TYPE OF FACILITY INTENDED:

Medical Shelter___ Evacuation Center___ Animal Evacuation___ Information Center___ Children's Camp ___ Warming Center____ Cooling Center ___

Date of Survey: _____

Completed by: DSS Rep _____ Agency Rep _____

Site Name: _____

Street Address: _____

Mailing Address (if different): _____

City:_____ County: _____ State:_____ Zip Code:_____

Phone: ( ) _____-_____ Fax**:** ( ) _____-_____

Email address (if applicable): _____

Directions to the facility from the nearest major highway evacuation route.

_____

_____

_____

Latitude:_____ Longitude:_____

ADDITIONAL INFORMATION:

Is there a current agreement to use this site with the Red Cross? ☐Yes ☐No

If yes, can the County to co-locate an emergency animal shelter? ☐Yes ☐No

Is facility within ten miles of a nuclear power plant, utility plant or water reserve like a dam? ☐Yes ☐No

Public Transportation available to site? ☐ Yes ☐ No

_____

_____

_____

LIMITATIONS ON FACILITY USE:

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

☐ This facility will be available for use at any time during the year.

☐ This facility is **only** available for use during the following time periods. From: _____ to _____

STAFFING:

Staff available on-site to help with logistics, access to building, or site set up in an emergency?

☐ Yes #_____ ☐ No

SECURITY:

Does the facility have security guard or security personnel? ☐ Yes ☐ No

Local police or sheriff: _____

Property fenced or other natural barriers? ☐ Yes ☐ No

Facility available for use within _____ hours of notification.

Largest room =_____square feet Additional rooms and square footage: _____

Location of Entrances: _____

Public Transportation: _____

SHELTER CAPACITY: General:_____ Overnight _____ Medical or AFN:_____

STORAGE CAPACTIY:

Number of Locked Rooms Available:_____

Number of Unlocked Rooms Available:_____

PARKING: **S**paces #: _____ Handicapped Parking #: _____

Surface: Concrete _____ Asphalt _____Gravel_____ Un-paved _____ Lighting _____

☐ *Minimum of 1 direct ADA pathway to entrance of the building with a 46" door (for Gurney Access).**

☐ *Curb cuts (Min. 35" wide with ½" max. vertical transition height)**

☐ *Accessible doorways to interior service areas (minimum 32"wide)**

☐ *Automatic doors openers or appropriate ADA door handles**

☐ *Ramps (minimum 35 inches wide)** ☐ Fixed ☐ Portable ☐ Have Handrails?

☐ *Level Landings **

☐ *Is an elevator or lift available between floors or levels at facility as needed as alternate to use of stairs.**

KITCHEN:

Kitchen Facilities: ☐ Catering kitchen ☐ Residential kitchen ☐ Oven ☐ Microwave ☐ Food Prep Station

Refrigerator: ☐Walk-in ☐ Residential ☐ Commercial Cubic foot refrigeration capacity:

Number of Sinks: _____

Eating or Cooking Utensils/Pans:_____

Cleaning Supplies: _____

Tables available: Rectangular: _____ Circular:_____ Chairs :_____ Other seating:_____

*Accessible Tables (28-34" high)** #_____

Serving line [counter] Yes ☐ If yes *(28-34" high)** ☐ No ☐

Aisles Yes ☐ If yes *(38" wide)** ☐ No ☐

RESTROOMS:

Men's Room Total: ___ # of Stalls: ___ # Accessible Stalls: ___ # Sinks: ___ #Accessible Sinks: ___

Women's Room Total: ___ # of Stalls: ___ # Accessible Stalls: ___ # Sinks: ___ #Accessible Sinks: ___

Unisex Room Total: ___ # of Stalls: ___ # Accessible Stalls: ___ # Sinks: ___ #Accessible Sinks: ___

☐ Signage identifying handicapped bathroom / Total # of handicapped bathrooms:_____

☐ Toilet stall measures 60" wide x 56" deep.

☐ Stall Door 36"wide with maximum of 12" toe space under door)

☐ Grab bars (33-36 "wide) located next to and behind toilet.

☐ Toilet seat height of 19" max.

☐ Sinks @ 34 inches in height, 27" minimum knee clearance under sink, Towel dispenser @ 39" in height

SHOWERS:

Men's Showers Total: Notes: _____

Women's Showers Total: Notes: _____

☐ *Shower stalls (Min. 36" x 36")* #_____

☐ *Grab bars (33-36 inches in height)* #_____

☐ *Shower seat (17-19 "high)* #_____

☐ *Hand-held spray unit with hose* #_____

☐ *Fixed shower head (48 inches high)* #_____

FIRE SAFETY:

Does the facility have inspected fire extinguishers? ☐ Yes ☐ No

Does the facility have functional fire sprinklers? ☐ Yes ☐ No

Does the facility have a fire alarm? ☐ Yes ☐ No (if yes, choose one: ☐ Manual (pull-down) ☐ Automatic)

Does the fire alarm directly alert the fire department? ☐ Yes ☐ No

UTILITIES:

Heating ☐ Electric ☐ Natural gas ☐ Propane ☐ Fuel

Cooling ☐ Electric ☐ Natural gas ☐ Propane

Water ☐ Municipal ☐ Well(s) ☐ Trapped / Potable storage capacity in gallons: _____

Electricity Vendor: _____ Emergency phone number: (_____) _____-_____

Natural Gas Vendor: _____ Emergency phone number: (_____) _____-_____

Propane Vendor: _____ Emergency phone number: (_____) _____-_____

Water Vendor: _____ Emergency phone number: (_____) _____-_____

Telephone Vendor: _____ Emergency phone number: (_____) _____-_____

Outlets Available: _____

Are electrical outlets available in each room and outside? ☐ Yes ☐ No Qty: _____ inside _____ outside

No- the following rooms/areas do not have any outlets: _____

EMERGENCY GENERATOR: ☐ Yes ☐ No

IF NO_____

_____

_____

IF YES- Capacity in kilowatts _____ Power for entire building? ☐ Yes ☐ No
If no, what will it operate? _____

Operating time, in hours, without refueling, at rated capacity: _____

☐ Auto start ☐ Manual start Fuel type _____ Fuel Storage Location_____ Amount Stored: _____

Generator fuel vendor: _____ Emergency phone number: (_____) _____-_____

TELEPHONE / INTERNET ACCESS:

Facility phones available to shelter staff? ☐ Yes ☐ No Available to shelter residents? ☐ Yes ☐ No

☐ *Maximum 48" high* ☐ *TDD available* ☐ *Earpiece (volume adjustable)*

Is Internet Service available onsite? ☐ Yes ☐ No What Kind? ☐ Ethernet ☐ Wi-Fi

Internet available: Shelter Staff? ☐ Yes ☐ No Shelter Residents? ☐ Yes ☐ No ☐ Computer available?

Cell service available onsite? ☐ Yes ☐ No Service Level: ☐ Good ☐ Fair ☐ Poor ☐ None

MEDIA ACCESS:

☐Televisions ☐ Overhead projectors ☐ Cable TV access

OUTDOORS:

_____ square feet available around site.

☐Grass ☐ Dirt ☐ Paved

Are shaded areas available? ☐ Yes ☐ No

MEDICAL SHELTER SPECIFIC QUESTIONS

1. Are there any locked rooms available for storage? ☐ Yes ☐ No
2. Qty:____ Locations:_____
3. Are there any restrooms accessible from the exterior of the building? ☐ Yes ☐ No
4. If yes, number of these available for: _____Men _____Women __Unisex _____Disabled

ANIMAL SHELTERING SPECIFIC QUESTIONS

***Potential Animal Sheltering**

1. What kind of covered space is available for sheltering small animals at this facility*?

[1]

□ Indoor Shelter (e.g. rooms or corridors)* # of enclosed spaces: _____ Total Sq Ft: _____
□ Covered Outside Shelter Area Total Sq Ft: _____
□ Pop-up Tents Number available: _____ Total Sq Ft: _____
□ Other: _____
□ No covered Shelter Space Available

2. What kind of space is available for large animals such as horses, goats, alpacas:

□ Stalls #_____

□ Pens #_____

□ Corrals #_____ Size of corrals:_____

□ Areas to place portable pens/corrals Size of areas:_____

3. Animal shelter staff will need access to water for cleaning and feeding the animals. Which of the following are available for use on site:

□ Sinks (for bowl washing & watering) Number: _____
□ Laundry (to wash animal blankets & bedding) Number: _____
□ Spigots (for animal washing & watering) Number: _____
Limitations to use: _____

4. Are there special areas of your facility that can be used for the following:

Location(s):_____
□ Disposing animal feces (trashcans or dumpsters)? Location(s):_____
□ Walking/exercising pet on leash? Location(s):_____
□ Exercising pets off leash (fenced area)? Location(s):_____

5. Other stipulations or limitations:_____

RECOMMENDATIONS/OTHER INFORMATION (Be specific):

_____
_____
_____
_____

••••• Attach a sketch or copy of the facility floor plan •••••