY EMERGENCY MANAGEMENT

Emergency Power Plan (EPP) Submission Checklist

Collier County Emergency Management continues to be honored to support Collier County Assisted Living Facilities and Nursing Homes throughout the community. This ongoing partnership is supported through the new regulatory statutes Assisted Living Facility Rule No 59A-36.025 and Nursing Home Rule No 59A-4.1265.

All Emergency Power Plans (EPP) must be submitted annually to Collier County Emergency Management in the following format. Please follow submission as closely as possible for consistency, expediency during an emergency and for compliance requirements. Fill out this document and email to [Patti.Clemens@CollierCountyFL.gov](mailto:Patti.Clemens@CollierCountyFL.gov). This fully completed document will serve as the EPP Plan. Approval letters will only be provided once we receive this form filled out in entirety.

Questions can be sent to Collier County Emergency Management, Patti Clemens, Human Services Program Coordinator 239-252-3603. All information for 2025 compliance must be blended into the Comprehensive Emergency Management Plan (CEMP) in this form.

|  |  |
| --- | --- |
| **Collier County Emergency Power Plan (EPP) Submission Checklist** | |
|  | Type in Cells Below-Do Not Handwrite |
| 1. Facility Type: Assisted Living Facility or Nursing Home |  |
| 1. Facility Name |  |
| 1. Facility Address |  |
| 1. Facility Phone Numbers |  |
| 1. Facility Director Name/Cell Phone |  |
| 1. Facility Plan Contact Name/Cell Phone |  |
| 1. Generator Company Name |  |
| 1. Generator Company Contact/Cell Phone |  |
| 1. Generator Location on Property |  |
| 1. Florida Power & Light (FPL)/Lee County Electric Cooperative (LCEC) Customer Number/Meter Number |  |
| 1. Third Party Attestation Contact/Cell Phone |  |
| 1. Third Party Attestation/Inspection is required by Collier County. A letter from a third-party validating compliance must be submitted annually. Any analysis and documentation necessary to demonstrate compliance with the criteria must be included in the letter. The solution must be compliant with the applicable building and life safety codes. You are required to utilize the services of a professional engineer who will determine technical requirements. Please attach this letter, which must include your compliance with meeting the Rule requirements. | Yes/No/Explain Actions Taken |
| 1. Local authority having jurisdiction reviews ALF building/mechanical plans (Growth Management).   Nursing Homes: AHCA Office of Plans and Construction (OPC) will review the technical components/mechanical plans. Questions and approval requests must be directed to [opc@ahca.myflorida.com](mailto:opc@ahca.myflorida.com) or call 850.412.4477. Have you submitted your plan locally for review? Have you submitted your plan to AHCA for review? AHCA fee may be associated with this review. | Yes/No/Explain Actions Taken |
| 1. Identify areas in your facility that you plan to keep below 81 degrees. Please list spaces and attach maps. |  |
| 1. What is the square footage of the area you have identified to keep cool? |  |
| 1. Identify how many people (residents and staff) the area to be cooled will accommodate |  |
| 1. Identify what type of equipment will be used to cool the area identified (HVAC, portable A/C, Window AC, fans) |  |
| 1. Briefly describe your pump station operations and how they may or may not be impacted by loss of power. |  |
| 1. How will you move patients to these areas? |  |
| 1. When will you move patients to these areas? |  |
| 1. Will beds be located in the area to be cooled? |  |
| 1. How will staff monitor and track the temperature? |  |
| Generator Specifications | |
| 1. Generator Make/Model/Type/Size   If you are using more than one  generator for the EPP, please fill out  one form per generator. |  |
| 1. Can you support internal temperatures for 96 hours at 81 degrees or less? Yes or No |  |
| 1. What devices will you use to monitor temperature? |  |
| 1. Assisted Living Facilities: Do you have 72 hours or 96 hours of onsite fuel or piped gas for 17+ beds? Or do you have 48 hours of onsite fuel or piped gas for 16 or less beds? | Assisted Living Facilities Only: |
