



S.C. Department of Health and Environmental Control

**EMERGENCY EVACUATION PLAN STATEMENT  
Bureau of Health Facilities Licensing**

The Emergency Evacuation Plan Statement (EEPS) is an optional method facilities can use to assure the Department of Health & Environmental Control (DHEC) that the Emergency Evacuation Plan (EEP) we have on file for your facility is current.

The statement must be submitted with the licensing renewal packet and received in our office within thirty (30) days of the expiration date of the license in order for your license to be renewed in a timely manner.

**PLEASE NOTE:** If any information in your Emergency Evacuation Plan on file with Department has changed e.g., sheltering plan, sleeping plan, feeding plan, medication plan, transportation plan, staffing plan, number of beds, licensee, facility name, or physical address change, a new plan reflecting those changes must be submitted to our office no later than sixty (60) days prior to the expiration date of your license. However, if only minor changes to the EEP have occurred, you can attach those documents to this EEP Statement in lieu of sending the entire plan.

Facility Name: \_\_\_\_\_  
Facility Address: \_\_\_\_\_  
License Number: \_\_\_\_\_

I, \_\_\_\_\_ (Print Name) acknowledge, that the Emergency Evacuation Plan (EEP) for the above named facility that is on file with the South Carolina Department of Health and Environmental Control (DHEC) is still current and, that all contracts and/or agreements for sheltering, sleeping, feeding, medication, transportation, and staffing contained within the plan have been reviewed, renewed and are still in effect. If only minor changes to the EEP have occurred, I have attached those documents to this statement for placement with our EEP on file with your office. I further attest, if required by regulation, that our EEP has had an annual rehearsal and have documented the rehearsal to include the time, date, summary of actions and recommendations as well as the name of the participants and, that a copy of this document is on file and available to your Department upon request. I further attest that I have the authority, or have been granted the authority by the licensee, to sign this document and bind the facility to the Emergency Evacuation Plan requirements and the plan currently on file with the Bureau of Health Facilities Licensing.

\_\_\_\_\_  
(Signature)\* (Title)

\* An acceptable signature would be that of the administrator of the facility, the owner (if licensee is a sole proprietor), at least one officer of a corporation, an officer/partner/interest owner in a limited liability company, at least one partner in a partnership, or the head of a governmental department (or his designated signature authority) having jurisdiction over a facility.

Subscribed and sworn to before me this \_\_ \_\_ day of \_\_\_\_\_  
(Month) (Year)

NOTARY SEAL  
(If out of State)

NOTARY PUBLIC \_\_\_\_\_

My commission expires on \_\_\_\_\_

**Please mail this statement to the South Carolina Department of Health and Environmental Control, Bureau of Health Facilities Licensing, 2600 Bull Street, Columbia, South Carolina, 29201. Should you have any questions or concerns, please contact our office at (803) 545-4370.**

INSTRUCTIONS  
EMERGENCY EVACUATION PLAN STATEMENT  
BUREAU OF HEALTH FACILITIES LICENSING

**PURPOSE:** To offer inpatient facilities an optional method to assure the Department of Health & Environmental Control (DHEC) that the Emergency Evacuation Plan (EEP) our office has on file is current. The form is designed to eliminate facilities having to submit a plan and from Division staff having to review a plan that has not changed since the last submission.

**EXPLANATION:** The Emergency Evacuation Plan Statement (EEPS) is an optional method facilities can use to assure the Department of Health & Environmental Control (DHEC) that the Emergency Evacuation Plan (EEP) we have on file for your facility is current. (For further explanation, see paragraphs 1, 2, & 3 on page one.)

Item by Item Instructions:

- 1) Read paragraphs 1, 2, and 3 to see if facility qualifies to use this form.
- 2) Facility Name: Enter the name of the facility as it appears on the face of the license issued by the Bureau of Health Facilities Licensing.
- 3) Facility Address: Enter the complete facility address for where the facility is physically located.
- 4) License Number: Enter the license number as it appears on the face of the license issued by the Bureau of Health Facilities Licensing. (License number is located in the bottom left area of the license.)
- 5) Print the name of the person that will be signing the document. (See step 6 below for the appropriate names that should appear on this line.
- 6) Verifying Signature: Ultimately, the licensee to whom the license has been issued is responsible for ensuring the person signing this certificate is authorized to do so. An acceptable verification signature would be one that is the administrator of the facility, the owner, (if licensee is a sole proprietor), at least one officer of a corporation, an officer/partner/interest owner in a limited liability company, at least one partner in a partnership, or the head of a governmental department (or his designated signature authority) having jurisdiction over a facility.
- 7) **If** the license application is being notarized outside of the State of South Carolina, the notary seal of that state in which it is notarized must be affixed to the application. Otherwise, if a notary registered with the State of South Carolina notarizes the application, the notary seal does not have to be affixed to the application.