

Albemarle-Charlottesville Emergency Shelter Operations Forms Catalog

**Reference National Incident Command System ICS Forms Booklet at
http://www.fema.gov/pdf/emergency/nims/ics_forms_2010.pdfRMS**

Includes forms for the Emergency Shelter Operations Guidebook

The following forms are provided in this appendix for use in Emergency Shelter Operations. If the locality uses the EWA Phoenix software, most, perhaps all of these forms will not be necessary.

Tab 1 – ARC Shelter Facility Survey & Instructions

Tab 2 – Shelter Agreement Form

Tab 3 – Incident Check

Tab 4 - ARC Shelter Log

Tab 5 – Shelter Registration Form – (English and Spanish)

Tab 6 – Disaster Safe Well Registration Form (English and Spanish)

Tab 7 – Shelter Contact Summary Form

Tab 8 – Daily Shelter Report Form

Tab 9 – Disaster Facility Shelter Open/Close Form

Tab 10 – Shelter Staff Sign In/Out form



Shelter Facility Survey

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 _____



Shelter Facility Survey

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 _____



Shelter Facility Survey

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 _____



Shelter Facility Survey

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 _____

Use these *Accessibility Instructions* to complete the *Shelter Facility Survey*. The survey prompts and questions correspond in order with the instructions below. To complete this accessibility section, you will need the following tools:

1. a metal tape measure that extends at least 20 feet, and
2. a yardstick.

Contact NHQMascCare@usa.redcross.org with any questions of how to complete the accessibility section.

Shelter facilities should be accessible to people with disabilities. Some facilities, particularly facilities built in 1993 or later or extensively altered in 1992 or later, after the Americans with Disabilities Act ("ADA") went into effect, may have few if any barriers to accessibility and are good choices for shelters. Other facilities may have barriers to accessibility which should be identified and removed if possible before the facility is used as a shelter.

Before completing this section

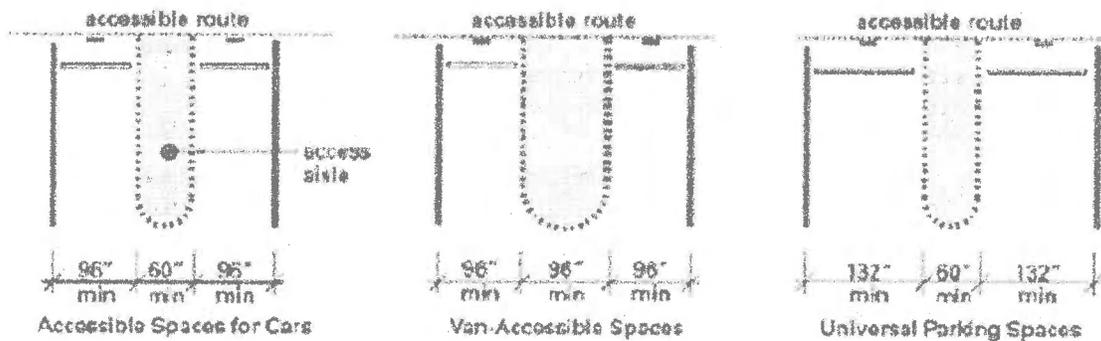
When evaluating the accessibility of a facility, focus on the parts of a facility that will be used during a sheltering operation: drop-off/parking areas, shelter entrances, service delivery areas and toilets. If these areas have barriers that would prevent access for people with disabilities, including people who use wheelchairs or other mobility devices and people with vision impairments, then the chapter should determine whether the facility owner plans to remove the barriers and/or what temporary adjustments are necessary before opening the facility as a disaster shelter. Plans should be made to address any barriers to access that may exist and the facility owner should be engaged in the planning process if possible. If the facility has barriers that can't be addressed, then a more comprehensive accessibility plan will be needed in order to use the facility as a shelter, or it may be appropriate to choose a different facility.

There are many temporary adjustments that can address barriers to accessibility. Examples include portable ramps, moving furniture and other protruding objects, using traffic cones and signs to create accessible parking spaces, and using signs to direct people to accessible routes. One of the purposes of this survey is to help identify any temporary adjustments that will need to be made if the facility is used as a shelter during a disaster.

The instructions below provide additional information to assist you in completing the accessibility section of the *Shelter Facility Survey*. You should read this information before attempting to complete the survey.

Parking Areas

Accessible parking spaces must be located on the shortest accessible route to the facility's accessible entrance and have an adjacent, marked access aisle. The parking space and the access aisle should be level and have a firm/stable and slip-resistant surface. The vehicle space must be at least 96" (8 feet) wide. The access aisle for a standard accessible space (i.e., space for cars) must be at least 60" (5 feet) wide and the access aisle for a van accessible space at least 96" (8 feet) wide. Alternatively, "universal parking spaces" with a vehicle space at least 132" (11 feet) wide and an access aisle 60" (5 feet) wide may be provided. Illustrations are provided below:



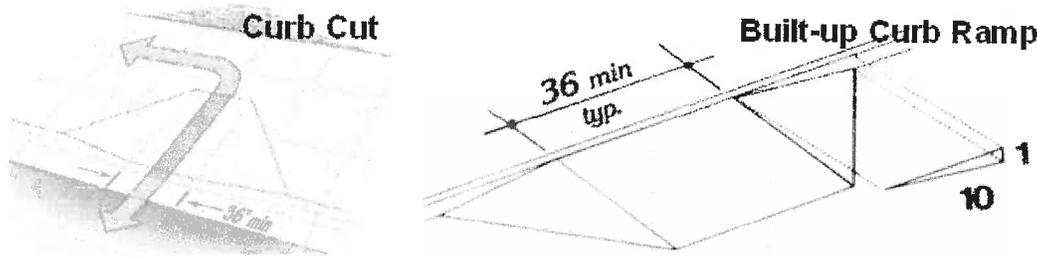
If parking is provided at the facility but it does not have accessible spaces, indicate under "Adjustments for Accessibility" whether temporary accessible spaces can be provided.