| 1. Assisted Living Facilities: Will you be bringing additional fuel onsite to achieve 96 hours upon declaration of an emergency? If yes, please attached contract/agreement. | Assisted Living Facilities Only: |
| 1. Assisted Living Facilities: If fuel is restricted by regulations, you must replenish 24 hours prior to depletion. Do you have a contract/agreement for this? If yes, please attach. | Assisted Living Facilities Only: |
| 1. Assisted Living Facilities: Carbon monoxide detectors are required. Do you have these in place? | Assisted Living Facilities Only: |
| 1. Assisted Living Facilities: Can your facility provide 20 square feet per resident; or 80 percent of capacity for area cooled to 81 degrees or less? | Assisted Living Facilities Only: |
| 1. Assisted Living Facility: What are your fuel burn rates/fuel consumption rate at 80% load per hour? Do you meet the standard? | Assisted Living Facilities Only: |
| 1. Nursing Home: Do you have 72 hours of onsite fuel or piped gas? Do you have 96 hours of onsite fuel? | Nursing Home Facilities Only: |
| 1. Nursing Home: Will you be bringing additional fuel onsite to achieve 96 hours upon declaration of an emergency? If yes, please attached contract/agreement. | Nursing Home Facilities Only: |
| 1. Nursing Home: If fuel is restricted by regulations, you must replenish 24 hours prior to depletion. Do you have a contract/agreement for this? If yes, please attach. | Nursing Home Facilities Only: |
| 1. Nursing Home: Can your facility provide no less than 30 square feet per resident for area cooled to 81 degrees or less? | Nursing Home Facilities Only: |
| 1. Nursing Homes: What are your fuel burn rates/fuel consumption rate at 80% load per hour? Do you meet the standard? | Nursing Home Facilities Only: |
| 1. What type of fuel type does your generator require? |  |
| 1. Where is this fuel located? How is it stored? Delivered? |  |
| 1. How will you receive fuel after depletion of stored fuel? How will it be delivered? Do you have more than one fuel provider? |  |
| 1. Do you have a contract for fuel quality inspection/cleaning? If yes, please attach contract. Company Name/Contact/Cell Phone. |  |
| 1. When was the last date the fuel quality was inspected? |  |
| 1. What is the tank capacity for fuel? |  |
| 1. If applicable, where will you obtain the 24 hours of additional fuel from during an emergency? Contact/Cell Phone. *Contract/agreement must be attached as per question 27 & 32* . |  |
| 1. What emergency features is the generator(s) capable of powering (lights/kitchen/AC)? |  |
| 1. Please describe details of fuel storage information. |  |
| 1. What are your safety concerns for this fuel storage? |  |
| 1. How is the generator connected to supply emergency power to cool the facility? |  |
| 1. Can alternate generators be connected to your facility? What hook up or hardwire requirements are in place? |  |
| 1. Please describe amperage numbers for facility, generator, load capacity |  |
| 1. Describe the plan/procedure for initiating generator power |  |
| 1. How will the generator be tested? Identify the company name and cell phone. |  |
| 1. Describe staff training on generator operations? |  |
| 1. Attach an HVAC certified letter approving the tonnage required to cool the space indicated for either Assisted Living Facility or Nursing Home. |  |
| 1. Did you schedule an inspection with the State/local Fire Marshal’s Office?   The rule describes approval from local emergency management before fire marshal inspection, but please let us know if you have scheduled this. | Yes/No/Explain |
| 1. Provide finished floor elevation in feet and associated datum. (Commonly located on completed elevation certificate) |  |
| 1. Fill Out the AHCA Consumer Friendly Summary-You do on your own after approved | *Please visit* [*http://ahca.myflorida.com/MCHQ/Emergency\_Activities/EPP.shtml*](http://ahca.myflorida.com/MCHQ/Emergency_Activities/EPP.shtml) |
|  | For County Use Only |
| -Approval Emailed to Agency for Healthcare Administration (AHCA)  NH\_EmergencyRule@AHCA.MyFlorida.com | |
| -EPP Denial to Florida Department of Emergency Management | |
| -Notes/Comments/Feedback for Facility | |