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| **Dam Emergency Annex** |
| Name of Municipality: |
| Name and Location of Dam: |
| Dam National Inventory of Dams ID#:  |
| Dam State ID#:  |
| Date Annex Published/Revised: |

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| **Section 1: Background Information** |
| Dam Owner:Dam Operator (if different from owner): | General Contact Information: |
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| Emergency Contact Information: |
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| Dam Type: |
| Dam Purpose: |
| Year Built: |
| Date of most recent renovation or repair: |
| Does the municipality have a copy of the Dam Emergency Action Plan (EAP): Yes or No |
| If yes: Where is the EAP stored and who has access? |
| If no: Why not? |
| Categories of alerts issued by owner/operator: |
| Category: | Definition: |
| Category: | Definition: |
| Category: | Definition: |
| Category: | Definition: |
| Category of alert(s) in which this annex is to be activated: |
| Which municipal officials and members of the public will be alerted of an active or potential dam emergency by the dam owner/operator and how will this notification take place? |

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| **Section 2: Response Information** |
| Who, by position, must be immediately informed of a dam emergency: |
| Title: | Name: | Contact Info: |
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| Emergency Operations Center (EOC) Location/Notes:  |
| Incident Command Location/Notes: |
| Methods by which EOC and Incident Command Post (ICP) will establish and maintain communication: |
| Who, by position, has the authority to issue an evacuation notification on behalf of the town: |
| Methods by which the municipality will communicate evacuation notice to residents: |
| Evacuation Areas:  |
| Location: | Agency Evacuating: | Specific instruction provided to residents in this area: |
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| Facilities that may need additional assistance evacuating: |
| Name/Address/Notes: | Contact Information: |
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| Public Equipment in Inundation Zone: |
| Address/Equipment: | Contact Information: |
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| Road Closure Points |
| Location: | Resources Needed: |
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Use this space to attach any inundation mapping and/or custom maps:

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| **Section 3: Incident Response Plans** |
| Template 1: Checklist |
| Action Item | Designee | Time Complete |
| Organization or Role 1 |
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| Organization or Role 2 |
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| Organization or Role 3 |
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| Organization or Role 4 |
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| Organization or Role 4 |
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| Template 2: Decision Support Matrix |
| Source | Criteria | Decider | Action |
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| Template 3: Synchronization Matrix |
| **Position or****Organization** | Time Chunk A | Time Chunk B | Time Chunk C | Time Chunk D |
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Use this space to attach any additional incident or facility specific response plans:

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| **Section 4: Distribution List** |
| Which organizations or positions must receive a copy of this annex whenever updated or revised: |
| Organization or Position: | Contact Information: | Method: Physical or Digital |
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