Facility Entrance

When answering the first and second questions, you should consider the entire path from the parking area and any drop-off area to the facility entrance door. If neither parking nor a drop-off area is provided, you should assess whether the route from the sidewalk or street to the facility entrance has steps or curbs without curb cuts.

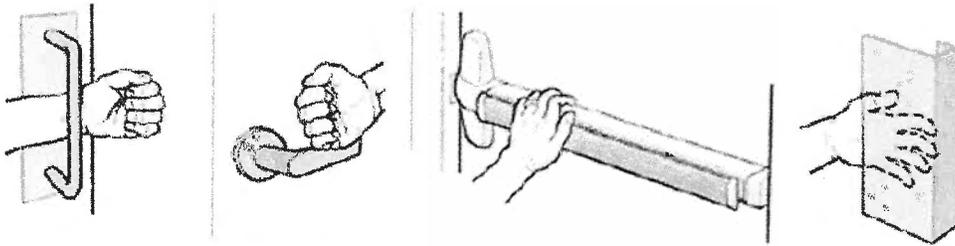
Curb Cuts

Curb cuts (also known as curb ramps) must be at least 36" wide, not including the side flares, as illustrated below. While curb cuts typically cut into the curb, a built-up ramp adjoining the curb also is acceptable. Handrails are not required on curb cuts or curb ramps.



Door Hardware

Door hardware must be operable by one hand without tight grasping, pinching or twisting of the wrist. The basic test for accessible door hardware is whether it can be operated with an open hand. Knob-type hardware does not meet this test. Permissible types of door hardware include lever or blade-type hardware, U-shaped handles, push bars and pull plates. Automatic doors, whether activated by sensors or manually via push plates, also meet this test.

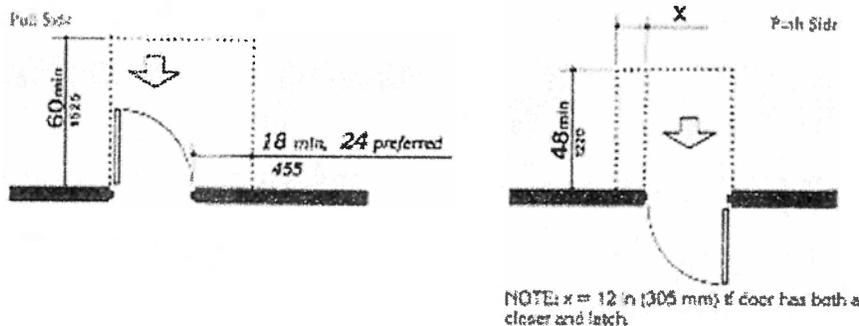


Doorway Width

A doorway must provide 32" clear width. To measure the clear width of a door, open the door to 90 degrees. Measure from the latch side of the door frame to the face of the door. If the door is a double-leaf door, measure the clear width provided by a single leaf. If the leaves are not the same size, measure the clear width of the larger leaf.

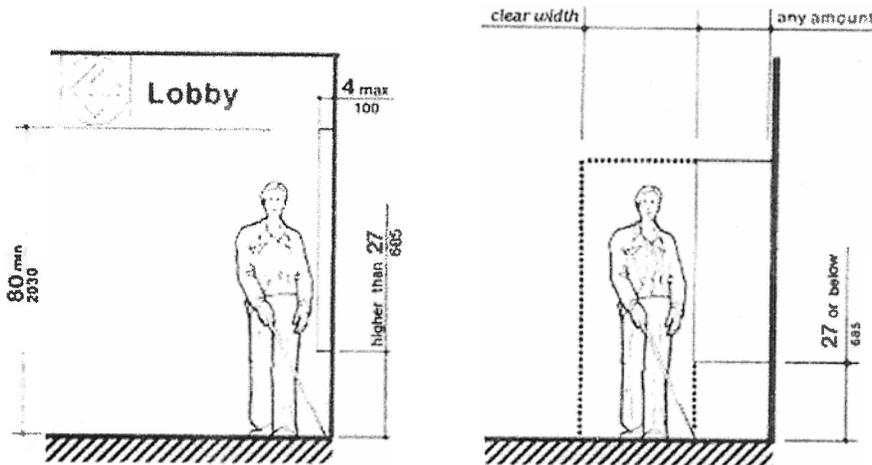
Door Landings and Maneuvering Clearance

For manually-operated doors, level landings and maneuvering clearances are required on each side of the door to enable individuals with disabilities to open and navigate through the door. The minimum dimensions for these landings differ for the "pull-side" (exterior) and "push-side" (interior) of the door and direction of approach. The dimensions for a forward approach are illustrated below.



Protruding Objects

Objects that project from the side into a pedestrian route or that overhang a pedestrian route can present hazards for people who are blind or have low vision. Overhanging objects must be at least 80" above the ground or floor. Objects that project from the side cannot protrude more than 4" into the route if the bottom edge of the object is more than 27" above the ground or floor. Objects with a bottom edge located at or below 27" can protrude any amount.



Alternate Accessible Entrance

If the main entry is not accessible, check to see whether there is another entrance that is accessible according to the "Facility Entrance" section of the Shelter Facility Survey. A sign should be posted at the main entrance directing people to the alternate accessible entrance.

Routes to Service Delivery Areas

Clients need to be able to get to the parts of the facility where the Red Cross and others are providing services, such as eating and dormitory areas. See the "Facility Entrance" section for instructions on assessing door hardware, doorway width, and door landings.

Protruding Objects

Like the route to the facility entrance, the routes to the service delivery areas should not have protruding objects. Please see prior instruction on protruding objects. Items to watch for along interior routes include wall-mounted fire-extinguishers and wall-mounted display cases with the bottom more than 27" above the floor, wall sconces and light fixtures that protrude more than 4" from the wall, and open staircases, exit signs, overhead signs or doorways with less than 80" vertical clearance.

