



Community Information				
County/City/Town	Southborough, Massachusetts		Population	10,000 +
Primary Point of Contact		Secondary Point of Contact		
Name	Neal P. Aspesi	Name	John D. Mauro, Jr.	
Office	Emergency Management	Office	Fire Department	
Title	Director of Operations	Title	Fire Chief/Emergency Management Director	
Mailing Address	21 Main Street	Mailing Address	21 Main Street	
City	Southborough	City	Southborough	
State, ZIP	MA, 01772	State, ZIP	MA, 01772	
Phone	508-485-3235/508-922-6641	Phone	508-485-3235	
e-mail	naspesi@southboroughma.com	e-mail	firechief@southboroughma.com	
Guideline 1: Communications				
Location of 24-Hour Warning Point		Location of Emergency Operations Center		
9-1-1 Communications Center Southborough Police Department 19 Main Street Southborough, MA 01772		Southborough Fire Headquarters Memorial Hall 21 Main Street Southborough, MA 01772		
<u>Verification Team General Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				

Public reporting burden for this collection of information is estimated to average two hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other suggestions for reducing this burden to Donna Franklin, National Weather Service, 1325 East West Highway, Room 14456, Silver Spring, MD, 20910.



Statement on confidentiality. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

Guideline 2: NWS Information Reception Equipment							
Warning Point	# Required 4	# Verif _____	Verif	EOC	# Required 4	# Verif _____	Verif
<input checked="" type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>	<input checked="" type="checkbox"/> NOAA Weather Radio (required if in range)			<input type="checkbox"/>
<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (subscription)			<input type="checkbox"/>
<input type="checkbox"/> EMWIN			<input type="checkbox"/>	<input type="checkbox"/> EMWIN			<input type="checkbox"/>
<input checked="" type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)			<input type="checkbox"/>
<input type="checkbox"/> Amateur Radio			<input type="checkbox"/>	<input checked="" type="checkbox"/> Amateur Radio			<input type="checkbox"/>
<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>	<input type="checkbox"/> Pagers* (warning reception)			<input type="checkbox"/>
<input checked="" type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>	<input checked="" type="checkbox"/> Television (Local network or Cable TV)			<input type="checkbox"/>
<input checked="" type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>	<input checked="" type="checkbox"/> Radio Station (AM/FM) - EAS Reception			<input type="checkbox"/>
<input type="checkbox"/> NAWAS			<input type="checkbox"/>	<input type="checkbox"/> NAWAS			<input type="checkbox"/>
<input checked="" type="checkbox"/> Internet – EmergencyE.com --			<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet --EmergnecyE.com --			<input type="checkbox"/>
<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service _____			<input type="checkbox"/>
<input checked="" type="checkbox"/> Other* -- HHAN System (see below) --			<input type="checkbox"/>	<input checked="" type="checkbox"/> Other* -- HHAN System (see below) --			<input type="checkbox"/>
<input checked="" type="checkbox"/> Other* -- SKYWARN System --			<input type="checkbox"/>	<input checked="" type="checkbox"/> Other* -- SKYWARN System --			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>							
<u>*Capabilities needing explanation:</u>							
MASSACHUSETTS HEALTH AND HOMELAND ALERT NETWORK (HHAN)							
RADIO STATIONS TO USE: WORCESTER COUNTY: WSRS (96.1 FM), STATE: WBMX (98.5 FM) & NATIONAL/PRESIDENTIAL: WBZ (1030 AM).							
<u>Verification Team Notes:</u>							
<u>Renewal Comments:</u>							



	<u>Date:</u>	<u>Initials:</u>
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Note: Please do not write in shaded areas.

Guideline 3: Local Weather & Water Monitoring Equipment

Warning Point	# Required <u>2</u>	# Verif _____	Verif	EOC	# Required <u>2</u>	# Verif _____	Verif
<input checked="" type="checkbox"/> Anemometer (Wind gauge)*			<input type="checkbox"/>	<input checked="" type="checkbox"/> Anemometer (Wind gauge)*			<input type="checkbox"/>
<input checked="" type="checkbox"/> Rain Gauge			<input type="checkbox"/>	<input checked="" type="checkbox"/> Rain Gauge			<input type="checkbox"/>
<input type="checkbox"/> River Gauge			<input type="checkbox"/>	<input type="checkbox"/> River Gauge			<input type="checkbox"/>
<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar			<input type="checkbox"/>
<input checked="" type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet Radar Source _____			<input type="checkbox"/>
<input checked="" type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>	<input checked="" type="checkbox"/> Internet Weather Station _____			<input type="checkbox"/>
<input checked="" type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>	<input checked="" type="checkbox"/> TV Radar Source _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input checked="" type="checkbox"/> Other* Handheld Lightning Detector***			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>	<input type="checkbox"/> Other* _____			<input type="checkbox"/>

List any additional capabilities on a separate sheet

*Capabilities needing explanation:

- Weather Stations installed at Primary Warning Point, EOC and Mobile Command/Communication Trailer Unit
- ***Currently working on obtaining funding to purchase handheld lightning detectors for use by Emergency Management and Recreation Department. Have taken steps to urge two local golf courses to purchase similar units.

Verification Team Notes:

	<u>Date:</u>	<u>Initials:</u>
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Renewal Comments:

	<u>Date:</u>	<u>Initials:</u>
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Note: Please do not write in shaded areas.



Guideline 4: Local Warning Dissemination			
Warning Point	# Required <u>2</u>	# Verif _____	Verified
<input checked="" type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input checked="" type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input checked="" type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input checked="" type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input checked="" type="checkbox"/> Other* -- Reverse 9-1-1 System --			<input type="checkbox"/>
<input type="checkbox"/> Other* -- Connect Ed Telephone System --			<input type="checkbox"/>
			<input checked="" type="checkbox"/>
<p>-Cable Override ability to post scrolling and/or static messages (w/ alert notification audio – horns) and Broadcast live audio and video form EOC and JIC. Can broadcast from Town Hall Briefing Room also. Cable System can be remotely accessed and overrides implemented anywhere there is an internet connection.</p> <p>- When all technology based plans fail (when deemed necessary) notification will be done emergency vehicle siren systems</p> <p>- The Superintendent’s Office of the Northborough/Southborough School Regional District has agreed to disseminate information via the Connect Ed Telephone System. This will notify all parents of students within Southborough.</p> <p>- County based Reverse 9-1-1 System operated by Worcester County Sheriff’s Department</p>			
<p>Use non-essential Town and CERT/MRC member vehicles to accomplish “emergency vehicle notification plan” (i.e. street announcements)</p>			
<p>Renewal Comments:</p>			
			Date:
			Initials:
<p>Note: Please do not write in shaded areas.</p>			



Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point	19 Main Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EOC - Primary	21 Main Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
City Hall	17 Common Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
School Superintendent	53 Parkerville Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
EOC – Alt	60 Richards Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Finn School	60 Richards Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Neary School	53 Parkerville Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Woodward School	28 Cordaville Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Trottier School	49 Parkerville Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Senior Center	9 Cordaville Road	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Library	25 Main Street	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				



Guideline 5: Community Preparedness

Annual Safety Talks # Required 2 # Verif _____

Date	Topic	Location	Speaker
1 9-11-2007	New England Weather Awareness	Southborough EOC - Southboro Emerg. Mgt. Team Meeting	Neal Aspesi
2 February 2008	Recreation Town Field Classes	Southborough Fire Department	N.Aspesi/J.Mauro
3 March 2008	Recreation Town Field Classes	Finn, Neary and Trottier Schools	N.Aspesi/J.Mauro
4			
5			

List any additional safety talks on a separate sheet

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No X _____

If yes, provide details:

Other Community Preparedness Activities

Date	Activity	Location	Organizer
1 Bi-Monthly	LEPC/Emerg. Management Meetings	Southborough EOC	Neal Aspesi
2 2006 – Pres.	Emerg, Mgt. Website – Regular Updates	Southborough EOC	N.Aspesi/J.Mauro
3 Fall 2007	Public awareness display/discussion – Heritage Day Fair	Southborough Fire Station	N.Aspesi/J.Arnold
4 May/June 2008	Table Top Exercise x2	Southborough EOC & Southborough Senior Center	DPH & Quabbin HCC
5 2006 – Pres.	Bi-Monthly Preparedness Article	Southborough Senior Sensation Newsletter	Neal Aspesi

List any additional activities on a separate sheet

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.



Guideline 6: Administrative Tools/Record keeping		Verif	Renewal Year
Formal Hazardous Weather Operations Plan <ul style="list-style-type: none"> ➤ Procedure for reporting storm damage to the local National Weather Service Office in real-time ➤ EOC Activation Procedures ➤ Spotter Activation Criteria ➤ Local Warning System(s) Activation Criteria 		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Warning Point personnel has authority to activate Warning System (written)		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Spotter Roster and Training Record		<input type="checkbox"/>	<input type="checkbox"/>
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	<input type="checkbox"/>
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (<i>For populations >40,000</i>)		<input type="checkbox"/> Annual	
Exercises	<u>Topic(s):</u> Table Top Exercises conducted in May and June 2008 by Dept. of Public Health and Quabbin Healthcare Consulting Inc.	<u>Date:</u> 5-29-08 6-24-2008	<input type="checkbox"/> <u>Date:</u> <u>Date:</u>
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
<u>Verification Team Notes:</u>			
Robert Legassee – Is an official SkyWarn Member and Certified HAM Radio Operator with access to HAM radio equipment			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
Signature of Applying Official			
<u>Application Submitted by:</u> (print name):			
<u>Office:</u>		<u>Title:</u>	
<u>Signature:</u>		<u>Date:</u>	
<u>NWS Personnel Receiving Application</u> (print name):			
<u>Date Received:</u>			
<i>Note: Please do not write in shaded areas.</i>			



Site Verification Team Signatures

<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>

Signature in Renewal Year

<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	