

# Emergency Operations Plan

	<b>Authorization</b>	I-4
	James Tabor	11/11/2017
	James Tabor, Safety Officer	5/30/2018

I hereby certify that the Park Lawn Association Emergency Operations Plan is the official and authorized plan of the facility.

1. Authorized by: James Tabor  
Title: Safety Officer, SEP Program Manager  
Signature: [Signature]  
Date Authorized: 5-30-18
2. Authorized by: Bonnie M. Willett  
Title: Program Manager  
Signature: [Signature]  
Date Authorized: 5/30/2018
3. Authorized by: Frank Portada  
Title: Program Services Director  
Signature: [Signature]  
Date Authorized: 5/30/18
4. Authorized by: ANGIE SECHARST  
Title: Production Manager  
Signature: [Signature]  
Date Authorized: 5/30/2018
5. Authorized by: Matthew Polson  
Title: Residential Staff Manager  
Signature: [Signature]  
Date Authorized: 5-30-18

# Emergency Operations Plan

6. Authorized by: Veronica Doyle  
Title: Director of Nursing  
Signature: Veronica Doyle RN, DORN  
Date Authorized: 5/30/2018

7. Authorized by: Kimberly Phelps  
Title: CILA Program Coordinator  
Signature: Kimberly Phelps  
Date Authorized: 5/30/18

8. Authorized by: Amy Pitt  
Title: Interim JNA  
Signature: Amy Pitt  
Date Authorized: 5-30-18

9. Authorized by: John Petro  
Title: MAINT MANAGER  
Signature: John Petro  
Date Authorized: 5-30-2018

10. Authorized by: \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date Authorized: \_\_\_\_\_