Ramps

To measure the width of the ramp, measure the distance between the ramp's handrails or, if there are no handrails, the width of the ramp surface. Ramps should have handrails on both sides of the ramp unless the ramp is no higher than 6", in which case handrails are not required. To measure the height of the handrails, measure the distance from the surface of the ramp to the top of the handrail's gripping surface. This distance should be 34"-38". Level landings are required at both the top and the bottom of the ramp. The level landing must extend the full width of the ramp and for a distance of 60" (5 feet). If there is a vertical drop-off on either side of the ramp or landing, edge protection must be provided to prevent the wheels of wheelchairs and other mobility devices from dropping off the ramp.

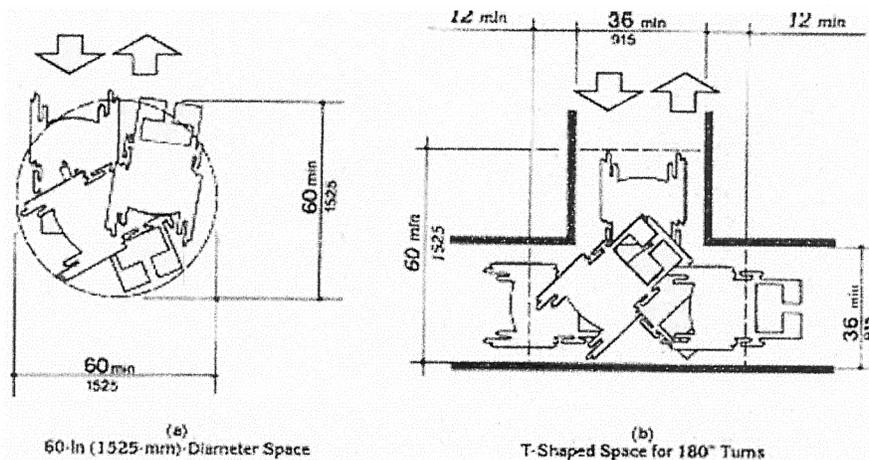
If a ramp is more than 30 feet long, it must have one or more level landings at least 60" long. These landings must be spaced so that no one segment of the ramp is longer than 30 feet (*i.e.*, at least every 30 feet). If the ramp changes direction at the landing (*e.g.*, switchback ramps), the landing must be 60" x 60".

Restrooms

A facility should have at least one accessible restroom. Assess each restroom for accessibility. If any restroom is not accessible, make a note in the "Adjustments for Accessibility" section that a sign should be posted at that restroom to direct people to the nearest accessible restroom.

Turning Space for Wheelchairs

There should be a turning space within the restroom that satisfies one of the following illustrations:



Accessible Toilet

At least one toilet in a restroom should be accessible. To be accessible, the top of the toilet seat must be between 17"-19" high. The flush control must be located on the open side of the toilet (*i.e.*, not adjacent to the wall) and should be no higher than 48" above the floor, as measured to the top of the control. Automatic flush controls are accessible.

The toilet's centerline should be 16" to 18" from the side wall. The centerline of the toilet will align with the midpoint of the tank, or alternatively, the most forward point of the toilet seat. If the centerline is within this range, you may consider it accessible.

Accessible Toilet Stall

If toilet stalls are provided in a restroom, at least one stall must be accessible.

The stall itself must be at least 60" wide and 56" deep if the toilet is wall-mounted, or 59" deep if the toilet is floor-mounted. The stall door should be positioned in the corner diagonal from the toilet and open outward. Additionally, space at least 9" high should be provided beneath the front and one side of the stall (*i.e.*, those partitions should not extend clear to the floor).

Toilet Grab Bars

A rear grab bar at least 36" long must be provided at an accessible toilet and be mounted no more than 6" from the side wall. A side grab bar at least 40" long and mounted no more than 12" from the rear wall also must be provided. To measure the length of the grab bars, measure from the center point of each mounting flange. To measure the height of the grab bars, measure from the floor to the top of the gripping surface. Both grab bars should be mounted between 33"-36" above the floor.

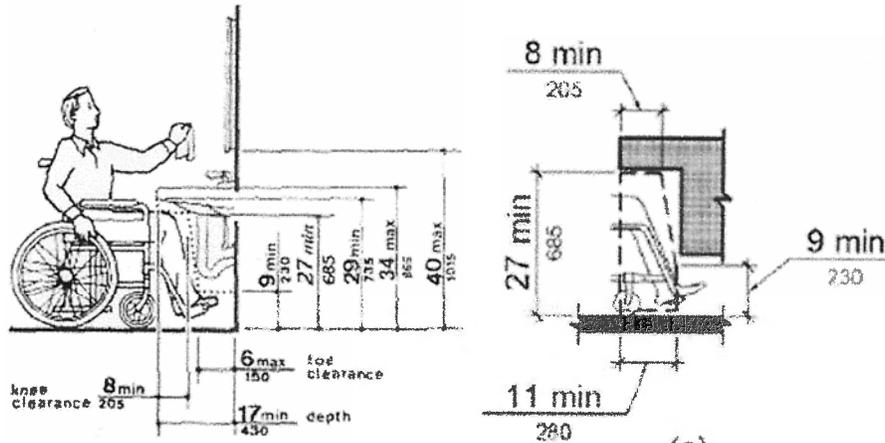
Accessible Sink

At least one sink in the restroom must be accessible. The illustration below shows an accessible sink. The top surface of the sink can be no higher than 34" above the floor and space at least 27" high must be provided beneath the front apron. "Front apron" refers to the bottom lip at the front of the sink. If the front apron is at least 27" high, you may consider this aspect of the sink accessible. The sink's faucet hardware must be operable with one hand and not require tight grasping, pinching or twisting of the wrist.

Continued on the next page...

Accessible Sink (continued)

Knob-type hardware is not accessible. Examples of accessible hardware include lever-type, blade-type and push-type hardware. Automatic controls/sensors that activate water flow also are accessible. The sink's drain and water supply pipes should be wrapped or insulated to protect against contact.



