

**CONSUMER-FRIENDLY SUMMARY  
OF THE EMERGENCY ENVIRONMENTAL CONTROL PLAN**

**Facility Information**

Facility Name: Belvedere Commons of Tampa

Facility Type:  Nursing Home       Assisted Living Facility      License # 8803

Street Address: 1513 West Fletcher Ave

City: Tampa      County: Hillsborough      Zip: 33612

Administrator Name: Tracy Earle

Contact Number(s): 813-265-0844

This Facility Is:     Located on a campus with other facilities under common ownership  
 Located in a multistory building  
 A stand-alone single story building

**Alternate Power Source**

Onsite Alternate Power Source:

Portable generator       Fixed generator       Other: \_\_\_\_\_

Make:      Make: Kohler      Make:

Model:      Model: 50ROZj81      Model:

Size:      Size: 50kw      Size:

The alternate power source is capable of powering the following equipment:

Entire Facility       Lights       Refrigeration       Life Safety Systems  
 Air Conditioning       Heating Systems       Other: Limited areas

Implementation of the alternate power source will be complete on Currently  
(Date)

**Cooling Method**

The following kind(s) of equipment will be used to cool the facility:

Air Conditioner(s)       Spot Cooler(s)       Chiller       Fan(s)  
 Other: \_\_\_\_\_

**Temperature Controlled Area(s)**

The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:

Within the licensed facility       In another location on the campus

The following area(s) will be cooled.

Entire Facility       Living Room       Dining Room       Resident Room(s)  
 Common Area(s)       Hallways       Other Area(s): \_\_\_\_\_

The net square footage of the area to be cooled is \_\_\_\_\_ square feet.

How many people are planned to use this area? all residents and staff

Will there be beds available in the cooled area? Yes       No

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OF THE EMERGENCY ENVIRONMENTAL CONTROL PLAN**

<b>Facility Information</b>		
Facility Name: Belvedere Commons of Tampa		
Facility Type: <input type="checkbox"/> Nursing Home	<input checked="" type="checkbox"/> Assisted Living Facility	License # 8803
Street Address: 1513 West Fletcher Ave		
City: Tampa	County: Hillsborough	Zip: 33612
Administrator Name: Tracy Earle		
Contact Number(s): 813-265-0844		
This Facility Is: <input type="checkbox"/> Located on a campus with other facilities under common ownership		
<input type="checkbox"/> Located in a multistory building		
<input checked="" type="checkbox"/> A stand-alone single story building		

<b>Alternate Power Source</b>		
Onsite Alternate Power Source:		
<input type="checkbox"/> Portable generator	<input checked="" type="checkbox"/> Fixed generator	<input type="checkbox"/> Other: _____
Make:	Make: Generx	Make:
Model:	Model: SD150	Model:
Size:	Size: 150kw	Size:
The alternate power source is capable of powering the following equipment:		
<input checked="" type="checkbox"/> Entire Facility	<input type="checkbox"/> Lights	<input type="checkbox"/> Refrigeration
<input type="checkbox"/> Air Conditioning	<input type="checkbox"/> Heating Systems	<input type="checkbox"/> Life Safety Systems
<input type="checkbox"/> Other: _____		
Implementation of the alternate power source will be complete on <u>or before August 31, 2018</u>		
(Date)		

<b>Cooling Method</b>			
The following kind(s) of equipment will be used to cool the facility:			
<input checked="" type="checkbox"/> Air Conditioner(s)	<input type="checkbox"/> Spot Cooler(s)	<input type="checkbox"/> Chiller	<input type="checkbox"/> Fan(s)
<input type="checkbox"/> Other: _____			

<b>Temperature Controlled Area(s)</b>			
The area(s) the facility plans to keep at 81 degrees or below using the emergency power source is:			
<input checked="" type="checkbox"/> Within the licensed facility	<input type="checkbox"/> In another location on the campus		
The following area(s) will be cooled.			
<input checked="" type="checkbox"/> Entire Facility	<input type="checkbox"/> Living Room	<input type="checkbox"/> Dining Room	<input type="checkbox"/> Resident Room(s)
<input type="checkbox"/> Common Area(s)	<input type="checkbox"/> Hallways	<input type="checkbox"/> Other Area(s): _____	
The net square footage of the area to be cooled is <u>All</u> square feet.			
How many people are planned to use this area? <u>all residents and staff</u>			
Will there be beds available in the cooled area? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			