

BASIC SHELTER INFORMATION

Site Name/ School District _____ NSS ID# _____ Date _____

Name of building _____ Building # _____ of _____

Phone # _____ Fax # _____ Website _____

Shelter address _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Mailing Address (if different) _____

Town/ City _____ County/ Parish _____ State _____ Zip Code _____

Agency operating shelter (check one) Red Cross FEMA DHS TSA SBC Other _____

Shelter agency type (check one) Red Cross managed Red Cross partner Red Cross supported Independent _____

Shelter type (check all that apply) Evacuation General Medical Other _____

General facility notes _____

Shelter Capacity

Use the calculations to calculate the capacity for sleeping space.

Total sq feet _____ **Evacuation** _____ usable sq ft ÷ 20 sq ft/person = _____ person capacity

_____ **Post Impact** _____ usable sq ft ÷ 40 sq ft/person = _____ person capacity

Sq feet usable for sleeping space _____ **Other** _____ usable sq ft ÷ _____ sq ft/person = _____ person capacity

Geographic Information

Use major landmarks (e.g. highways, intersections, rivers, railroad crossings, etc.) that will be easily recognizable in a disaster. Latitude and longitude coordinates can be found at online web sites, using a global positioning system device, or will auto populate when the address is entered into the National Shelter System.

Latitude _____ Longitude _____ Elevation _____

In storm surge/evacuation Yes No Hurricane category or evacuation area _____ No In flood plain Yes No year flood impact No

Directions to facility _____

Point of Contact to *Authorize Use* of Facility

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Point of Contact to *Open* Facility

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Alternate Point of Contact

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

Pet Shelter

Pet shelter space available on site Yes *answer questions below* No nearest location _____

Separate ventilation system Yes No Cement or tile floors with drains Yes No Outdoor space to relieve pets Yes No

Agency that will operate the pet shelter _____ Phone # _____ 24 hour # _____

ADDITIONAL INFORMATION

Shelter agreement signed Yes No Date signed _____ Notes _____

Pre-designated shelter team assigned Yes Team name _____ No

Current facility floor plans available Yes Location of copies _____ No

International Association of Venue Managers (IAVM) facility Yes No

Use the [Standards for Selection of Hurricane Evacuation Shelters](#) to select hurricane evacuation shelters. In this document, you will find a planning process that involves many factors (e.g. technical information for storm surge and flood mapping). This process requires close coordination with local officials for technical information to make decisions about hurricane shelter suitability. Use the Facility Construction section to assist with determining whether this can be a hurricane evacuation shelter.

Shelter can be a hurricane evacuation shelter Yes No Notes _____

Survey Conductors *(List all who participated in the survey)*

Name	Title	Organization	Phone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIMITATIONS OF FACILITY USE

Check one This facility will be available for use at any time during the year This facility is only available for use during the time periods listed below This facility is not available for use during the time periods listed below

Dates (mm/dd/yyyy)	Times (hh:mm)	Dates (mm/dd/yyyy)	Times (hh:mm)
From _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	From _____	<input type="checkbox"/> AM <input type="checkbox"/> PM
To _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	To _____	<input type="checkbox"/> AM <input type="checkbox"/> PM

List any recurring dates that the facility is not available (e.g. every sunday) _____

Areas of the facility that are restricted during use _____

FACILITY CONSTRUCTION & SAFETY

Facility Construction

Construction material Wood Masonry/Brick Pre-fab Bungalow Concrete Metal Trailer Pod Other _____

stories/floors _____ Notes _____

Elevator Yes No Location _____ Notes _____

Open roof-spans (see [Standards for Selection of Hurricane Evacuation Shelters](#) for current standards) Yes No Length _____ No

Windows in sleep area Yes No If yes, shatter protected Yes No If yes, protected with shutter Yes No

Fire & AED Safety

Some facilities may not meet fire codes based on building capacity. The questions below are a general reference. Contact your local fire department with questions or for more information.

Fire alarms & systems (check all that apply) Working smoke detectors Inspected fire alarm system Functional sprinkler system Functional direct fire department alert

Comments from fire department _____

AED(s) on site Yes No Location _____ No

Facility Inspection Point of Contact

If requested, who would inspect this facility post-impact to determine it is safe to occupy?

Name _____ Title _____ Phone # _____

24 hour # _____ Fax # _____ Email _____

Contact notes _____

SANITATION, FEEDING & UTILITIES

Sanitation, Utilities & Power

The recommended ratio for toilet facilities is a minimum of 1 toilet for 20 people. The optimum scenario for showers is 1 shower for every 25 residents. Count all facilities that will be available to shelter residents and staff.

Showers available Yes # of showers _____ No Toilets available Yes # of toilets _____ No

Check all that apply Heating Electric Natural Gas Propane Fuel Oil Cooling Electric Natural Gas Propane

Check all that apply Cooking Electric Natural Gas Propane Water Municipal Well(s) Trapped

Self-sufficient power Yes Type _____ No

Note fuel requirements, generator capacity, facility areas supported by generator(s), and other relevant information.