Showers

If showers are provided to shelter occupants, at least one shower stall must be accessible. The two basic types of accessible shower stalls are transfer stalls, in which a person pulls up to the stall in a wheelchair and transfers to a seat within the stall, and roll-in stalls, in which a person rolls the wheelchair into the stall.

Dimensions

A transfer stall must be 36" by 36". A roll-in stall is larger: it must be at least 30" by 60". Dimensions should be measured on the inside of the stall.

Grab bars

Grab bars are required in accessible shower stalls and must be 33"-36" above the floor, as measured to the top of the gripping surface. Generally, grab bars must be provided on all walls except the one behind the seat. Separate, individual grab bars can be provided on each wall, or a single, continuous grab bar can be provided.

Shower Seat

A shower seat is required in a transfer stall. The seat must be mounted on the wall opposite the controls. Seats are optional for roll-in showers. If a seat is provided in a roll-in shower, it must be positioned next to the controls so that the individual can operate the controls from the seat. The top of a shower seat must be between 17"-19" high.

Hand-held Shower Spray

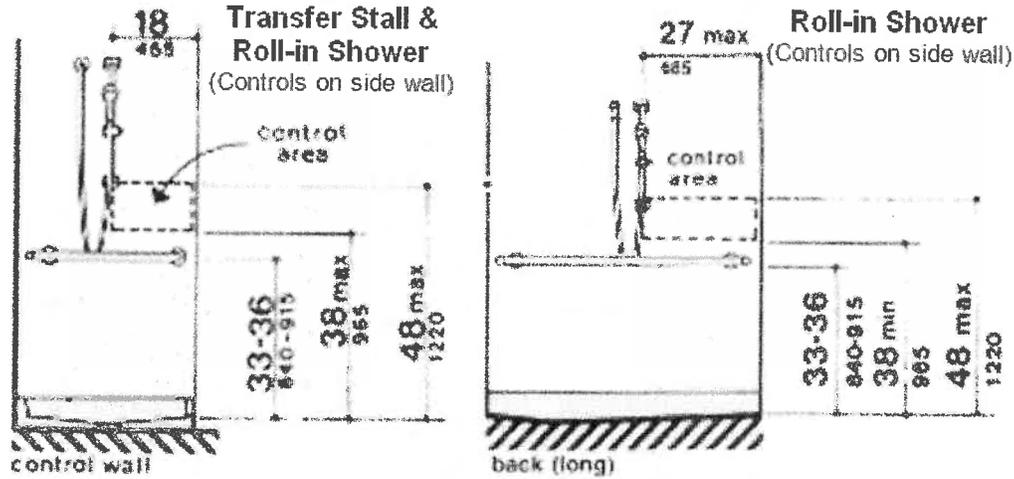
An accessible shower must have a shower-spray unit that can be used as a hand-held shower or as a fixed shower head. Typically, the shower-spray unit is attached to a fixed vertical bar with an adjustable mount or bracket (shown in the illustration of shower controls, below). The bottom of the vertical bar should be mounted so that the shower-spray unit can be positioned at 48" above the floor. If the shower has a fixed shower head instead of a hand-held unit, the fixed shower head must be located at 48" above the floor.

Shower Controls

Shower controls must be operable with one hand and not require tight grasping, pinching or twisting of the wrist (*i.e.*, no knob-type hardware). The controls must be positioned between 38"-48" above the floor and within 18" of the front edge of the stall (for transfer stall and roll-in showers with controls positioned on a side wall). If the controls in a roll-in shower are located on the back wall, they must be within 27" of the side wall.

Continued on the next page...

Shower Controls (continued)



Eating Areas

To be accessible, a dining table must be 28"-34" high, as measured to the top of the table. An open space (known as "knee clearance") that is 27" high, 30" wide and 19" deep also must be provided beneath the table. Tables with a pedestal base generally are not accessible.

Assessment

At the end of the survey, you are asked to assess the accessibility of the facility. If all or nearly all of the boxes on the survey are checked yes, you should check the first box, marked "Relevant areas of the facility are accessible to people with disabilities without adjustments." You should check the second box if the facility provides at least one accessible entrance and one accessible restroom, and adjustments can be made to address any items not otherwise checked-off on the survey. If a large number of boxes on the survey are not checked off, you should check the third box, indicating that the facility would require extensive adjustments to be accessible during a disaster.

**American Red Cross
Facility Use Agreement**

DR #: _____ Facility Name: _____

Parties and Premises

Owner:

Legal name: _____

24-Hour Point of Contact: _____

Name and title: _____

Work phone: _____ Cell phone/pager: _____

Address for Legal Notices:

Red Cross:

Legal name: **The American National Red Cross**, a corporation under the laws of the United States

24-Hour Point of Contact: _____

Name and title: _____

Work phone: _____ Cell phone/pager: _____

Address for Legal Notices:

with copies to:

The American National Red Cross, Office of the General Counsel,
2025 E Street, NW, Washington DC 20006

and

The American National Red Cross, Disaster Operations,
2025 E Street NW, Washington, DC 20006.

Building Address:

Description of Premises:

Terms and Conditions

1. Use of Premises. Owner agrees to allow the Red Cross to use and occupy, on a temporary basis, the Premises described above (the "Premises") in the Building identified above (the "Building") to conduct emergency, disaster-related activities. The Premises may be used for any of the following purposes (both parties must initial all that apply):

	Owner initials	Red Cross initials
Operations center	_____	_____
Client service center	_____	_____
Volunteer intake center	_____	_____
Storage of supplies	_____	_____
Parking of vehicles	_____	_____

No sheltering or lodging of clients or disaster victims is permitted, except as the parties may agree in a separate written agreement.

2. Term. The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

3. Fee. Both parties must initial the applicable statement below:

- a. Owner agrees not to charge any fee in recognition of the services provided by the Red Cross to the community. Owner initials: _____ Red Cross initials: _____
- b. Red Cross agrees to pay \$_____ per day/week/month (circle one) for the right to use and occupy the Premises. Owner initials: _____ Red Cross initials: _____

4. Conduct of the Red Cross. Red Cross agrees to keep the Premises in good condition and promptly repair all damage to the Premises or the Building resulting from the operations of the Red Cross or reimburse Owner for the costs of repairing such damage in accordance with paragraph 6 below. The Red Cross agrees not to disrupt, adversely affect or interfere with other occupants of the Building.

5. Condition of Premises and Building. Owner makes no warranty or representation about the Premises or the Building. The Red Cross accepts the same "AS IS." Owner is under no obligation to prepare or repair the Premises or the Building for the Red Cross. The parties will jointly conduct a pre-occupancy survey of the Premises before it is turned over to the Red Cross. They will use the [Facility/Shelter Opening/Closing Form](#), to record any existing damage or conditions. The Red Cross will exercise reasonable care while using the Premises and will make no modifications to the Premises without the Owner's express written approval.

6. Reimbursement: The Red Cross will reimburse the Owner for the following:

- a. *Damage to the Premises or other property of Owner*, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for damage will be based on replacement at actual cash value. The Red Cross will select from among bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.
- b. *Reasonable, actual, out-of-pocket operational costs*, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Premises (both parties must initial all utilities to be reimbursed by the Red Cross):

	Owner initials	Red Cross initials
Water	_____	_____
Gas	_____	_____
Electricity	_____	_____
Waste Disposal	_____	_____

The Owner will submit any request for reimbursement to the Red Cross within 60 days after the occupancy of the Red Cross ends. Any request for reimbursement must be accompanied by supporting invoices.

7. Insurance. The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction in which the premises are located and \$1,000,000 in Employers' Liability.

8. Indemnification. Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Red Cross during the use of the Premises.

9. Owner's Right to Revoke for Cause. Upon reasonable prior written notice to the Red Cross, Owner may revoke the permission represented by this Agreement if Red Cross (a) fails to pay any fee or payment required hereunder or (b) breaches any other obligation hereunder and such breach continues after written notice from Owner describing same. If the permission license is so revoked, Red Cross shall vacate the Premises in a neat and orderly manner. Owner shall have all rights and remedies available to it under applicable law.

10. Casualty or Condemnation Affecting Premises. Notwithstanding anything in this Agreement to the contrary, in the event that damage or casualty to all or a part of the Premises, this Agreement shall terminate and Red Cross shall have no right to restoration of the Premises or to receive any compensation whatsoever.

11. Legal Notice. Notice shall be deemed to have been duly given three (3) business days after having been mailed by certified or registered mail, return receipt requested, to the party's address for Legal Notice set forth at the beginning of the Agreement, or upon receipt if delivered by hand or recognized overnight delivery service. Either party may change its address for the purpose of Legal Notice hereunder by providing the other party with notice of the new address.

12. Governing Law and Binding Effect. This Agreement shall be governed by and construed under the laws of the state in which the Building is located. This Agreement shall be binding on the parties and their respective, successors, transferees and assigns.

_____ Owner (legal name)	_____ THE AMERICAN NATIONAL RED CROSS (legal name)
_____ By (signature)	_____ By (signature)
_____ Name (printed)	_____ Name (printed)
_____ Title	_____ Title
_____ Date	_____ Date

ICS 211 Incident Check-In List

Purpose. Personnel and equipment arriving at the incident can check in at various incident locations. Check-in consists of reporting specific information, which is recorded on the Check-In List (ICS 211). The ICS 211 serves several purposes, as it: (1) records arrival times at the incident of all overhead personnel and equipment, (2) records the initial location of personnel and equipment to facilitate subsequent assignments, and (3) supports demobilization by recording the home base, method of travel, etc., for resources checked in.

Preparation. The ICS 211 is initiated at a number of incident locations including: Staging Areas, Base, and Incident Command Post (ICP). Preparation may be completed by: (1) overhead at these locations, who record the information and give it to the Resources Unit as soon as possible, (2) the Incident Communications Center Manager located in the Communications Center, who records the information and gives it to the Resources Unit as soon as possible, (3) a recorder from the Resources Unit during check-in to the ICP. As an option, the ICS 211 can be printed on colored paper to match the designated Resource Status Card (ICS 219) colors. The purpose of this is to aid the process of completing a large volume of ICS 219s. The ICS 219 colors are:

- 219-1: Header Card – Gray (used only as label cards for T-Card racks)
- 219-2: Crew/Team Card – Green
- 219-3: Engine Card – Rose
- 219-4: Helicopter Card – Blue
- 219-5: Personnel Card – White
- 219-6: Fixed-Wing Card – Orange
- 219-7: Equipment Card – Yellow
- 219-8: Miscellaneous Equipment/Task Force Card – Tan
- 219-10: Generic Card – Light Purple

Distribution. ICS 211s, which are completed by personnel at the various check-in locations, are provided to the Resources Unit, Demobilization Unit, and Finance/Administration Section. The Resources Unit maintains a master list of all equipment and personnel that have reported to the incident.

Notes:

- Also available as 8½ x 14 (legal size) or 11 x 17 chart.
- Use reverse side of form for remarks or comments.
- If additional pages are needed for any form page, use a blank ICS 211 and repaginate as needed.
- Contact information for sender and receiver can be added for communications purposes to confirm resource orders. Refer to 213RR example (Appendix B)

Block Number	Block Title	Instructions
1	Incident Name	Enter the name assigned to the incident.
2	Incident Number	Enter the number assigned to the incident.
3	Check-In Location <input type="checkbox"/> Base <input type="checkbox"/> Staging Area <input type="checkbox"/> ICP <input type="checkbox"/> Helibase <input type="checkbox"/> Other	Check appropriate box and enter the check-in location for the incident. Indicate specific information regarding the locations under each checkbox. ICP is for Incident Command Post. Other may include...
4	Start Date/Time • Date • Time	Enter the date (month/day/year) and time (using the 24-hour clock) that the form was started.

