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| **Community Contact Information** | | | | | | | | | | |
| County/Parish/City/Town/Site | | |  | | | | Population |  | | |
| **Primary Point of Contact** | | | | | **Secondary Point of Contact** | | | | | |
| Name | |  | | | Name |  | | | | |
| Office | |  | | | Office |  | | | | |
| Title | |  | | | Title |  | | | | |
| Mailing  Address | |  | | | Mailing  Address |  | | | | |
| City | |  | | | City |  | | | | |
| State, ZIP | |  | | | State, ZIP |  | | | | |
| Phone | |  | | | Phone |  | | | | |
| email | |  | | | email |  | | | | |
| **Mitigation Guidelines** | | | | | | | | | | |
| **MIT 1** |  | | | | | | | | |  |
| **MIT 2** | Include tsunami hazard and community vulnerability information in FEMA-approved multi-hazard mitigation plan. | | | | | | | | |  |
| **MIT 3** | Install signage that identifies, for example, tsunami danger area and/or hazard zone (entering and leaving tsunami zone signs), evacuation routes, and assembly area and  provides tsunami response education (go to high ground). | | | | | | | | |  |
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| Verification Team/Renewal Notes | | | | | | | | | | |
| *Please do not write in shaded areas.* | | | | | | | | | | |

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Mike Angove, National Weather Service, 1325 East West Highway, Room 13110, Silver Spring, MD, 20910.

Statement on confidentiality: Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

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| **PREP 1** | Produce easily understood tsunami evacuation maps as determined to be appropriate by local authorities. | | | | | | | | |  |
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| **PREP 2** | Support ongoing tsunami public education effort. This effort should include developing and distributing outreach materials: **at least three wide-reaching diverse methods**. | | | | | | | | |  |
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| **PREP 3** | Support an ongoing sustained tsunami education effort specific to public schools in coastal community pursuing TsunamiReady recognition: **At least one**. | | | | | | | | |  |
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| Verification Team/Renewal Notes | | | | | | | | | | |
| **PREP 4** | | Hold community-wide outreach or education activity annually: **at least one**. | | | | | | |  | |
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| **PREP 5** | | Conduct community exercises that reinforce the concepts contained in Prep-1 through Prep-4. | | | | | | |  | |
| Exercise Location(s) | | | | Date(s) of exercise | | | | Other hazards addressed | | |
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| **PREP 6** | | Conduct evacuation drills for all public schools in the mapped tsunami evacuation zone to reinforce the concepts contained in Prep-1 through Prep-4. | | | | | | |  | |
| Exercise Location(s) | | | | Date(s) of exercise | | | | Other hazards addressed | | |
| Verification Team/Renewal Notes | | | | | | | | | | |

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| **Response Guidelines** | | | |
| **RESP 1** | Address tsunami hazards in the community’s emergency operations plan (EOP) or other plan. | |  |
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| **RESP 2** | Address tsunami hazards in the emergency operations plans (EOP) for all  public schools in the tsunami hazard zone. |  | |
| **RESP 3** | Commit to supporting the EOC during tsunami incidents if an EOC is opened and activated. |  | |
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| Verification Team/Renewal Notes | | | |

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| **RESP 4** | Have redundant and reliable means for a 24-hour warning point (and EOC if activated) to **receive** official tsunami watch, advisory, and warning alerts: **at least three**. | | |  |
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| **RESP 5** | Have redundant and reliable means for 24-hour warning point and/or EOC to **disseminate** official tsunami watch, advisory, and warning alerts to the public: **at least three**. | | |  |
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| Verification Team/Renewal Notes | | | | |

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| **RESP 6** | Have Public Alert-certified NOAA Weather Radio (NWR) receivers in critical facilities and public venues. | | | | | | |  |
| Office | | | Location or Address | | | NWR | Comments | |
| Communication dispatch center | | |  | | |  |  | |
| EOC | | |  | | |  |  | |
| City Hall, county  courthouse or similar | | |  | | |  |  | |
| School superintendent | | |  | | |  |  | |
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| **RESP 7** | | Conduct emergency operations plan exercises that test at least one component of the community’s EOP or one item from RESP 4 through RESP 6. | | | | | |  |
| Exercise Location | | | | Date of exercise | Other hazards addressed | | | |
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| Verification Team/Renewal Notes | | | | | | | | |
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| **Signature of Applying Official** | | | |
| Office Name |  | | |
| Application Submitted by (name of applicant) |  | Title |  |
| Signature |  | Date |  |
| NWS Personnel Receiving Application (print name) |  | Date Received |  |

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| **Site Verification Team Signatures** | | | | |
| Print Name |  | | | |
| Office |  | | Title |  |
| Signature |  | | Date |  |
| Print Name |  | | | |
| Office |  | | Title |  |
| Signature |  | | Date |  |
| Print Name |  | | | |
| Office |  | | Title |  |
| Signature |  | | Date |  |
| Print Name |  | | | |
| Office |  | | Title |  |
| Signature |  | | Date |  |
| **Signature in Renewal Year** | | | | |
| Office | |  | | |
| Application Submitted by (name of applicant) | |  | Title |  |
| Signature | |  | Date |  |
| NWS Personnel Receiving Application (print name) | |  | Date  Received |  |