

## Endorsements

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### **Plan Activation, Approvals, Location, and Revision Timelines**

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**Worksheet 9-A: Plan Activation List**

**Worksheet 9-B: Plan Endorsements**

**Worksheet 9-C: Plan Distribution/Location Details**

**Worksheet 9-D: Important Dates**

**Worksheet 9-E: Revisions List**

# Plan Activation, Approvals, Location, and Revision Timelines



PLANNERS: PLANNING TEAM

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## Instructions

- Determine who will activate the plan, following the Incident Command System.
- Determine who will activate a Continuity of Operations Plan, should it be necessary.
- Ensure that the plan is approved and endorsed by key community individuals, including the Board of Health, the Emergency Manager and political officials (Mayor, Selectboard) etc.
- Determine who will hold copies of the plan. Keep the plan in several places and in different formats (printed, electronic, disk). List exactly where these can be found: identify the computer-drive and file name: the location of a shelf or drawer etc. Keep a copy off-site in a safe location, in case of fire etc.
- Make plans for annual revisions. Determine who is responsible for ensuring that revisions are made and that previous (out-of-date) copies are destroyed.


## Plan Components

- Plan activation responsibilities, including Continuity of Operations
- Plan approvals
- Plan Locations
- Revisions schedule

 Worksheet 9-A: Plan Activation List, Continuity of Operations Activation

 Worksheet 9-B: Plan Endorsements

 Worksheet 9-C: Plan Distribution/Location Details

 Worksheet 9-D: Important Dates



**Worksheet 9-B: Plan Endorsements**

Name	Position/Department	Signature	Date

### Worksheet 9-C: Plan Distribution/Location Details

In case of an emergency list who and where copies of the Emergency Plan and the Continuity of Operations plan can be located. Be specific.

Name	Department	Plan Number	Plan Location (shelf, computer file etc)	Plan Format (printed, electronic, disk)	Date Forwarded

**Worksheet 9-D: Important Dates:**

The Plan is current from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

List who will initiate the revision process: {Name}, {position}, {Department} \_\_\_\_\_

Revisions will be initiated on: Date: \_\_\_\_\_

**Worksheet 9-E: Revisions List**

Date	Person Making Revision	Section/Page/Description