

ADDENDUM D: APPROVAL BY LONG TERM CARE FACILITIES OF
‘WAYNE COUNTY HOSPITALS AND HEALTH CARE ORGANIZATIONS
MUTUAL AID AGREEMENT’

I certify that _____

Facility Name

has read and approved the Wayne County Emergency Operation Plan, “Hospital and Health Care Organization Mutual Aid and Assistance Agreement” and has incorporated this agreement into the facility’s internal plans and procedures.

Print or type name & title of facility representative

Date

Signature of facility representative

Mark Hammond
Wayne County Emergency Management Coordinator

Date