



Proposed Emergency Plan Changes Form

Date:	Name (print):
Submitted to:	Name (signature)
Submitted Via:	Attachments:

Proposal Recommends (Circle One):

New Page or Text Remove Page or Text Revised Page or Text

Document Information

Note: If new text or page is being proposed, enter proposed page number

Page Number:	Date Last Reviewed/Revised:
Page Name/ Title:	

State Proposal (include new or revised wording or indicate wording to be deleted. Note: text should be complete (ready to insert into the Plan), with new wording identified by underlining (insert wording) and deleted wording identified with a strike-through (~~deleted wording~~). Use back of sheet or separate sheet if required)

State Reason for Proposal: (outline reason for changing existing the Plan, including what problem will be resolved or issue or concern that is not covered. Be specific with your reason for the change. Use back of sheet or separate sheet if required)

Office Use Only

Date Received:	Received By (print name):
Date Reviewed by Group:	Approved (if no, outline reasons on back): Date Approved:
Entered By:	Date Entered:

September 2022

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<p>If proposed recommendation has not been approved by Emergency Response Group, reasons must be outlined below:</p>
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