



State of Oklahoma
Department of Emergency Management
Certificate of Installation/Inspection for Safe Rooms

Homeowner information

Name of Owner: _____

Physical Address for Installation: _____

City: _____ State: _____ Zip: _____

Safe Room Details

Type of Safe Room: Above Ground or Below Ground

Manufacturer Name: _____

Installation Company Name: _____

Address of Installer: _____

Telephone Number: _____

Date of Installation: _____

Lat/Longs: (GPS Coordinates to six points to right of decimal): _____

Compliance Statements

The undersigned attests that this safe room's design, construction, and installation comply with the current versions of FEMA Publications 320 (Taking Shelter from the Storm) and FEMA 361 (Safe Rooms for Tornadoes and Hurricanes; Guidance for Community and Residential Safe Rooms), as well as ICC 500 (Standards for the Design and Construction of Storm Shelters)

Name of Installer: _____

Title: _____

Installer Signature: _____ Signature Date: _____

Photo of Safe Room

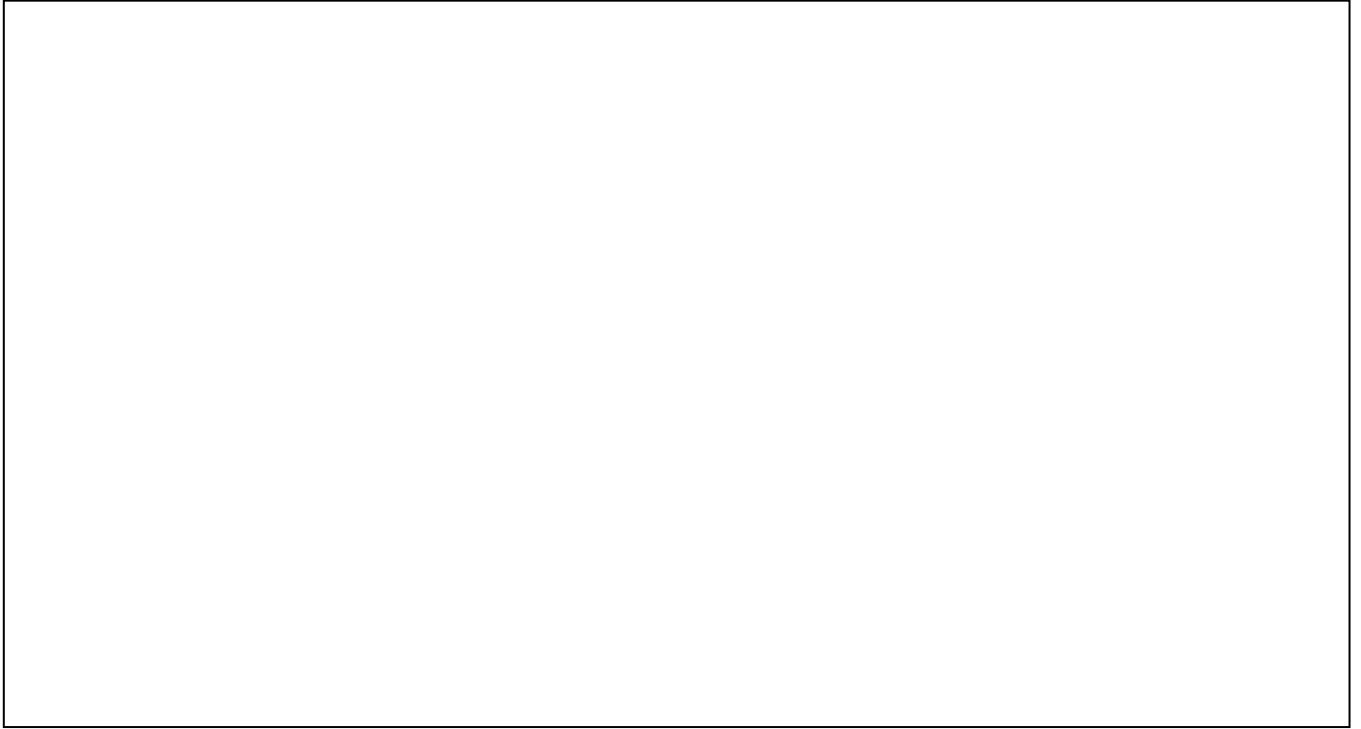


Photo of Front of Home