Emergency generator on site Yes No Notes _____

Feeding

Food Prep (check all that apply) Warming oven kitchen Full service Central kitchen (delivery)

Food stock stored on site Yes # meal can be served _____ No Refrigeration units on site Yes # units _____ No

Seating capacity Cafeteria _____ Snack Bar _____ Other indoor seating _____ Total estimated seating capacity for eating _____

Notes on feeding _____

ACCESSIBILITY

See accompanying Shelter Facility Survey-Accessibility Instructions.

Facility Construction Facility built in 1993 or later, or extensively altered in 1992 or later. _____ Yes No

Parking Areas Parking available. _____ Yes No

Answer below if parking is available

Accessible parking space(s) Yes No Notes _____

Van accessible parking space(s) Yes No Notes _____

Drop-off/ Loading Area Permanent drop-off area/loading zone with marked access aisle or space available to designate as temporary drop-off area/loading zone. _____ Yes No

Facility Entrance

- Sidewalk connects parking area and any drop-off area to at least one facility entrance. Yes No
- Route from accessible parking spaces and any drop-off area/loading zone to at least one facility entrance has no steps or curbs without curb cuts. Yes No
- Where route crosses curb, curb cuts are at least 36" wide. Yes No
- Automatic doors or doors without knob hardware. Yes No
- Doorways at least 32" wide when door is open. Yes No
- Level landings on interior and exterior sides of entry door. Yes No
- No objects protrude from the side more than four inches into the route to the facility entrance. Yes No
- If the main facility entrance does not appear to be accessible, another entry is accessible. Yes No
- A sign identifies the location of the accessible entrance. Yes No

Routes to Service Delivery Areas

- A route without steps is available to access each service delivery area, as well as restrooms and showers or service can be provided in area that can be accessed by route with no steps. Yes No
- Using a yard stick held horizontally at your waist level, walk from the facility entrance to each service delivery area, as well as restrooms and showers. Except at doorways (which must be only 32" wide), no part of the route is less than 36" wide. Yes No
- Route has vertical clearance of at least 80". Yes No
- No objects protrude from the side more than 4" into the routes to the various service delivery areas. Yes No
- Automatic doors or doors without knob hardware. Yes No
- Doorways at least 32" wide when door is open along routes to each service. Yes No
- If a service delivery area is accessible only by elevator, there is back-up power for the elevator(s). Yes No

Ramps

- Ramps are at least 36" wide, have handrails on both sides 34"-38" above the ramp surface, and have level landings at least 60" long. Yes No
- If yes, type of ramp** Fixed Portable Not provided
- If ramps are longer than 30 feet, a level landing at least 60" long is provided every 30 feet. Yes No

Restrooms

- Area where person in a wheelchair can turn around (60-inch diameter circle or T-shape turn area). Yes No
- Doorways at least 32" wide when door is open. Yes No
- Doors without knob hardware. Yes No
- Toilet seat is 17"-19" high. Flush control is automatic or manual control on the open side of the toilet and no higher than 48". Yes No
- Toilet's centerline is 16"-18" from the nearest side wall. Yes No
- Stall at least 60" wide and 56" deep (wall-mounted toilet) or 59" deep for (floor mounted toilet). Yes No
- Space at least 9" high is provided beneath the front and one side of the stall. Yes No
- Appropriate grab bars. Yes No
- Toilet paper dispenser is within 36" of the rear wall. Yes No
- At least one accessible sink. Yes No

Showers

Showers available. Yes No

Answer below if showers are available

At least one accessible shower stall with appropriate grab bars. Yes No

Stall type Transfer stall Roll-in shower Not provided

Shower seat 17"-19" high. If in transfer stall, seat is on the wall opposite the shower controls. If in roll-in shower, seat is on wall adjacent to the shower controls. Yes No

Hand-held shower spray with ability to mount at 48" (typically via a mount that can be adjusted along a fixed vertical bar), or alternatively a fixed shower head at 48". Yes No

Controls do not require tight grasping, pinching or twisting and are mounted 38"-48" high and no more than 18" from the front of the shower. Yes No

Eating areas

At least some tables have tops 28"-34" high and space underneath at least 27" high, 30" wide and 19" deep. Yes No

Serving line or counter no higher than 34". Yes No

Assessment

Relevant areas of the facility are accessible to people with disabilities without adjustments. Yes No

Facility has at least one accessible entrance and one accessible restroom, and otherwise is capable of being made accessible during a disaster with minor adjustments. Yes No

Facility would require extensive adjustments to be accessible during a disaster. Yes No

Adjustments for Accessibility (*Identify any adjustments or enhancements that should be made to make the relevant areas of the facility accessible during a disaster*) _____

OTHER CONSIDERATIONS

Additional Facilities & Space

Isolated care areas Yes No **Type of area** Rooms Shelter area Separate facility/area **Shelter registration area** Yes No

Laundry facilities Yes No **# of washers** _____ **# of dryers** _____ **Who can access the laundry facilities** Shelter workers Shelter residents

Special conditions or restrictions for laundry _____

Available Materials

One cot and two blankets per shelter resident is recommended. Note all available materials for shelter use in the notes section.

Cots available Yes No **# of cots** _____ **Location** _____

Blankets available Yes No **# of blankets** _____ **Location** _____

Children's supplies (e.g. cribs & changing table) Yes No **Chairs & tables available** Yes No **# of chairs** _____ **# of tables** _____

Notes _____

