



**State of Kansas  
Division of Emergency Management  
Certificate of Installation/Inspection for Safe Rooms**

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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**