Block Number	Block Title	Instructions
	Check-In Information	Self explanatory.
5	List single resource personnel (overhead) by agency and name, OR list resources by the following format	Enter the following information for resources: OPTIONAL: Indicate if resource is a single resource versus part of Strike Team or Task Force. Fields can be left blank if not necessary.
	• State	Use this section to list the home State for the resource.
	• Agency	Use this section to list agency name (or designator), and individual names for all single resource personnel (e.g., ORC, ARL, NYPD).
	• Category	Use this section to list the resource category based on NIMS, discipline, or jurisdiction guidance.
	• Kind	Use this section to list the resource kind based on NIMS, discipline, or jurisdiction guidance.
	• Type	Use this section to list the resource type based on NIMS, discipline, or jurisdiction guidance.
	• Resource Name or Identifier	Use this section to enter the resource name or unique identifier. If it is a Strike Team or a Task Force, list the unique Strike Team or Task Force identifier (if used) on a single line with the component resources of the Strike Team or Task Force listed on the following lines. For example, for an Engine Strike Team with the call sign "XLT459" show "XLT459" in this box and then in the next five rows, list the unique identifier for the five engines assigned to the Strike Team.
	• ST or TF	Use ST or TF to indicate whether the resource is part of a Strike Team or Task Force. See above for additional instructions.
6	Order Request #	The order request number will be assigned by the agency dispatching resources or personnel to the incident. Use existing protocol as appropriate for the jurisdiction and/or discipline, since several incident numbers may be used for the same incident.
7	Date/Time Check-In	Enter date (month/day/year) and time of check-in (24-hour clock) to the incident.
8	Leader's Name	<ul style="list-style-type: none"> • For equipment, enter the operator's name. • Enter the Strike Team or Task Force leader's name. • Leave blank for single resource personnel (overhead).
9	Total Number of Personnel	Enter total number of personnel associated with the resource. Include leaders.
10	Incident Contact Information	Enter available contact information (e.g., radio frequency, cell phone number, etc.) for the incident.
11	Home Unit or Agency	Enter the home unit or agency to which the resource or individual is normally assigned (may not be departure location).
12	Departure Point, Date and Time	Enter the location from which the resource or individual departed for this incident. Enter the departure time using the 24-hour clock.
13	Method of Travel	Enter the means of travel the individual used to bring himself/herself to the incident (e.g., bus, truck, engine, personal vehicle, etc.).
14	Incident Assignment	Enter the incident assignment at time of dispatch.
15	Other Qualifications	Enter additional duties (ICS positions) pertinent to the incident that the resource/individual is qualified to perform. Note that resources should not be reassigned on the incident without going through the established ordering process. This data may be useful when resources are demobilized and remobilized for another incident.

Block Number	Block Title	Instructions
16	Data Provided to Resources Unit	Enter the date and time that the information pertaining to that entry was transmitted to the Resources Unit, and the initials of the person who transmitted the information.
17	Prepared by <ul style="list-style-type: none">• Name• Position/Title• Signature• Date/Time	Enter the name, ICS position/title, and signature of the person preparing the form. Enter date (month/day/year) and time prepared (24-hour clock).

DR # _____ DR Name _____ Shelter Name/Location _____

Date & Time	Name	Log Entry <i>(Use additional lines as needed)</i>	Follow-Up Action
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed
			<input type="checkbox"/> Required <input type="checkbox"/> Completed

AMERICAN RED CROSS
SHELTER REGISTRATION FORM

Please print all sections

Incident / DR Number & Name: _____

Shelter Name: _____

Shelter City, County/Parish, State: _____

Family Name (Last Name):		Total family members registered: Total family members sheltered:
Pre-Disaster Address (City /State/Zip):	Post-Disaster Address (if different) (City/State/Zip):	Identification verified by (Record type of ID; if none, write none):
Home Phone:	Cell Phone/Other:	Primary Language: If primary language is not English, please list any family members who speak English.
Method of Transportation: If personal vehicle—plate #/State: (for security purposes only)		

INFORMATION ABOUT INDIVIDUAL FAMILY MEMBERS (for additional names, use back of page)

Name (Last , First)	Age	Gender (M/F)	Rm./Cot #	Arrival Date	Departure Date	Departing? Relocation address and phone

Are you required by law to register with any state or local government agency for any reason?
 Yes No If Yes, please ask to speak to the shelter manager immediately.

I acknowledge that I have read/been read and understand the Red Cross shelter rules and agree to abide by them.

Signature _____ Date: _____

CONFIDENTIALITY STATEMENT
 American Red Cross generally will not share personal information that you have provided to them with others without your agreement. In some circumstances disclosure could be required by law or the Red Cross could determine that disclosure would protect the health or well-being of its clients, others, or the community, regardless of your preference.

Below, please initial if you agree to release information to other disaster relief, voluntary or non-profit organizations and/or governmental agencies providing disaster relief.

I agree to release my information to other disaster relief, voluntary or non-profit organizations _____
 I agree to release my information to governmental agencies providing disaster relief _____

By signing here, I acknowledge that I have read the confidentiality statement and understand it.

Signature _____ Date: _____

Shelter Worker Signature _____

After registration, each family should go through the Shelter Initial Intake Form to determine if further assistance or accommodation is needed.

For Red Cross Use Only		Form 5972 Rev 02/07
Copy Distribution		
1. Shelter registration on-site file - Mass Care	2. Information Management (Data Entry)	3. Client (if requested)

CRUZ ROJA AMERICANA
FORMULARIO DE
INSCRIPCIÓN EN EL REFUGIO

Núm. y nombre del incidente/desastre: _____

Nombre del refugio: _____

Escribir en letra de imprenta.

Ciudad, condado/diócesis, estado donde se encuentra el refugio: _____

Apellido del grupo familiar:		Núm. total de familiares inscritos:
		Núm. total de familiares en el refugio:
Domicilio antes del desastre (ciudad/estado/código postal):	Domicilio después del desastre (si fuera diferente) (ciudad/estado/código postal):	Identificación verificada por: (anotar tipo de documento de identidad; si no se presentara documento, indicar "ninguno")
Teléfono de la casa:	Teléfono celular/otro:	Idioma principal: (Si el idioma principal no es el inglés, indique cuáles miembros de la familia hablan inglés.)
Medio de transporte: Si es un vehículo particular, indicar núm. de matrícula y estado: (para fines de seguridad únicamente)		

INFORMACIÓN DE CADA MIEMBRO DE LA FAMILIA (Utilice el dorso de esta hoja para incluir más nombres.)

