

1. Join - Commit to membership in the Red Cross Ready Rating[™] program.

We want to increase our level of preparedness and have committed to membership in the Ready Rating program. We have taken these actions:	Total Points Available
<p>A. The CEO or sponsoring executive has reviewed the Ready Rating Membership Agreement and agreed to all terms and conditions therein.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (2 pts.)</p>	2
<p>B. The CEO or sponsoring executive has appointed a Ready Rating Coordinator from within our organization to serve as the primary point of contact for the Ready Rating program.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (4 pts.)</p>	4
<p>C. We are in the process of completing the Ready Rating 123 Assessment. <i>(Hint: If you are working to complete this assessment right now, check the box to receive points).</i></p> <p><input type="checkbox"/> Yes (4 pts.)</p>	4

Your Total = _____

	0	2 - 8	10		Maximum Score = 10
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Significant Opportunity to Improve

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2. Assess - Conduct a Hazard Vulnerability Assessment.

2.1 We know how vulnerable our business or organization would be if a disaster or other emergency were to occur because we have reviewed and understand how our local Hazard Vulnerability Assessment (HVA) applies to our business or organization.	Total Points Available
<p>A. We have reviewed an HVA from our local emergency management agency regarding the natural and human-caused hazards and vulnerabilities our community could face.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> We are in the process of reviewing an HVA from our local emergency management agency, OR we have made contact with our local emergency management office and have made arrangements to get a copy of our area's HVA. (2 pts.)</p> <p><input type="checkbox"/> Yes (4 pts.)</p>	4
<p>B. We have reviewed or used other resources, such as the Red Cross Hazard Assessment Guide, to help us understand our business' or organization's vulnerability to various hazards.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> We are in the process of reviewing or using other resources to help us understand our vulnerability to hazards. (2 pts.)</p> <p><input type="checkbox"/> Yes (4 pts.)</p>	4
<p>C. We have completed additional steps that have helped us understand the types of threats and vulnerabilities (both internal and external) that could impact our business or organization. Please be specific.</p> <p><i>(1 pt. per answer, up to three points)</i></p> <p><input type="checkbox"/> (Blank) (0 pts.)</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	3

Your Total = _____

0 - 2	3 - 10	11	Maximum Score = 11
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2.2 We know how well our business or organization is able to prepare for, respond to and recover from a disaster. We know what we have in place already and what we need to do to become better prepared.	Total Points Available
<p>A. We have assessed the physical capacity, supplies, equipment and human resources of our facility to resist damage given its proximity to hazards identified by the HVA (such as flood plains, seismic faults, dams, hazardous materials and nuclear power plants).</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> We are in the process of assessing the physical capacity, supplies, equipment and human resources of our facility to resist damage given its proximity to hazards identified by the HVA, OR we have not yet assessed all of the facilities for which we are responsible. (2 pts.)</p> <p><input type="checkbox"/> Yes (4 pts.)</p>	4
<p>B. We have spoken to our insurance agent and learned what coverage is available and what precautions to take for disasters that may impact our business or organization. We conduct this review and consult with our insurance agent at least once each year.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> We have spoken to our insurance agent, but not in the past year, to learn about available coverage and precautions, OR we have an appointment with our agent for a future date. (2 pts.)</p> <p><input type="checkbox"/> Yes (3 pts.)</p>	3
<p>C. We have identified and obtained agreements, as necessary, with external emergency response resources, such as local fire, police, emergency medical services, local public health, Red Cross, emergency management and local businesses that will provide assistance during a disaster or other emergency. We know who to contact in an emergency and how they can help.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> We have identified and obtained agreements with external emergency response resources but this information is not up-to-date, OR we have spoken with external agencies and have not formalized any agreements as of yet. (2 pts.)</p> <p><input type="checkbox"/> Yes (4 pts.)</p>	4

Your Total = _____

0 - 2	3 - 10	11	Maximum Score = 11
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3. Plan - Develop an emergency response plan

