Description: slogan

**Miami Dade County Department of Emergency Management**

9300 NW 41st Street

Miami, FL 33178

Email: [emergencyplans@miamidade.gov](mailto:emergencyplans@miamidade.gov)

Phone: 305-468-5400

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**EVACUATION ROUTE MAPS AND DRIVING INSTRUCTIONS**

**The Agency for Health Care Administration (AHCA) and Miami-Dade County Department of Emergency Management require driving directions and map(s) illustrating the primary and secondary evacuation routes to aid in the transportation of Facility clients to Receiving Facilities #1 and #2, in the event of an emergency. If the primary evacuation route for receiving facilities is impassable, the directions for the secondary evacuation route should be utilized by staff assisting in an emergency evacuation. Please note, in the event of a hurricane or other tropical cyclone evacuation, all movement should be completed before the arrival of sustained Tropical Storm Force Winds (TSFW), at 40 miles per hour. Driving directions must be detailed and make use of existing roadways. The Evacuation Route Maps and Driving Instructions template must be updated on an annual basis. All signatures and dates on the Evacuation Route Maps and Driving Instructions template must be hand-signed and dated. *When uploading the Evacuation Route Maps and Driving Instructions document do not include this page.***

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**EVACUATION ROUTE MAPS AND DRIVING INSTRUCTIONS**

Provided below are the driving directions and map(s) illustrating the primary and secondary evacuation routes to aid in the transportation of Facility clients to receiving facilities in the event of an emergency. If the primary evacuation route for receiving facilities is impassable, the directions for the secondary evacuation route will be utilized. Please note, in the event of a hurricane or other tropical cyclone evacuation, all movement should be completed before the arrival of sustained Tropical Storm Force Winds (TSFW), at 40 miles per hour.

**RECEIVING FACILITY ONE**

|  |  |
| --- | --- |
| Receiving Facility Name |  |
| Receiving Facility Type |  |
| Receiving Facility Address |  |
|  | |
| Primary Evacuation Route Directions to Receiving Facility |  |
|  | |
| Secondary Evacuation Route Directions to Receiving Facility |  |

**RECEIVING FACILITY TWO**

|  |  |
| --- | --- |
| Receiving Facility Name |  |
| Receiving Facility Type |  |
| Receiving Facility Address |  |
|  | |
| Primary Evacuation Route Directions to Receiving Facility |  |
|  | |
| Secondary Evacuation Route Directions to Receiving Facility |  |

Please attach two different maps, each displaying both evacuation routes from the Transfer Facility to Receiving Facility One and Receiving Facility Two.

|  |  |  |
| --- | --- | --- |
| |  | | --- | | *Section below to be completed if someone other than the individuals listed above (e.g., consultant)*  *assisted in preparing this document.* | | Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |