



## EMERGENCY SHELTER INSPECTION REPORT

Purpose: Initial Assessment Follow up

Agency / Org. Conducting Assessment		Group #	Surveyor Name		Date and Time of Assessment	
Shelter Location Name		Street Address	City	State	Zip Code	Latitude/Longitude
Type of Facility			Location Description			
School Church Healthcare Facility Convention Center Sports Arena Other (describe):						
Facility Contact		Phone	Email	Other Communication (CB, radio, etc)		
		Office: Cell:				
Estimated Total Population		Observed or Reported Illness		Temperature (check units)		
Note large % elderly, disabled, special needs				Inside °F °C		Outside °F °C

<b>Emergency Assessment</b> Y N Facility Open? Have Power? Have Water?	<b>MARK ALL IMMEDIATE NEEDS:</b> Potable water Medical care/Epidemiology Special population needs Other:			Portable toilets Hand wash stations Vermin/vector eradication	On-site food preparation Garbage collection Medical waste inspection

Assessment Item	Approved	Not Approved	Not Observed
<b>1. Food</b>			
A Prepared: on-site off-site			
If off-site, approved source			
B Adequate supply (quantity)			
C Food temperatures <41°F., >135°F.			
D Hand washing facilities available, used			
E Gloves/utensils available, used			
F Dishwashing: wash, rinse, sanitize available, used			
G Ice available onsite, approved source			
<b>2. Drinking Water</b>			
A Type: Public Temporary (hauled, boiled) Private			
Approved source			
B System operating properly			
C Adequate supply			
D Bacteriological sample collected			
E Disinfectant level, measured _____ ppm			
F Well affected, repaired, disinfected			
<b>3. Sewage</b>			
A Check type: Public Septic system Portable			
B System operating properly			
C Adequate number of toilets, _____ (min. 1/20 persons)			
D Frequency of cleaning			
E Septic system affected, repaired			

Assessment Item	Approved	Not Approved	Not Observed
<b>4. Hand Washing</b>			
A Adequate number of sinks, _____ (min. 1/20 persons)			
B Soap, hand towels, hand sanitizer available			
<b>5. Shelter</b>			
A Facility condition			
B Secure facility			
C Electricity: Grid Power Generator Other			
If generator, placement poses CO hazard			
D Bedding (cots, sheets, blankets) provided			
Adequate spacing (min. 3 ft)			
Sleeping arrangement: head to foot			
E Over crowding, <40 ft <sup>2</sup> per person			
F Temperature control, ventilation			
G Hot water available			
Number of shower/bathing facilities, _____ (min. 1/15 persons)			
H Laundry facilities available, adequate			
<b>6. Solid Waste</b>			
A Adequate frequency of waste collection			
B Waste stored to prevent hazards			
C Adequate frequency of waste disposal			
<b>7. Vectors / Animals</b>			
A Insect prevention and control measures			
B Animal control measures			
C Separate pet shelter available			
D Pet shelter cleaning frequency:			
E # Pets onsite: _____, over crowding			

Comments: