# INTERLOCAL AGREEMENT FOR EMERGENCY FUELING

Between

## Kitsap Transit and Kitsap County

Concerning

## Use of Kitsap Transit Fuel Trucks to Provide Fuel to Critical Facilities

## **During a County-wide Declared Emergency**

- 1. <u>PURPOSE</u>: During emergencies particularly those resulting in prolonged electrical outages in Kitsap County, the Kitsap County Department of Emergency Management (DEM) in cooperation with Kitsap Transit, will identify Critical Facilities as defined in Exhibit A for the purpose of providing fuel necessary to maintain essential alternate power to Registered Agencies that operate such Critical Facilities. For purposes of this Agreement, a Registered Agency is an Agency that provides essential services to protect, maintain and support the health, safety and welfare of persons and property in Kitsap County and Agency that registers with DEM pursuant to Paragraph 3 below.
- 2. <u>AIM</u>: To provide refueling of Critical Facilities as outlined in Exhibit A operated by Registered Agencies through the use of Kitsap Transit fuel trucks.
- 3. <u>RELATIONSHIP</u>: During county-wide emergencies that involve prolonged power outages of Critical Facilities, it may be necessary to keep Critical Facility generators operating using a dedicated fuel source. Kitsap County DEM will (i) manage a program to identify and register Agencies that operate and maintain Critical Facilities in Kitsap County; and (ii) work with Kitsap Transit to manage refueling of Critical Facility generators operated by Registered Agencies.
- 4. <u>AGREEMENT</u>: Kitsap County and Kitsap Transit both desire to provide emergency refueling services to Critical Facilities operated by Registered Agencies that provide essential services in Kitsap County. It is therefore mutually agreed as follows:
  - a. Kitsap County DEM will activate the Emergency Operations Center for emergencies and during a declared emergency (i) coordinate refueling services for Critical Facilities operated by Registered Agencies; and (ii) manage and coordinate services provided by fuel purveyors.

- b. Kitsap County DEM will ensure all Registered Agencies have agreed to the Program requirements, the method of purchasing diesel fuel from Kitsap Transit and the payment thereof.
- c. As and when available, Kitsap Transit will provide one or more fuel trucks to support the refueling of Critical Facility generators operated by Registered Agencies during prolonged electrical outages.
- d. Kitsap Transit will provide diesel fuel when available with a maximum amount available based on truck size and availability of fuel.
- e. Kitsap Transit will (i) require signature and delivery of a promissory note or purchase order in a form acceptable to Kitsap Transit from each requesting Registered Agency and (ii) follow up with an invoice requiring payment within thirty (30) days of the billing date. The rate charged for the fuel will be the most recent per-gallon rate Kitsap Transit paid for the fuel, plus all applicable taxes, and costs associated with Kitsap Transit's delivery and fueling operations.
- f. Kitsap Transit agrees to take all necessary safety precautions during the transport and delivery of fuels and work with the Kitsap County Emergency Operations Center in defining safe and appropriate routes and schedules of fuel deliveries.
- g. Kitsap County agrees to reimburse Kitsap Transit for any costs associated with refueling operations in the event an Agency fails to timely pay for fuel received.
- h. To the extent not otherwise addressed in Chapter 38.52 RCW, Kitsap County and Kitsap Transit each agree to defend, protect, hold harmless and indemnify each other from and against all claims, suits, and/or actions arising from any negligent or intentional act or omission of that party's employees, agents, and/or authorized subcontractors while performing under this Agreement. The parties have specifically negotiated to provide that each party defend, hold harmless, and indemnify the other parties for all claims, damages, and losses, including attorneys fees, arising from any claim of an individual party's employees for injuries covered by Title 51 RCW, and for which that party would could not be held directly liable.
- 5. DURATION OF AGREEMENT TERMINATION: This agreement shall remain in force until cancelled by either party in writing and shall be reviewed annually.
- 6. SCOPE OF USE: The refueling service shall be used for the purposes enumerated under Section 3 and 4 of this agreement.

- 7. EFFECTIVE DATE: This Agreement shall be effective and operative upon the recording hereof or upon each party's compliance with the alternative listing/posting requirements of RCW 39.34.040.
- 8. RECORDING: Following execution of this Agreement by Kitsap Transit and Kitsap County, Kitsap County shall record the original with the Kitsap County Auditor and provide a conformed copy to Kitsap Transit.

IN WITNESS THEREOF, Kitsap Transit and Kitsap County have executed this Agreement by its authorized Officers or Commissioners on the dates set forth below.

| KITSAP TRANSIT   |                        |        |
|--|------------------------|--------|
| JOHN W. CLAUSON, Executive Director                        | Dated: 1/6/2016        | -      |
| Approved:  RONALD C. TEMPLETON, General Counsel            | Dated: January 5, 2016 | -      |
| BOARD OF COUNTY COMMISSIONERS<br>KITSAP COUNTY, WASHINGTON |                        |        |
| EDWARD E. WOLFE, Chair                                     | Dated: 1-25-16         |        |
| NOT PRESENT  CHARLOTTE GARRIDO, Commissioner               | Dated:                 |        |
| ROBERT GELDER, Commissioner                                | Dated: 1-25-16         |        |
| Dana Daniels, Clerk of the Board                           | SYNGTON S              | 3 Page |



## KITSAP COUNTY CRITICAL FACILITY GENERATOR REFUELING PLAN EOP 7.5 NOVEMBER 2015

#### **APPENDICES**

- A. Refueling Procedures during EOC Activation
- B. Program Forms
- C. Current List of Eligible Clients
- D. Client Guide

#### **ADDENDUMS**

(1) Interlocal Agreement Kitsap County and Kitsap Transit December 2015

### **PURPOSE**

To guide Emergency Management and the Emergency Operations Center (EOC) staff in refueling generators that have been identified as supplying power to a critical facility or critical function during a declared emergency (earthquake, winter storm, etc.) that disrupts fuel supply to these generators and creates a life-safety issue.

During emergencies particularly those resulting in prolong electrical outages in Kitsap, KCDEM in cooperation with fuel purveyors, will identify critical facilities as defined in this document for the purpose of maintaining essential alternate power and fuel consumption. To this end, life safety is paramount and those organizations listed in this document provide essential services to support life safety efforts in Kitsap.

#### **CONCEPT OF OPERATIONS**

A designated purveyor of fuel, hired by the County, will refuel generators to all identified critical facilities/functions (see Appendix C) to maintain a 24-hour operation during a declared emergency in the event that normal fuel purveyors cannot refuel the generator.

Each Agency/Department provided with fuel will pay their per gallon cost of the fuel as outlined in this plan to the fuel provider unless billed as a disaster cost by Emergency Management. In most cases, a Presidential Disaster Declaration may not be warranted, for example a Winterstorm with extended power outages, and as such the fuel purveyor will be reimbursed for services rendered.

Interlocal agreements in place with fuel providers before the emergency will define immediate capabilities and availability of fuel. In the event certain fuels are not under Kitsap County Critical Facility Generator

Refueling Plan November 2015

contract, Kitsap DEM working with local providers, and under a Kitsap County Declared Emergency, will establish a local contract to support critical fuel needs.

#### **ROLES AND RESPONSIBILITIES**

## a. Emergency Management

- Develop and maintain this refueling plan and contractual agreements with fuel purveyors
- Develops and maintains a list of agencies/departments in the community that have generators which provide power to a critical facility/function during declared emergencies.
- Follow the Procedure outlined in Appendix A.
- In the event of an emergency develop a refueling schedule based on criteria established in the appendices.
- Work with fuel providers to support safe transportation routes during emergencies.

