

# APPENDIX III

## Application Form

Pilot Project UNESCO IOC Intergovernmental Coordination Group for Tsunamis and Other Coastal Hazards for the Caribbean and Adjacent Regions		Application Form
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### Community Contact Information

County/Parish/City/Town	Old Harbour Bay, St. Catherine	Country	JAMAICA	Population Total/Evacuation Zone	5,543
<b>Primary Point of Contact</b>			<b>Secondary Point of Contact</b>		
Name	Andre Griffiths	Name	Yasheka Jathan- Thompson		
Office	St. Catherine Municipal Corporation	Office	St. Catherine Municipal Corporation		
Title	Chief Executive Officer	Title	Parish Coordinator, Disaster Preparedness		
Mailing Address	P.O Box 52, Emancipation Square, Spanish Town, St. Catherine	Mailing Address	P.O Box 52, Emancipation Square, Spanish Town, St. Catherine		
City	St. Catherine	City	St. Catherine		
State, ZIP		State, ZIP			
Phone	Switchboard: (876) 984-3111-2 Mobile: (876) 420-9392	Phone	Switchboard: (876) 984-3111-2 Mobile: (876) 561-9198		
email	stcmc.ceo@gmail.com	email	yasheka_moya16@yahoo.com stcmc.disaster@gmail.com		

### Mitigation Guidelines (MIT)

MIT 1	<input checked="" type="checkbox"/> Designate and map tsunami hazard zones.	<input checked="" type="checkbox"/> Verified
MIT 2	<input checked="" type="checkbox"/> Public display of tsunami information and response that identifies: tsunami danger area and/or hazard zone, evacuation routes, and assembly area; and provides tsunami response education (go to high ground).	<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/> Tsunami hazard zone signs	<input checked="" type="checkbox"/> Entering/leaving tsunami hazard zone signs	<input checked="" type="checkbox"/> Evacuation routes signs
<input checked="" type="checkbox"/> Assembly areas signs	<input checked="" type="checkbox"/> Tsunami response education signs	

Verification Team/Renewal Notes

The mapping of hazard zones and the display of public tsunami information and response meet the required standard

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### Preparation Guidelines (PREP)

<b>PREP 1</b>	Produce easily understood tsunami evacuation maps as determined to be appropriate by local authorities.		<input checked="" type="checkbox"/> Verified
	<input type="checkbox"/> Print	<input checked="" type="checkbox"/> Digital media	<input type="checkbox"/> Other
<b>PREP 2</b>	Develop and distribute outreach and public education materials. Distribution should use <b>three or more wide-reaching diverse methods</b> .		<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/>	Brochures/flyers distributed at public venues	<input checked="" type="checkbox"/> Websites/Social media	
	Local faith-based and civic organization bulletins/mailings	<input checked="" type="checkbox"/> Billboard, roadside, highway, or educational signs	
<input type="checkbox"/>	Local radio and television	<input type="checkbox"/> Public utility/service industry bill safety notices	
<input checked="" type="checkbox"/>	Bulk email	<input checked="" type="checkbox"/> Historical markers and interpretive signs	
<input type="checkbox"/>	Newspaper Inserts	<input type="checkbox"/> Other _____	
<b>PREP 3</b>	<b>Annually</b> hold at least three tsunami outreach or education activities.		<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/>	Leverage of national, state, or regional campaigns through use of social media		
<input type="checkbox"/>	Multi-hazard events or presentations		
<input type="checkbox"/>	Booth at community events and/or county fairs		
<input checked="" type="checkbox"/>	Community tsunami safety workshops, town hall, or similar public/private meetings		
<input type="checkbox"/>	Media workshops		
<input checked="" type="checkbox"/>	Door to door safety campaigns targeted to people leaving or working in the tsunami hazard zone		
<input type="checkbox"/>	Other		
<b>PREP 4</b>	Conduct an annual tsunami community exercise.		<input checked="" type="checkbox"/> Verified
<input type="checkbox"/>	Tabletop exercise	<input type="checkbox"/> <input checked="" type="checkbox"/> Functional exercise	<input type="checkbox"/> Full-scale exercise

**Verification Team/Renewal Notes**

The evacuation map was developed in conjunction with the local community and has been placed on the ODPEM and the St. Catherine Municipal Corporation websites. Noted that posters displaying the map will also be distributed in Old Harbour Bay and environs.

The development and distribution of public education materials and convening of outreach activities meet the required criteria.

The drill was satisfactorily executed as a functional exercise and organisers must be commended for this achievement in light of the constraints of the COVID-19 pandemic.

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**LOGO****Application Form****Response Guidelines**

<b>RESP 1</b>	Address tsunami hazards in the community's emergency operations plan (EOP).	<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/> Identify tsunami as a hazard and provides risk assessment		
<input type="checkbox"/> Present tsunami-hazard profile, including source locations, extend of inundation, run-up, previous or future tsunamis		
<input checked="" type="checkbox"/> Describe community vulnerability		
<input checked="" type="checkbox"/> Details 24-hour warning point procedures		
<input checked="" type="checkbox"/> Specify emergency operations center (EOC) activation criteria		
<input checked="" type="checkbox"/> Specify tsunami criteria and procedures for the activation of the public warning system		
<input checked="" type="checkbox"/> Provide contact information for all jurisdictional agencies and response partners		
<input checked="" type="checkbox"/> Include evacuation plans for tsunamis, roles of community entities/agencies, maps and protocols		
<input checked="" type="checkbox"/> Include procedures for updating information and determine when evacuated zones are safe		
<input checked="" type="checkbox"/> Include procedures for providing security for the evacuated zone(s)		
<input checked="" type="checkbox"/> Include procedures for reporting tsunami impacts in the community		
<input checked="" type="checkbox"/> Include schools and critical facilities in the emergency operations plan		
<b>RESP 2</b>	Commit to supporting the emergency operations center (EOC) during tsunami incidents if an EOC is opened and activated.	<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/> Has 24-hour operations or plan to activate an EOC for tsunami incidents		
<input checked="" type="checkbox"/> Has warning reception and dissemination capability		
<input checked="" type="checkbox"/> Has ability and authority to activate the public warning system in its area of responsibility		
<input checked="" type="checkbox"/> Maintains the ability to communicate within and across jurisdictions		

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<b>RESP 3</b>	Have redundant and reliable means for a 24-hour warning point (and EOC if activated) <u>to receive</u> official tsunami threats: <b>at least three.</b>	<input checked="" type="checkbox"/> Verified
<input checked="" type="checkbox"/> Public Alert Radio Systems (RDS, NWR, etc)	<input type="checkbox"/> Local radio: Emergency Alert System, LP1/LP2	
<input type="checkbox"/> National/Territorial warning call out tree system	<input checked="" type="checkbox"/> Active Internet monitoring capability	
<input checked="" type="checkbox"/> Instant messaging programs available via Internet	<input checked="" type="checkbox"/> Direct email from CARIBE EWS Tsunami Service Provider o NTWC or TWFP	
<input type="checkbox"/> EMWIN receiver	<input type="checkbox"/> Direct fax from CARIBE EWS Tsunami Service Provider o NTWC or TWFP	
<input type="checkbox"/> CISON display program	<input type="checkbox"/> Text message or direct pager from CARIBE EWS Tsunami Service Provider o NTWC or TWFP	
<input checked="" type="checkbox"/> Amateur radio transceiver	<input checked="" type="checkbox"/> Coast Guard (CG) broadcasts	
<input checked="" type="checkbox"/> Third-party alert provider	<input type="checkbox"/> Other _____	
<b>RESP 4</b>	Have redundant and reliable means for 24-hour warning point and/or EOC <u>to disseminate</u> official tsunami alerts to the public: <b>at least three.</b>	<input checked="" type="checkbox"/> Verified
<input type="checkbox"/> EAS message initiation and broadcast	<input checked="" type="checkbox"/> Amateur radio operator network (ham radio)	
<input type="checkbox"/> Cable TV audio/video overrides	<input type="checkbox"/> Telephone mass notification system	
<input type="checkbox"/> Local flood warning system	<input checked="" type="checkbox"/> Call out tree	
<input type="checkbox"/> Plan for siren/megaphones on emergency vehicles	<input type="checkbox"/> Coordinated jurisdiction-wide radio network	
<input checked="" type="checkbox"/> Outdoor warning siren(s)	<input type="checkbox"/> Countywide communications network	
<input type="checkbox"/> Local alert broadcast system	<input checked="" type="checkbox"/> Social media (Twitter, Facebook)	
<input type="checkbox"/> Local pager/texting system	<input type="checkbox"/> Lifeguards on beaches and on patrol	
<input type="checkbox"/> Other		





Verification Team/Renewal  
Notes

The Tsunami Emergency Response Plan for Old Harbour Bay is aligned with the national warning and communication protocol for Jamaica, and meets the required standard for this indicator. The mechanisms for running the EOC as well as receiving and disseminating tsunami warning information are adequate.

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Signature of Applying Official			
Office Name	St. Catherine Municipal Corporation		
Application Submitted by (name of applicant)	Andre Griffiths	Title	Chief Executive Officer
Signature		Date	September 28, 2021
Authority Receiving Application (print name)	Office of Disaster Preparedness and Emergency Management RICHARD THOMPSON	Date Received	28-9-21

Site Verification Team Signatures			
Print Name	Alison Brome		
Office	UNESCO/IOC Caribbean Tsunami Information Centre (CTIC)	Title	Programme Office for Tsunamis and Other Coastal Hazards
Signature		Date	13 January 2022
Print Name			
Office		Title	
Signature		Date	
Print Name			
Office		Title	
Signature		Date	
Print Name			
Office		Title	
Signature		Date	

Signature in Renewal Year
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Office			
Application Submitted by (name of applicant)		Title	
Signature		Date	
Authority Receiving Application (print name)		Date Received	