

Facility Name		Facility Telephone Number	
Street Address	City	State	Zip
Survey Completed By		Date of Survey	

To Authorize Facility Use Call:

Name	Title
Business Telephone Number	24-Hour Contact Number

To Open Facility Call:

Name	Title
Business Telephone Number	24-Hour Contact Number

Alternate to Open Facility:

Name	Title
Business Telephone Number	24-Hour Contact Number

Capacity

	Post Impact ¹ (General Sheltering)	Hurricane Evacuation ² (Storm Sheltering)
Gym Only Capacity:	Based on 40 ft ² / person	N/A
Total Usable Capacity:	Based on 40 ft ² / person	Based on 20 ft ² / person

This form is for informational purposes only and may be used to determine appropriate potential usage of a facility by the American Red Cross in the event of an emergency. In the event this facility is to be used by the American Red Cross before, during or after an emergency, city or town officials are responsible for providing auxiliary security at the facility, the local fire department is responsible for post-impact inspection prior to facility usage, and it is strongly recommended that facility management provide normal custodial and feeding staff during the usage of the facility.

¹Post Impact Capacity = (add all larger rooms + 60% of total classrooms) / 40

²Hurricane Evacuation = (60% of total windowless interior rooms + total hallways) / 20

Construction

- Wood Frame Concrete Masonry/Brick Metal
 Pre-Fabrication Bungalow Trailer Other: _____

Number of Stories: _____ Year Built: _____
 Elevators #: _____ Additions, Years: _____

Masonry/ Brick: Reinforced Unreinforced

Roof Type

- Hipped Roof Heavy Concrete Roof
 Flat Span Roof Pitched Roof: Approx. Angle _____

Fire System

- Automatic Fire Alarms Fire Extinguishers Throughout
 Manual Fire Alarms Sprinkler System Present

Windows: Hurricane Storm Shutters Protected from shattering during Earthquake
 Building less than 60 feet in height

Notes: _____

Dimensions

See cover sheet for capacity information

Post Impact:

Number of Classrooms: _____ Average Size: _____ ft²

Total Classroom Space _____ ft²

- Furniture in rooms is removable

Gymnasium Size: _____ ft²

- Mats Available Large Windows Safety Glass

Multi-Purpose Space: _____ ft² Specify Space: _____

- Large Windows Safety Glass

Auditorium Size: _____ ft²

- Sloped Floor Permanent Seating Large Windows Safety Glass

Total Usable Capacity includes all gym and large space area plus 60% of total classroom space unless otherwise indicated below.

Hurricane Evacuation Center:

Number of Interior Rooms: _____ Average Size: _____ ft²

Total Interior Classroom Space: _____ ft²

Number of Interior Hallways: _____ Average Size: _____ ft²

Total Interior Hallway Space: _____ ft²

Rooms with long roof spans:

_____ ft by _____ ft
 _____ ft by _____ ft

Total Usable Capacity includes all interior hallways plus 60% of total interior rooms unless otherwise indicated below.

Notes: _____

Feeding Operations

- Kitchen Present
 Area Designated for Feeding Present

Size of Seating Area: _____ ft² Total Seating Capacity: _____

Number of Meals Able to be Prepared per Sitting: _____

_____ # Ovens	_____ # Walk-In Freezers	_____ # Walk-In Refrigerators
_____ # Convection Ovens	_____ # Other Freezers	_____ # Other Refrigerators
_____ # Microwave Ovens	_____ # Burners	_____ # Ice Machines
_____ # Steamers	_____ # Griddles	_____ # Sinks
_____ # Steam Kettles	_____ # Warmers	_____ # Dishwashers

Notes: _____

Sanitation *Capacity should not exceed 40 times total number of commodes*

	# Male	ADA	# Female	ADA
Commodes*:	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Showers:	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
Sinks:	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Number of Separate Staff/Teacher Bathrooms: _____ ADA

Number of Washers: _____ Number of Dryers: _____

Notes: _____

Health Care

Number of Health Care Rooms: _____ # of Bathrooms _____ ADA

of Beds _____

Medicine Fridge Available Locked

Notes: _____

Utilities

	Oil	Natural Gas	L.P.	Electric	Other
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____
Cooling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____

Electric Company: _____
 Name Telephone

Gas Company: _____
 Name Telephone

Oil/Propane Company: _____
 Name Telephone

Generator Information:

This facility is equipped with an emergency backup generator

Repair Company: _____

_____ **Name** _____ **Telephone**

Kilowatts: _____ Automatic Startup

Type of Fuel: _____ Manual Startup

Generator runs:

Lighting Heating System Cooling System

Elevators Water/Steam System Cooking

Other: _____ Other: _____ Other: _____

Water Information:

Municipal _____

Well _____ **Name** _____ **Telephone**

Trapped Water, Drinkable Storage Capacity: _____

Trapped Water, Non-Drinkable Storage Capacity: _____

Notes: _____

Communications

Telephone Company: _____

_____ **Name** _____ **Telephone**

Number of Lines/Other Information: _____

Cable Access _____

_____ **Name** _____ **Telephone**

Intercom System Available

Other Forms of Communication: _____

Notes: _____

Accessibility for Persons with Disabilities

1) Getting to the Building:

There is a path of travel provided from the parking lot to the accessible entrance that is free from changes in level.

36" wide curb cuts provided where necessary.

36" wide fixed ramp provided.

Facility owns a portable 36" wide ramp that can be placed over steps.

2) Getting in the building:

32" wide door widths are provided at the accessible entrance.

3) Getting Around Inside:

32" wide door widths provided.

36" clear paths of travel are provided to critical areas.

4) Restrooms:

Wheelchair accessible toilet stall:

Toilet stall measures 60" wide X 56" deep.

33-36" high grab bars located next to and behind toilet.

Wheelchair accessible sink:

27" minimum knee clearance is provided under the sink.

34" maximum height to top of sink

5) Showers:

Wheelchair accessible shower:

36" X 36" minimum shower stall provided.

Level entry to the shower stall provided.

Shower head is located at maximum height of 48".

Shower head has spray unit with hose.

33"-36" high grab bars are provided.

Shower seat is provided.

6) Cafeteria:

36" wide aisles provided.

Tables provide minimum of 27" knee clearance.

Table tops are no higher than 34" off the floor.

7) Telephone:

Controls located at maximum height of 48" from ground.

Adjustable volume controls available.

TTY available.

Notes: _____

Red Cross Chapter: _____
Name Telephone Number

Street Address City State Zip

**FOR AMERICAN RED CROSS INFORMATIONAL PURPOSES ONLY
TO BE COMPLETED BY RED CROSS PERSONNEL**

Recommended for use as a Mass Care facility:

- Yes
- No

NSS (National Shelter System) Designation:

- Evacuation Center
- Post Impact Shelter

Meets Hurricane Evacuation Center Requirements: Yes No

If no, why: _____

Written agreement between Red Cross and facility Management:

- Yes (see attached)
- No

Groups Associated with Facility:

- Fire Auxiliary Church Auxiliary Paid Staff City/Town CERT
- Paid Feeding Personnel Paid Custodial Personnel
- Other _____ Other _____

Written agreement to use these groups to provide Mass Care services in the facility:

- Yes (see attached)
- No
 - These groups have been trained to perform this function.
 - These groups have been trained in Shelter Management.
 - These groups have been trained and are capable of providing Health Care

Attach any written agreements between the Red Cross and facility management, town officials, or any other parties regarding usage of the facility as an emergency shelter.

- Attached

Attach directions to facility from local chapter.

- Attached