3.1 We have a plan in place designed to protect our business or organization and employees before, during and after an emergency or disaster. We have completed the following activities as part of our emergency response planning:	Total Points Available
A. We have an emergency planning committee of key stakeholders that is responsible for and empowered to develop and implement an emergency response plan. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (5 pts.)	5
B. Our senior management supports the planning, commits to its implementation and approves the written plans annually. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (5 pts.)	5
Your Total = _____	
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="background-color: red; color: white; padding: 5px 15px; border: 1px solid black;">0</div> <div style="background-color: yellow; color: black; padding: 5px 15px; border: 1px solid black;">5</div> <div style="background-color: green; color: white; padding: 5px 15px; border: 1px solid black;">10</div> </div>	Maximum Score = 10

3.2 We have a written plan describing how our business or organization will respond during a disaster or medical emergency. This plan includes the following components:	Total Points Available
A. Clearly designated leadership structure that details chain of command designations for emergency situations. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (2 pts.)	2
B. Creation and/or maintenance of a system for warning and alerting employees and other stakeholders about emergencies. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1

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3.2 (Continued)	Total Points Available
<p>C. System for storing employee emergency contact information and other important business files in both on- and off-site locations.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>D. Procedures for communicating with employees, families, clients, emergency response organizations, media representatives and other stakeholders prior to, during and after a disaster or medical emergency. Our procedures incorporate a means of reaching employees both at home and at work.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>E. Procedures for individuals on the premises to follow for evacuation, including pre-designated gathering points.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>F. Procedures for individuals on the premises to follow for sheltering in place during external threats, including designated areas and supplies.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>G. Procedures for individuals on the premises to follow for other area-specific hazards as identified in our Hazard Vulnerability Assessment.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>H. Procedures for responding to internal medical emergencies.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>I. Description and timeline for conducting regular drills, exercises and ongoing training.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1

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3.2 (Continued)	Total Points Available
<p>J. List of individuals with disabilities and/or medical conditions who may require additional assistance and what help they will need during different types of emergencies.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>K. List of safety equipment and emergency preparedness supplies.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>L. Long-term steps our business or organization will take to mitigate and prevent disasters by reducing or eliminating risks to life and property from a full range of hazards as identified in the Hazard Vulnerability Assessment and emergency plan procedures.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>M. The plan is reviewed and updated on an annual basis and changes, enhancements and outstanding issues are reported to senior management for approval and/or action.</p> <p><input type="checkbox"/> No, the plan has not been reviewed and updated within the past 25 or more months. <input type="checkbox"/> The plan has been reviewed and updated within the past 13 to 24 months, OR senior management has not been notified about plan updates and changes. <input type="checkbox"/> Yes, the plan has been reviewed and updated within the past 12 months.</p>	2

Your Total = _____

0 - 1	2 - 14	15	Maximum Score = 15
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3.3 We have developed a Continuity of Operations Plan (COOP) to help our business or organization continue operating as it responds to and recovers from a disaster or emergency. The plan includes the following components:	Total Points Available
<p>A. We have a Continuity of Operations Plan (COOP) Coordinator and/or committee that is responsible for and empowered to develop our COOP.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (3 pts.)</p>	3
<p>B. Procedures to activate our COOP have been established.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>C. Essential business functions and staff to carry out these functions have been identified.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>D. Procedures have been established with suppliers, vendors and other businesses or organizations critical to daily operations. Their contact information is kept with other important information in both on- and off-site locations.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>E. Financial and administrative procedures required to perform essential business functions have been established.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1
<p>F. A plan is in place for conducting business if the facility is not accessible, and back-up systems for vital business records have been created.</p> <p><input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)</p>	1

