



**NATIONAL WEATHER SERVICE**  
 1733 Lake Drive West  
 Chanhassen, Minnesota  
[www.weather.gov/twincities](http://www.weather.gov/twincities)  
[www.stormready.noaa.gov](http://www.stormready.noaa.gov)  
 952-361-6671, [todd.krause@noaa.gov](mailto:todd.krause@noaa.gov)

**StormReady Supporter Application**

**Form updated by NWS Chanhassen on April 7, 2014**

Name of Applying Entity: \_\_\_\_\_

Point of Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

SECTION 1 – WARNING RECEPTION			
Element	Description	Applicant	Verified
1-1	NOAA Weather Radio All Hazards in Emergency Operations Center (or Facility Warning Point), and throughout critical locations.  Number of NOAA Weather Radios: _____		
1-2	Other methods of receiving NWS Messages / Watches / Warnings (need two methods in addition to NOAA Weather Radio). Check all that apply: <input type="checkbox"/> Internet <input type="checkbox"/> Wireless <input type="checkbox"/> Phone <input type="checkbox"/> Scanner <input type="checkbox"/> TV/Cable <input type="checkbox"/> Radio <input type="checkbox"/> Other: _____		
1-3	Methods used during off-duty hours (if any):		

## SECTION 2 – COMMUNICATION and RELAY OF WARNINGS

Element	Description	Applicant	Verified
<b>2-1</b>	Emergency Operations Center (or Facility Warning Point) established.		
<b>2-2</b>	Communication methods with local Emergency Management Agency (preferably more than one). Check all that apply:  <input type="checkbox"/> Internet <input type="checkbox"/> Wireless <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Radio  <input type="checkbox"/> Other: <hr/>		
<b>2-3</b>	Access to NWS radar data in Emergency Operations Center or Facility Warning Point. Describe method(s):		
<b>2-4</b>	Internet weather sites monitored:		
<b>2-5</b>	Procedure to report severe weather to the NWS in real time. Describe method:		
<b>2-6</b>	Describe how weather information is distributed to staff and attendees. Must be able to direct people appropriately on what to do and where to go, and have this written in the Emergency Operations Plan. Need at least three. Check all that apply:  <input type="checkbox"/> Siren <input type="checkbox"/> Video Screen <input type="checkbox"/> PA System <input type="checkbox"/> Wireless <input type="checkbox"/> Fax <input type="checkbox"/> Two-way Radio <input type="checkbox"/> Phone <input type="checkbox"/> Other: <hr/> <hr/>		
<b>2-7</b>	Methods used during off-duty hours (if any):		

## SECTION 3 – HAZARDOUS WEATHER RESPONSE PLAN

Element	Description	Applicant	Verified
<b>3-1</b>	All Hazards Emergency Operations Plan (EOP) established and includes weather hazards. EOP must be current within two years.		
<b>3-2</b>	EOP or Resource Manual includes contact names and phone numbers for county or local Emergency Management and the National Weather Service.		
<b>3-3</b>	EOP or Resource Manual includes 24 hour emergency contact list.		
<b>3-4</b>	EOP includes protocol to ensure critical weather information flows expeditiously between Emergency Operations Center and those officials with a need to know.		
<b>3-5</b>	Pertinent portions of the EOP or Resource Manual are available via print, electronic copy, or posted in common area.		

<b>3-6</b>	EOP coordinated with first responders and local Emergency Management Agencies. Check all that apply:		
	<input type="checkbox"/> Fire <input type="checkbox"/> Police <input type="checkbox"/> EMS <input type="checkbox"/> Emergency Management <input type="checkbox"/> Other (specify): _____		

<b>SECTION 4 – SHELTERING LOCATION</b>			
Element	Description	Applicant	Verified
<b>4-1</b>	Sheltering location provided. Check all that apply: <input type="checkbox"/> Basement <input type="checkbox"/> Interior Hall <input type="checkbox"/> Underground Shelter <input type="checkbox"/> Rated Stairwell <input type="checkbox"/> Interior Room <input type="checkbox"/> Other (specify): _____		
<b>4-2</b>	Recommendation: All shelter areas designated and clearly marked.		

<b>SECTION 5 – PREPAREDNESS</b>			
Element	Description	Applicant	Verified
<b>5-1</b>	Skywarn storm spotter training provided to key personnel at least once every other year. This training should include, but not be limited to: hazardous weather outlooks, watches and warnings, information available on NWS websites, cloud formations prior to the onset of severe weather, and spotter safety. Situational awareness should be stressed.  Date(s) of training:		
<b>5-2</b>	Weather safety campaigns should be conducted for the staff or the public, outlining applicable weather hazards and protective actions. Host a weather safety talk annually.  Describe (attach documentation as needed):		
<b>5-3</b>	EOP has been exercised within the last two years.  Date:		
<b>5-4</b>	Severe weather drill conducted annually.  Date:		
<b>5-5</b>	Staff trained and proficient in weather procedures and EOP.  Date:		
<b>5-6</b>	Other preparedness activities (describe):		

**SECTION 6 – ADDITIONAL INFORMATION**

Element	Description	Applicant	Verified
<b>6-1</b>	Local / county Emergency Management Director has been alerted to StormReady Supporter intent. Date:		
<b>6-2</b>	Copy of this application provided to local Emergency Management Director.		
<b>6-3</b>	Representatives from the StormReady Supporter Venue have provided a tour to first responders. Date:		
<b>6-4</b>	Representatives from the StormReady Supporter Venue have toured the National Weather Service at least once every three years. Date:		
<b>6-5</b>	Representatives from the StormReady Board have toured the StormReady Supporter Venue at least once every three years. Date:		
<b>6-6</b>	List any unique characteristics or requirements (attach any additional documentation as needed).		
<b>6-7</b>	StormReady Supporter renewal is required once every five years.		

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signatures of Site Visit Team: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (NWS Approving Official)

Date: \_\_\_\_\_ (StormReady Supporter Certified)