## b. Fuel Purveyor

- Provides fuel for generators identified in the refueling plan, as directed by Emergency Management or the Kitsap Emergency Operations Center Manager.
- Follow the procedure outlined in Appendix A.
- Use all safety measures for transporting and delivering fuels during emergencies. Work with the County EOC for determining safe transportation routes.

It is the decision of the fuel provider to determine availability based on other business needs and not to be on standby strictly for emergency services.

## c. Critical Agency/Department

- Maintains generator(s) in working order. Keeps fuel tanks filled and ready to go for any hazard.
- Take all safety precautions during refueling operations and have a qualified individual standing by when fuel is delivered.

- Meet the eligibility criteria listed below and applied for and approved to receive fuel as part of this plan. Have a signed "Promissory Note" on file with Kitsap DEM.
- Based on the Promissory Note on file, pay for any fuel provided during the designated emergency.

#### **ELIGIBILE CRITICAL FACILITY**

In an emergency, it is expected that most critical facilities will have a standby contract with local fuel vendors to keep their generators in operation. During periods of extended power outages, the demand for fuel by businesses, facilities, and homeowners may be significant and the need to identify critical facilities for purpose of life safety measures is warranted.

## As part of this plan, critical life safety facilities are those that:

- Provide life safety response during emergencies
- Provide essential care of vulnerable citizens
- House vulnerable populations that during emergencies the loss of power and generator may require a complex and arduous facility evacuation
- Facilities designated by Kitsap DEM as severe, warming or emergencies shelters

Those facilities that meet the above criteria should not make this their primary option for obtaining fuel during periods of power outages. The best plan is to have a local supplier or means to maintain your generator on your own.

Additionally, DEM may not be able to provide all types of generator fuels. For example, propane or other gases for which a contract is not in place.

During significant emergencies, the DEM Director has the authority to extend services to other facilities on a case-by-case basis.

#### **Activation and Plan Activities**

This plan will be activated by the Department of Emergency Management Staff or Disaster Manager after the activation of the Kitsap County Emergency Operations Center (EOC). A Kitsap County Emergency Declaration is not required for use of the plan.

Once activated, the plan will be managed by the Logistics Section Chief or as part of ESF-7: Logistics Management and Resource Support. The plan will close when services have been restored and documentation of services complete.

The County EOC Logistics Section will provide a refueling schedule that best meets both the needs of the County and the Agency/Department. In the event a Fuel Purveyor

cannot reach the critical agency/facility, Emergency Management will recommend relocation (if possible) of the agency/facility. This will be determined if life-safety is an issue.

The DEM Staff or EOC personnel will use the forms provide in Appendix A and B to activate the plan and manage client calls and working with purveyors for the delivery of fuels to authorized clients.

Documentation of transactions is critical to recouping expenditures either from the client or by means of a Presidential Disaster Declaration.

#### Plan Maintenance

Each year, Kitsap DEM will renew their association with fuel providers for continued service and with authorized or potentially new clients. This is an important step to insure client information is up to date.

Appendix C Database will be maintained and updated annually by both the client and DEM.

## Appendix A

## **Refueling Procedures during EOC Activation**

This appendix will be activated when it is determined that a significant power outage associated with an emergency has occurred and it is expected that critical facilities will require ongoing refueling of generators during the event.

There are separate procedures for both the EOC Staff and the fuel purveyor.

### **EOC Staff**

This procedure will normally reside with the Logistics Section as determined by the EOC Manager and the level of activation of the County EOC.

| a. I       | nitial Actions  |
|------------|---|
|            | Determine the need for activating the Plan.   |
|            | Make a recommendation and request permission from the EOC Manager to provide services to critical facilities.   |
|            | Contact local fuel providers to determine there availability to provide service. Notify the EOC manager if certain fuels services are unavailable.  |
|            | If the fuel source is available, establish a communication path for client information, transportation routes and dangers, routing information and fuel reserves.   |
| b. (       | Ongoing Actions   |
| ) American | Review the basic plan for criteria for providing fuel to clients.   |
|            | Using Form 7.5A, fill in appropriate information from the requesting caller. Verify that the caller is on the Clients List (Appendix C). Forms can also be found on the EOC system and managed via electronic means.  |
|            | It is critical to ask the caller if access to the facility or roads in the area will hinder<br>the fuel purveyor in providing service and the critically or timeliness of providing<br>the service. i.e. how much fuel do you have remaining and what is the burn rate? |
|            | Complete Form 7.5B and maintain a running list of refueling actions. This form is available via electronic means on the EOC computer drive.   |

|       | Once Form 7.5A is complete, communicate with the fuel provider by whatever means available and provide information associated with the requesting client.   |
|-------|---|
|       | Depending on the size and complexity of the emergency, some communications systems may not be available.  |
|       | The County EOC Logistics Section will provide a refueling schedule that best meets both the needs of the County and the Agency/Department. In the event a Fuel Purveyor cannot reach the critical agency/facility, notify the EOC and make a recommend relocation (if possible) of the agency/facility. This will be determined if life-safety is an issue. |
|       | Keep Fuel providers up to date on road conditions and anticipated timeline for power restoration and other information pertinent to managing the refueling process.   |
|       | If a fuel provider is unavailable and your anticipate a critical need, work with the EOC Manager to determine other sources of fuels in Kitsap County or contact the Wa State Emergency Management Division for resource assistance.  |
| Fuell | Purveyor  |
| a.    | Initial Actions   |
|       | If requested by Kitsap County Department of Emergency Management, determine your availability to provide fuel to critical facilities.   |
|       | Refer to your agreement with DEM on pre-determined supplies or services provided by your agency/company   |
| b.    | Ongoing Actions   |
|       | If available for refueling services, provide DEM with the following information:  |
|       | Number of trucks and quantity of fuel available to respond to client services.  |
|       | <ul> <li>Time available for services (days and hours of operations).</li> <li>Phone numbers for agency/company dispatch or driver.</li> </ul>   |
|       | Establish a means for communicating client service calls and scheduling.  |
|       | Receive requests from DEM to include road conditions and any other restrictions that will hinder the delivery of fuels.   |
|       | DEM will also note any priority fuel services that may affect life safety.  |

| Establish best available routes for multiple clients and fuel availability.   |
|---|
| Take all necessary precautions during traveling to a service call and during delivery.  |
| Do not refuel unless a representative of the facility/agency is present that can provide assistance and enter into a purchase agreement with the fuel provider.   |
| Do not refuel an operating generator unless it is safe to do so.  |
| It is up to the facility/agency to determine the means of purchase of the fuel.<br>Some providers may provide credit cards services for immediate purchase, or use the promissory note system provided in this plan.  |
| If the promissory note system is used:  |
| Fill out Form 7.5C in this plan and provide a copy to the client.   |
| The fuel provider will bill the facility/agency at a later date. In the event of a major emergency, services may be provided under a State wide emergency declaration that may follow a presidential disaster declaration. Kitsap DEM will determine based on preliminary information whether a presidential declaration is warranted and decide to suspend billing for services. |
| When directed by DEM, demobilize and secure from providing fuel to clients. Finalize any transactions with DEM.   |
|   |
|   |
|   |

# Critical Refueling Plan Form 7.5A Request for Fuel (EOC)

| Date Time:                   | Y/N | Agency/Facility Information   |
|------------------------------|-----|---|
| Agency/Facility              |     | Is this an emergency?   |
| POC:                         |     | Priority:  1.Life Safety 2.Occupied facility/Responder 3.Semi-occupied non priority |
| Discourse                    |     |   |
| Phone:                       |     | How Much Fuel Remaining?  |
| Address:                     |     | le there edequate accepte the facility O  |
| Address.                     |     | Is there adequate access to the facility?   |
|                              |     |   |
|                              |     | Additional Information:   |
|                              |     |   |
|                              |     |   |
| □ Add 40 7 5D Dof - 1'       |     |   |
| ☐ Add to 7.5B Refueling List |     |   |
|                              |     |   |

| Date Time:                      | Y/N | Agency/Facility Information                     |
|---------------------------------|-----|---|
| Agency/Facility                 |     | Is this an emergency?  Priority:  1.Life Safety |
|                                 |     | ☐ 2.Occupied facility/Responder                 |
| POC:                            |     | ☐ 3.Semi-occupied non priority                  |
| Phone:                          |     | How Much Fuel Remaining?                        |
| Address:                        |     | Is there adequate access to the facility?       |
|                                 |     | Additional Information:                         |
|                                 |     |   |
| ☐ Add to 7.5B Refueling<br>List |     |   |
|                                 |     |   |

# Critical Refueling Plan 7.5B Refueling List (EOC)

| Date: Mission No. |     | No.   | Event:           |                        |                         |                       |                |          |
|-------------------|-----|-------|------------------|------------------------|-------------------------|-----------------------|----------------|----------|
| Agency/Facility   | POC | Phone | Fuel<br>Provider | Date/time<br>Contacted | Expect time of Delivery | Date/Time<br>Refueled | Amount of Fuel | Comment  |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     |       |                  |                        |                         |                       |                | *        |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     |       |                  |                        |                         |                       |                |          |
|                   |     | 3     |                  |                        |                         | ¥                     |                |          |
|                   |     |       |                  |                        |                         |                       |                | <i>y</i> |
|                   |     |       |                  |                        |                         |                       |                |          |

# Critical Refueling Plan 7.5C Client Promissory Note

|  | <u> </u>   |                                |  |                |
|--|--|--------------------------------|--|----------------|
| VENDOR   | Fill in the Inform   | ation below                    |  |                |
| Company Name   |  |                                |  |                |
| Address  |  |                                |  |                |
|  |  |                                |  |                |
| Phone Number   |  |                                |  |                |
| Representative (on   |  |                                |  |                |
| Site)  |  |                                |  |                |
|  |  |                                |  |                |
| FUEL RECEPIENT   |  |                                |  |                |
| Agency/Facility  |  |                                |  |                |
| Address  |  |                                |  |                |
|  |  |                                |  |                |
| Phone Number   |  |                                |  |                |
| Representative (on   |  |                                |  |                |
| Site)  |  |                                |  |                |
|  |  |                                |  |                |
|  |  |                                |  |                |
| Details of Fuel  |  | Quantity                       | Unit Price   | Total          |
|  |  |                                |  |                |
|  |  |                                |  |                |
|  |  |                                |  |                |
|  |  |                                |  |                |
|  |  |                                | Subtotal   |                |
|  |  |                                | Subtotal<br>Tax  |                |
|  |  |                                |  |                |
|  |  |                                | Тах  |                |
| Agency/Facility Repres   | sentative  |                                | Тах  |                |
| Agency/Facility Repres   | sentative  |                                | Тах  |                |
| Agency/Facility Repres   |  | eived will be us               | Tax<br>TOTAL   | g the facility |
| I the undersigned, confir<br>generator on site for the   | m that the fuel reco   | event. As a n                  | Tax TOTAL  ed for supporting nember of the re                  | fueling        |
| I the undersigned, confir  | m that the fuel reco   | event. As a n                  | Tax TOTAL  ed for supporting nember of the re                  | fueling        |
| I the undersigned, confir<br>generator on site for the   | m that the fuel reco<br>current emergency<br>ility agree to pay fo           | event. As a n                  | Tax TOTAL  ed for supporting nember of the re                  | fueling        |
| I the undersigned, confir<br>generator on site for the<br>program, the agency/fac<br>standard purchasing pro | m that the fuel rece<br>current emergency<br>ility agree to pay for<br>cess. | event. As a nor the fuel provi | Tax TOTAL  ed for supporting nember of the red ded through the | fueling        |
| I the undersigned, confir<br>generator on site for the<br>program, the agency/fac                            | m that the fuel rece<br>current emergency<br>ility agree to pay for<br>cess. | event. As a nor the fuel provi | Tax TOTAL  ed for supporting nember of the re                  | fueling        |
| I the undersigned, confir<br>generator on site for the<br>program, the agency/fac<br>standard purchasing pro | m that the fuel rece<br>current emergency<br>ility agree to pay for<br>cess. | event. As a nor the fuel provi | Tax TOTAL  ed for supporting nember of the reded through the   | fueling        |
| I the undersigned, confir<br>generator on site for the<br>program, the agency/fac<br>standard purchasing pro | m that the fuel rece<br>current emergency<br>ility agree to pay for<br>cess. | event. As a nor the fuel provi | Tax TOTAL  ed for supporting nember of the reded through the   | fueling        |
| I the undersigned, confir<br>generator on site for the<br>program, the agency/fac<br>standard purchasing pro | m that the fuel rece<br>current emergency<br>ility agree to pay for<br>cess. | event. As a nor the fuel provi | Tax TOTAL  ed for supporting nember of the reded through the   | fueling        |

## Critical Refueling Plan 7.5D Client/Facility letter Template

Template
Date

Facility/Agency POC Address

RE: Critical Facilities Generator Refueling Plan

Dear Sir or Madam,

In keeping with our commitment to provide emergency management services to the community, our office has implemented a "Critical Facilities Generator Refueling Plan" (Plan). The purpose of this Plan is to provide guidelines in refueling generators which provide emergency power to a facility or function that is critical to the community during a declared emergency.

Your agency has been identified as possibly having a generator that provides power for a "critical function" and would be eligible to be listed in the Plan. Enclosed please find a copy of the Plan. If you have a generator that meets the following criteria, we invite you to enroll in our refueling program.

- 1. Generator has diesel or gasoline type fuel (we do not fill propane).
- 2. You keep a 48 hour supply of fuel on hand at all times.
- 3. Generator is to be used strictly for emergencies and not personal use.

To enroll in this Plan, please go to our web page at: <a href="http://www.kitsapdem.org/fuel\_plan.asp">http://www.kitsapdem.org/fuel\_plan.asp</a> to complete the form and submit to our office. Once received, we will include your facility in our refueling plan. Please complete and submit the form online by <a href="Date">Date</a>.

If you do not have a generator that meets the above criteria and/or you have changed to propane, please email our office at <a href="mailto:mmoen@co.kitsap.wa.us">mmoen@co.kitsap.wa.us</a> so we can note this in our files.

If you have any questions, please call Michele Moen at (360)307-5871 or <a href="mmoen@co.kitsap.wa.us">mmoen@co.kitsap.wa.us</a>. Thanking you in advance for taking the time to review the Plan!

Sincerely,

Director

Kitsap County Critical Facility Generator Refueling Plan November 2015

## Refueling Program Client Information and Service Agreement

To:

This is to confirm that your agency/facility has completed registration and meets the eligibility requirements of the Kitsap County Critical Facility Generator Refueling Plan. In the event of a "Declared Emergency" in Kitsap County, Kitsap County working with available fuel providers, will support refueling of your facility generator.

Please review the Client Guide and information your provided to us on your facility generator/s/.

By your signature below, you agree to pay, through the promissory note system, for fuel provided during the emergency. You also contest that:

- Your Facility Generator has diesel or gasoline type fuel (we do not fill propane).
- You keep a 48 hour supply of fuel on hand at all times.
- Generator is to be used strictly for emergencies and not personal use.

Depending on the size and complexity of the emergency/disaster, providing refueling services to your facility may not available.

Contact information:

Routine Working Hours: (360) 307-5871 or DEM@co.kitsapwa.us

Emergencies: (360-307-5871) or logistics@co.kitsap.wa.us

| Authorized Signature | Date |  |
|----------------------|------|--|
| Title/Organization   |      |  |

## **Refueling Client Guide**

#### **PURPOSE**

This guide is designed to provide you with information on the Kitsap County Refueling Program during emergencies. The guide provides information on eligibility, registration, ongoing program support, and how to request for and receive fuels during emergencies.

During emergencies particularly those resulting in prolong electrical outages in Kitsap, KCDEM in cooperation with fuel purveyors, will identify critical facilities as defined in this document for the purpose of maintaining essential alternate power and fuel consumption. To this end, life safety is paramount and those organizations listed in this document provide essential services to support life safety efforts in Kitsap.

#### **CONCEPT OF OPERATIONS**

A designated purveyor of fuel, hired by the County, will refuel generators to all identified critical facilities/functions to maintain a 24-hour operation during a **declared emergency** in the event that normal fuel purveyors cannot refuel the generator. A declared Emergency is one that by assessment of the Disaster Manager at Kitsap County DEM, has determined that the emergency is significant enough, that it is beyond the scope and resources of the County, and a declaration is needed to support ongoing response and recovery operations.

Each Agency/Department provided with fuel will pay their per gallon cost of the fuel as outlined in this plan to the fuel provider unless billed as a disaster cost by Emergency Management. In most cases, a Presidential Disaster Declaration may not be warranted, for example a Winterstorm with extended power outages, and as such the fuel purveyor will be reimbursed for services rendered.

### **Program Membership**

In order to be a member of this program, you must meet the following eligibility requires:

- Your agency/Facility provides life safety response during emergencies
- Your agency/Facility provides essential care of vulnerable citizens
- Your agency/Facility provides services to vulnerable populations that during emergencies the loss of power and generator may require a complex and arduous facility evacuation or affect life safety
- Facilities designated by Kitsap DEM as severe, warming or emergencies shelters

Those facilities that meet the above criteria should not make this their primary option for obtaining fuel during periods of power outages. The best plan is to have a local supplier or means to maintain your generator on your own.

Additionally, your generator must meet the following criteria:

- Generator has diesel or gasoline type fuel (we do not fill propane).
- You keep a 48 hour supply of fuel on hand at all times.
- Generator is to be used strictly for emergencies and not personal use.

Additionally, DEM may not be able to provide types of generator fuels. For example, propane or other gases for which a contract is not in place.

During significant emergencies, the DEM Director has the authority to extend services to other facilities on a case-by-case basis.

## Safety

Your generator must be in good working order and safe for refueling.

Someone trained on the generator should be present to insure refueling operations is safe.

It may be necessary to turn over the generator during refueling. You must do so if required by the fuel purveyor.

## **Refueling Procedure**

This plan will be activated by the Department of Emergency Management Staff or Disaster Manager after the activation of the Kitsap County Emergency Operations Center (EOC).

In order to request fuel, you will Contact Kitsap DEM at 360-307-5871. Be prepared to provide the following information:

- Location, point of contact, and phone information
- Is this a priority?
- How much fuel do you have remaining?
- Is the generator accessible?

After requesting fuel, Kitsap DEM will work with the fuel provider to determine the best schedule and routing to arrive at your facility. DEM will do its best to determine the time and arrival of the fuel truck.

When the fuel provider arrives, you must have someone standing by to the promissory note to pay and is familiar with the facility generator.

#### Costs

When the fuel provider arrives, he will refuel your tank and determine the amount of fuel provided. You will be asked to provide information and sign a promissory note to pay for the fuel at a later date. The cost of the fuel will be the provider's costs. You should ask the provider for the cost per gallon and request an estimate before refueling takes place.

## At a later date one of the following will happen:

If the County expects a Presidential Declaration of a Disaster because of the event, the fuel purveyor will submit for reimbursement from the Federal Government.

If a Presidential Declaration is not warranted, you will receive a bill for the fuel delivered to your facility.