Nombre y apellido	Edad	Sexo (M/F)	Nº de hab./catre	Fecha de ingreso	Fecha de salida	¿Se muda? Nueva dirección y teléfono

¿Tiene usted obligación legal de inscribirse ante algún organismo del gobierno local o estatal por algún motivo?

Sí No En caso afirmativo, hable con el administrador del refugio de inmediato.

Declaro que he leído/me han leído y comprendo las normas del refugio de la Cruz Roja y me comprometo a cumplirlas.

Firma: _____ Fecha: _____ (mes/día/año)

DECLARACIÓN DE CONFIDENCIALIDAD

En general, la Cruz Roja Americana no revela a terceros, sin su consentimiento, la información personal que usted le brinda. En algunos casos, es posible que su divulgación sea obligatoria conforme a la ley. En otros casos, la Cruz Roja podría determinar que su divulgación protegería la salud o el bienestar de sus clientes, otras personas, o la comunidad, a pesar de la preferencia que usted indique.

Por favor, firme con sus iniciales a continuación si acepta dar a conocer sus datos a otras organizaciones de socorro de voluntarios o sin fines de lucro, y/o entidades gubernamentales que ofrecen socorro en casos de desastre.

Acepto suministrar mi información a otras organizaciones de voluntarios o sin fines de lucro que ofrecen socorro en casos de desastre. _____

Acepto suministrar mi información a organismos del gobierno que ofrecen socorro en casos de desastre. _____

Al firmar el presente, reconozco que he leído esta declaración de confidencialidad y comprendo sus términos.

Firma: _____ Fecha: _____ (mes/día/año)

Firma del trabajador del refugio: _____

Luego de la inscripción, cada familia debe llenar el formulario de admisión inicial en el refugio para determinar si necesitará asistencia adicional o alojamiento.

American Red Cross Safe and Well Registration Form

“Have you contacted your loved ones yet?”

The American Red Cross can assist you in telling your loved ones that you are safe and well. If you complete this form, your information will be entered into the American Red Cross Safe and Well website at www.redcross.org/safeandwell where your loved ones can search for information about you. Family members or loved ones will enter your name and address or phone number. Results will show your first and last name, the date and time of registration, and the messages you selected to tell your story. Other identifying information, such as your current location, date of birth, email address, and phone number will not be made available to those who search. The American Red Cross may use this information to provide disaster relief services such as family reunification, and may share it with other organizations involved in providing disaster relief.

ARC Instructions for Using Form				
Use this form when there is no internet connectivity available and someone wishes to register on the Safe and Well website. Forms should be taken to the nearest location for data entry into the Safe and Well website. Treat the form as confidential information and shred it following data entry.				
CLIENT INFORMATION				
FIRST NAME (N/A IF REGISTERING AS AN ORGANIZATION)			LAST NAME (OR ORGANIZATION NAME)	
EMAIL ADDRESS (SUGGESTED)			DATE OF BIRTH (SUGGESTED)	
PRE-DISASTER HOME INFORMATION				
PRIMARY PHONE		WORK PHONE (SUGGESTED)	OTHER PHONE (SUGGESTED)	
HOME ADDRESS		CITY	STATE	ZIP
BEST CURRENT CONTACT INFORMATION				
ADDRESS		CITY	STATE	ZIP
SAFE AND WELL MESSAGES				
(Check boxes next to the appropriate messages to make your selections)				
<input type="checkbox"/> I am safe and well <input type="checkbox"/> Family and I are safe and well <input type="checkbox"/> Currently at shelter <input type="checkbox"/> Currently at home <input type="checkbox"/> Currently at family member/friend's house <input type="checkbox"/> Currently at a hotel <input type="checkbox"/> I am safe and in the process of evacuating		<input type="checkbox"/> I am evacuating to a shelter <input type="checkbox"/> I am evacuating to the house of a family member/friend <input type="checkbox"/> I have evacuated and I am safe <input type="checkbox"/> I am currently/remaining at home <input type="checkbox"/> Will make phone calls when able <input type="checkbox"/> Will email when able <input type="checkbox"/> Will mail letter/postcard when able		
CUSTOM MESSAGE				
You may also add your own short message, up to 255 characters. Please take care that your message is appropriate for the public, and do not include names or details if doing so could be harmful to you or others.				
<hr/> <hr/> <hr/>				
For ARC Use Only				
Date and Time Entered		DRO Number /Location	Print Name or Enter DSHR No.	

Instrucciones de la CRA para el uso de este formulario

Este formulario debe ser utilizado cuando no hay conectividad del Internet disponible a la hora de contacto con alguien dentro del área de desastre que desea comunicarse con alguien fuera del área de desastre o como primer paso para reunir personas que han sido separadas a consecuencia del desastre. Al completar este formulario, debe ser llevado al sitio más cercano para la entrada de datos en la base de datos de Seguro y Bienestar y será conservado por el Capítulo afectado después de haberse incorporado los datos.

“¿Se a comunicado con su familia o seres queridos?”

La Cruz Roja Americana puede asistirle a comunicarle a sus seres queridos que usted está seguro y en bienestar. Al completar este formulario, podemos registrarlo en el sitio Web Seguro y Bienestar de la Cruz Roja Americana usando un breve mensaje que asegurará su privacidad. Una vez que este registrado, su familia y/o seres queridos pueden buscar en este sitio Web y saber que esta seguro y Bien. Si usted tiene seres queridos que puedan estar preocupados por su bienestar, complete la información abajo en tanto detallado como sea posible y firme la Declaración de privacidad.