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3.3 (Continued)	Total Points Available
G. Records and documents for performing essential business functions and implementing the emergency response plans have been identified and are stored in a safe and secure place, perhaps off site, where they can be retrieved quickly. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
H. The COOP is reviewed and updated on an annual basis and changes, enhancements and outstanding issues are reported to senior management. <input type="checkbox"/> No, we have not reviewed or updated the COOP in more than 25 months. <input type="checkbox"/> We have reviewed and updated our COOP in the past 13 to 24 months, and changes, enhancements and outstanding issues have been reported to senior management. <input type="checkbox"/> Yes, our COOP was reviewed within the past 12 months.	2
Your Total = _____	
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="background-color: red; color: white; padding: 5px 15px; border: 1px solid black;">0 - 2</div> <div style="background-color: yellow; color: black; padding: 5px 15px; border: 1px solid black;">3 - 10</div> <div style="background-color: green; color: white; padding: 5px 15px; border: 1px solid black;">11</div> </div>	Maximum Score = 11

Significant Opportunity to Improve	Opportunity to Improve	Strong Preparedness Foundation
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4. Implement – Implement your emergency response plan.

<p>We have integrated emergency preparedness procedures into our corporate culture in the following ways:</p> <p>4.1 Training. We have trained employees in emergency preparedness on an annual basis, so that at a minimum, everyone knows the following:</p>	<p>Total Points Available</p>			
<p>A. Our warning and communication procedures.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Some of our employees, but not all of them, know our warning and communication procedures. (1 pt.)</p> <p><input type="checkbox"/> Yes (2 pts.)</p>	<p>2</p>			
<p>B. Their role during a disaster and where they should go if evacuating or sheltering in place and the roles and responsibilities of key personnel at our facility.</p> <p><input type="checkbox"/> No (0 pts)</p> <p><input type="checkbox"/> Some of our employees, but not all of them, know what their role is in a disaster and the roles and responsibilities of key personnel at our facility. (1 pt.)</p> <p><input type="checkbox"/> Yes (2 pts.)</p>	<p>2</p>			
<p>C. Our shelter-in-place and evacuation procedures.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Some of our employees, but not all of them, know our shelter-in-place and evacuation procedures. (1 pt.)</p> <p><input type="checkbox"/> Yes (2 pts.)</p>	<p>2</p>			
<p>Your Total = _____</p>				
<table border="1" style="margin: auto;"> <tr> <td style="background-color: red; color: white; padding: 5px;">0 - 1</td> <td style="background-color: yellow; padding: 5px;">2 - 5</td> <td style="background-color: green; color: white; padding: 5px;">6</td> </tr> </table>	0 - 1	2 - 5	6	<p>Maximum Score = 6</p>
0 - 1	2 - 5	6		

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We have integrated emergency preparedness procedures into our corporate culture in the following ways:	Total Points Available
4.2 Equipment and Supplies. Based on the list of safety equipment and emergency supplies identified in our emergency response plan, we have completed the following:	
A. Designated employees who know how and where to access safety equipment and emergency preparedness supplies when they are needed. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
B. Obtained and maintained the equipment and supplies we need, such as: <i>(To check any of the items below, the business must have the item and inspected it to make sure it is in working order.)</i> First aid kits <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Automated External Defibrillators (AEDs) <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Fire extinguishers <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Bloodborne pathogens kits <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Carbon monoxide alarms <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1

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4.2 Equipment and Supplies. (Continued)	Total Points Available
Smoke alarms <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Shelter-in-place supplies <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
Your Total = _____	
<div style="display: flex; justify-content: center; gap: 10px;"> <div style="background-color: red; color: white; padding: 5px 15px; border: 1px solid black;">0 - 1</div> <div style="background-color: yellow; color: black; padding: 5px 15px; border: 1px solid black;">2 - 7</div> <div style="background-color: green; color: white; padding: 5px 15px; border: 1px solid black;">8</div> </div>	Maximum Score = 8

