



**State of Kansas
Division 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

