

CCR Emergency Action Plan Annual Meeting Documentation

Use this form to document the CCR Rule required annual face to face meeting.

Meeting was held to discuss the Emergency Action Plan for the following CCR unit(s): _____

Plant Personnel conducting the meeting: Daniel Garbark

Date: 12-16-24 Time Held: 10 AM

Attending Organization: MARSHALL COUNTY EMERGENCY MANAGEMENT

Print Name: Tom Hart Sign: [Signature]

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: Marshall County 911

Print Name: Carol Robinson-Director Sign: Carol Robinson

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Attending Organization: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Print Name: _____ Sign: _____

Use multiple pages to document additional organizations or attendees.