4.3 Employee Preparedness. We emphasize employee preparedness at work and at home by doing activities such as:	Total Points Available
A. Identifying response teams of people trained in first aid and CPR/AED. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
B. Having at least 10 percent of our employees trained annually in basic first aid and CPR/AED skills to handle medical emergencies in the workplace. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
C. Offering first aid training to employees annually. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1

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4.3 Employee Preparedness. (Continued)	Total Points Available
D. Offering CPR/AED training to employees annually. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
E. Offering bloodborne pathogens training to employees annually. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
F. Offering classes and training seminars annually to help employees learn and develop preparedness skills. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
G. Encouraging employees to identify alternate routes for going to and from our facility. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
H. Reminding employees to always keep their emergency contact information current. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
I. Encouraging employees to create a family communication plan, including having an out-of-area contact designated where they can leave an "I'm okay" message during a disaster or an emergency situation. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
J. Providing emergency preparedness training to each new person we hire. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1

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4.3 Employee Preparedness. (Continued)	Total Points Available
K. Making sure our list of employees with first aid and CPR/AED training is kept up-to-date as employees come and go. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
L. Encouraging employees to have emergency preparedness kits on hand at work, at home and in their vehicles. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
M. Encouraging employees to learn about the emergency procedures and disaster plans in place at their children's schools, child and senior care facilities and other places where their family members stay when not with them. This includes arranging a meeting place in case it is unsafe to return home. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
N. Other activities the business or organization has offered to promote personal preparedness include: <input type="checkbox"/> (Blank) (0 pts.) <input type="checkbox"/> (1 pt. available) _____	1

Your Total = _____

0 - 3	4 - 13	14	Maximum Score = 14
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4.4 Drills and Exercises. We conduct and assess regular drills and exercises to determine the readiness of our employees and facility. After each drill or exercise has been conducted, we evaluate our level of preparedness. We do the following:	Total Points Available
<p>A. Conduct a ‘tabletop’ exercise at least once a year to assess emergency preparedness.</p> <p><input type="checkbox"/> We have never conducted a ‘tabletop’ exercise, OR we conducted at least one ‘tabletop’ exercise, but it was more than 25 months ago.</p> <p><input type="checkbox"/> We conducted a ‘tabletop’ exercise between 13 and 24 months ago.</p> <p><input type="checkbox"/> Yes, we have conducted a ‘tabletop’ exercise within the past 12 months.</p>	2
<p>B. Conduct a building evacuation drill at least once a year.</p> <p><input type="checkbox"/> We have never conducted a building evacuation drill, OR we conducted at least one building evacuation drill, but it was more than 25 months ago.</p> <p><input type="checkbox"/> We conducted a building evacuation drill between 13 and 24 months ago.</p> <p><input type="checkbox"/> Yes, we have conducted a building evacuation drill within the past 12 months.</p>	2
<p>C. Conduct a Continuity of Operations Plan (COOP) activation drill at least once a year.</p> <p><input type="checkbox"/> We have never conducted a COOP activation drill, OR we conducted at least one COOP activation drill, but it was more than 25 months ago.</p> <p><input type="checkbox"/> We conducted a COOP activation drill between 13 and 24 months ago.</p> <p><input type="checkbox"/> Yes, we have conducted a COOP activation drill within the past 12 months.</p>	2
<p>D. Conduct a shelter-in-place drill at least once a year.</p> <p><input type="checkbox"/> We have never conducted a shelter-in-place drill, OR we conducted at least one shelter-in-place drill, but it was more than 25 months ago.</p> <p><input type="checkbox"/> We conducted a shelter-in-place drill between 13 and 24 months ago.</p> <p><input type="checkbox"/> Yes, we have conducted a shelter-in-place drill within the past 12 months.</p>	2
<p>E. Conduct other drills to practice procedures specific to disasters in our area at least once a year.</p> <p><input type="checkbox"/> We have never conducted drills to practice procedures specific to disasters in our area, OR we conducted at least one disaster-specific drill, but it was more than 25 months ago.</p> <p><input type="checkbox"/> We conducted drills to practice procedures specific to disasters in our area between 13 and 24 months ago.</p> <p><input type="checkbox"/> Yes, we have conducted drills to practice procedures specific to disasters in our area within the past 12 months.</p>	2

