



**NC DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
Division of Public Health

**EMERGENCY OPERATIONS PLAN for LODGING ESTABLISHMENTS**

Facility Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Main Contact Name: \_\_\_\_\_

Title/Relationship to Facility: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please answer the following. If any boxes are checked "No," please explain below:

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Water source available for bathing, hand washing, and laundry service and used in accordance with local public water authority guidance |
| <input type="checkbox"/> | <input type="checkbox"/> | The facility is free from sewage or wastewater backing up or accumulating on the property   |
| <input type="checkbox"/> | <input type="checkbox"/> | Power/electricity available   |
| <input type="checkbox"/> | <input type="checkbox"/> | Ice, if being used, is obtained from a potable water source, transported and stored to prevent contamination                            |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, availability of operable handwashing station with water source for laundry service                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | Chemicals available for cleaning rooms  |
| <input type="checkbox"/> | <input type="checkbox"/> | If applicable, single service eating and drinking utensils offered for guests   |
| <input type="checkbox"/> | <input type="checkbox"/> | Any food or ice prepared using non-potable water source will be discarded   |
| <input type="checkbox"/> | <input type="checkbox"/> | If safe, alternate water source is exhausted, facility agrees to close immediately  |
| <input type="checkbox"/> | <input type="checkbox"/> | Flushing toilets or contingency plan in place for flushing toilets  |
| <input type="checkbox"/> | <input type="checkbox"/> | Water using fixtures with non-potable water source turned off with signs posted that water fixtures cannot be used                      |

Additional information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***\*This document does not override any directives from other local, state, or federal authorities which may be more restrictive than this document, especially any directives regarding water and wastewater.***

By signing below, I attest that all of the information provided above is true and accurate. I understand that if I cannot maintain safe conditions in this facility, I will contact the local health department and cease operations immediately.

\_\_\_\_\_  
Owner/Manager Signature

\_\_\_\_\_  
Date

***Please submit this form to your local health department once completed. The facility is able to reopen after submission if the owner/manager attests that all answers above are "Yes." Any "No" responses will need to be reviewed by the local health department or Department of Health & Human Services.***