

# ***Emergency Preparedness Rules will require updated Organizational Chart! Have you updated yours?***

Compliance Review Services, Inc. has prepared the 5/1/08 updated policy and procedure package per the State regulations relating to Emergency Preparedness. We have already provided this to our clients electronically **FREE OF CHARGE** with their registered email address on our distribution list on 4-28-08. If you have a colleague who wishes to purchase this information they can download it from our website.

**Cost to New Clients or Non-Clients:** 5/1/08 policy and procedure update package = \$125.00

**Note:** Your agency should have already purchased the 2002, 2004, 6/1/06 and other updates in order for the 12/1/06 package to collate with previous rule changes.

**P & P 5/1/08 Package Description:** This package contains the policies and procedures that changed out of our start up data base, and includes revisions, new, revised, or reformatted policies. \*If you have not previously purchased our policy and procedure manual, or your manual is older than 2004, you may find that you need a new policy and procedure manual.

## **HOW DO I PURCHASE THE NEWLY UPDATED EMERGENCY PREPAREDNESS POLICIES?**

To receive the update all you have to do is log onto [www.compliancereviewservices.com](http://www.compliancereviewservices.com) and click on "Forms for sale". You can purchase and download the > 35 page update at your own computer! This update is copyrighted and all federal regulations regarding US Copyright will be enforced.

### **ORGANIZATIONAL CHART UPDATE ORDER FORM**

If you would like your organizational chart updated to incorporate the 2 new positions required by the Emergency Preparedness rules, please complete information below and fax to 832-237-2505 along with a copy of your most RECENT organizational chart. We need you to show us where to insert the disaster coordinator and Alternate position based upon who you want them to report to. We recommend they report to the Administrator of the agency. **COST: \$50.00**

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Method of Payment:  Check enclosed  Visa  Mastercard  American Express  Cash

Credit Card # \_\_\_\_\_ VIN # \_\_\_\_\_ Expiration \_\_\_\_\_  
Month/Year

Authorizing Signature: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

#### ***For internal office use only:***

Order processed by: \_\_\_\_\_ GM review & approval \_\_\_\_\_

Date sent to client by US Mail: \_\_\_\_\_ Initials of sender: \_\_\_\_\_