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4.4 Drills and Exercises. (Continued)	Total Points Available
F. Conduct a medical emergency response exercise at least once a year. <input type="checkbox"/> We have never conducted a medical emergency response exercise, OR we conducted at least one medical emergency response drill, but it was more than 25 months ago. <input type="checkbox"/> We conducted a medical emergency response exercise between 13 and 24 months ago. <input type="checkbox"/> Yes, we have conducted a medical emergency response exercise within the past 12 months.	2
G. Complete after-action reports and evaluations. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> We have completed some after-action reports and evaluations. (1 pt.) <input type="checkbox"/> Yes (2 pts.)	2
H. The after-action report, along with resulting recommendations and any concerns identified about plan compliance are forwarded to the planning committee and senior management for review and appropriate corrective action. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> We sometimes forward the after action report, along with resulting recommendations and any concerns identified about plan compliance to the planning committee and senior management for review and appropriate corrective action. (1 pt.) <input type="checkbox"/> Yes (2 pts.)	2

Your Total = _____

	0 - 4	5 - 15	16		Maximum Score = 16
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5. Help Others - Help your community prepare for and respond to emergencies.

Every year we are doing our part to ensure our business or organization and the overall community is prepared for a disaster or other emergency. This past year, we completed the following:	Total Points Available
<p>A. Hosted blood drives.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1
<p>B. Led an educational campaign in the community that promotes personal and family preparedness with the message of “Get a Kit, Make a Plan and Be Informed.” Ways to promote this message include newsletter articles, e-mail blasts, our Web site and opening training and presentations that are offered to our employees to their families and other groups.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1
<p>C. Appointed employees to be trained as Preparedness Education leaders who represent the business or organization, the Red Cross or our local emergency management agency when conducting preparedness presentations in our business or organization and our community.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1
<p>D. Appointed employees to be trained as Red Cross disaster volunteers and gave work time to serve on disaster assignment(s).</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1
<p>E. Signed a facility agreement with our local Red Cross Chapter to allow our facility to be used as a Red Cross shelter location, as needed, in the event of an emergency.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1
<p>F. Contributed supplies and/or services to emergency response efforts.</p> <p><input type="checkbox"/> No (0 pts.)</p> <p><input type="checkbox"/> Yes (1 pt.)</p>	1

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5. (Continued)	Total Points Available
G. Invested in Red Cross services and programs. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
H. Provided community scholarships for health and safety training courses and products, such as those offered by the Red Cross. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
I. Adopted a local school or school district and supported their disaster and emergency preparedness programs. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
J. Re-directed pre-paid advertising space for emergency messaging during a disaster. <input type="checkbox"/> No (0 pts.) <input type="checkbox"/> Yes (1 pt.)	1
K. Other activities we completed to help our community prepare include: <input type="checkbox"/> (Blank) (0 pts.) <input type="checkbox"/> (1 pt. available) _____	1

Your Total = _____

	0	1 - 6	7 - 11	Maximum Score = 11
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Score Card Summary

Section 1 Commit	Section 2 Assess	Section 3 Plan	Section 4 Implement	Section 5 Help Others
1. ___ of 10	2.1. ___ of 11 2.2. ___ of 11	3.1. ___ of 10 3.2. ___ of 15 3.3. ___ of 11	4.1. ___ of 6 4.2. ___ of 8 4.3. ___ of 14 4.4. ___ of 16	5. ___ of 11
Section Total = ___ of 10	Section Total = ___ of 22	Section Total = ___ of 36	Section Total = ___ of 44	Section Total = ___ of 11

Total Score = ___ of 123

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