INFORMACIÓN de CLIENTE

NOMBRE		APPELLIDO	
Correo Electronico		FDN (Fecha de Nacimiento)	

INFORMACIÓN de HOGAR PRE-DESASTRE

TELEFONO de HOGAR	TELEFONO de TRABAJO	TELEFONO MOBIL		
DIRECCIÓN de HOGAR	CIUDAD		ESTADO	CODIGO POSTAL

LA MEJOR INFORMACIÓN ACTUAL DEL CONTACTO

EL MEJOR TELEFONO	TELEFONO de HOGAR	TELEFONO MOBIL		
DIRECCIÓN	CIUDAD		ESTADO	CODIGO POSTAL

MENSAJE (Marque las cajas de los mensajes abajo que crea apropiados)

- | | |
|--|--|
| <input type="checkbox"/> Estoy seguro y en bienestar
<input type="checkbox"/> La Familia y Yo estamos seguros y en bienestar
<input type="checkbox"/> Actualmente en un refugio
<input type="checkbox"/> Actualmente en el hogar
<input type="checkbox"/> Actualmente en la casa de un miembro de familia/amigo/vecino
<input type="checkbox"/> Estoy Salvo y en el proceso de evacuacion
<input type="checkbox"/> Y evacuee y estoy salvo | <input type="checkbox"/> Actualmente en un hotel
<input type="checkbox"/> Haré llamadas telefónicas en cuanto pueda
<input type="checkbox"/> Enviare correo electrónico en cuanto pueda
<input type="checkbox"/> Enviaré una carta/postal en cuanto pueda
<input type="checkbox"/> Voy a un refugio
<input type="checkbox"/> Voy para la casa de un familiar/amigo
<input type="checkbox"/> Sigo en casa |
|--|--|

Privacy Statement (Declaración de privacidad)

El sitio Web Seguro y Bienestar de la Cruz Roja Americana proporciona un método para que las personas afectadas por un desastre incorporen la información personal con respecto a su bienestar general en la “lista misma como” sección Seguro y Bienestar del sitio Web. La Cruz Roja Americana se compromete a proteger las necesidades y privacidad de los niños. Los niños menores de 13 años de edad no deben incorporar la información personal en este sitio Web sin la supervisión de un adulto.

La información recogida en este sitio Web incluye: El primer nombre y apellido, la dirección y el número de teléfono de la casa, la ciudad y el estado actual, el nombre del desastre, y el estado de bienestar de la persona. Cierta información es opcional, incluye: La fecha de nacimiento, el correo electronico y la dirección y el número de teléfono actuales, también pueden ser incluidos. Porque las personas que se hallan auto registrado en este sitio Web, la Cruz Roja no puede verificar la exactitud de la información incorporada en este sitio Web por lo tanto no acepta ninguna responsabilidad de la veracidad de esta información. La información que entre en este sitio Web se mantendra por un año.

Con mi firma abajo reconosco que he leído y acepto los términos de la Declaracion de privacidad (Privacy Statement) enumerado arriba y consiento a que mi nombre y mi estado de bienestar sea entrado en el sitio Web de Seguro y Bienestar que tiene La Cruz Roja Americana.

X

Firma (Requerida para entrar la información en Seguro y Bienestar)

Fecha

Para el uso de la CRA solamente

 Fecha y hora de datos entrados en
www.SafeandWell.org

sitio

Imprima Nombre o Incorpore numero de DSHR

CASHP SHELTER CONTACT SUMMARY	1. Shelter Name	2. Date Prepared	3. Time Prepared
4. Operational Period			
<p>COMPLETE THE BELOW INFORMATION AND SEND TO AREA COMMAND NO LATER THAN 8:30 (0830 OR 2030) FOR EACH OPERATIONAL PERIOD.</p> <p>THIS INFORMATION MAY BE CALLED INTO THE SHELTER STAFFING HOTLINE OR IT MAY BE FAXED TO 512-974-0499.</p>			
5. PRINT NAME	PRINT CONTACT PHONE NUMBER		
GENERAL PHONE NUMBER FOR SHELTER COMMAND (If a phone is available)			
Evacuee Care Branch Manager:			
Facility Operations Branch Manager:			
Planning Section Chief:			
Logistics Section Chief:			
6. Prepared By (Planning Section Chief)			

ICS-405 CASHP- SHELTER CONTACT SUMMARY



Daily Shelter Report

DR # _____

Report Date _____

Report # _____

Staffing

Shelter Facility Name _____ City _____ State _____

Shelter Manager Name _____ Cell Phone # _____

Facility Coordinator Name _____ Cell Phone # _____

	Supervisor	Disaster Health Services	Disaster Mental Health	Facility Inspection Time
1st Shift				
2nd Shift				
3rd Shift				

Total # of Staff (including manager & supervisors): Shift 1 _____ Shift 2 _____ Shift 3 _____

Shelter Population

National Shelter System (NSS) Contact Name _____ Phone # _____

	Time Reported	Name of Reporter	Shelter Count
Noon Report			
Midnight Report			

5266 Daily Reporting

New Shelter Registrations Today

	Breakfast	Lunch	Dinner	Total # Meals	Snacks	Water	Other Drinks	Total # Snacks & Drinks
Meals Served								
					Snacks & Drinks Served			

Comfort Kits Distributed # Clean-Up Kits Distributed # Other Bulk Items Distributed

Report 5266 #'s Daily To: Name _____ Phone # _____ By this time _____

Supplies Inventory

	Cots	Blankets	Comfort Kits	Clean-Up Kits	Other Items	Other Items Comment
# of Supplies						

Unusual Situations & Other Important Information (also record on the Shelter Log)

Prepared By (print name) _____ Prepared By (signature) _____



Facility/Shelter Opening & Closing Inspection

Name of Facility _____ Address _____

Name of Facility Rep & Operator _____ Phone # _____

Opening Inspection

Areas to Inspect When Opening the Facility/Shelter (Check yes, no, not applicable (NA) or unknown (U). Specific areas needing correction and those responsible for making them should be noted under "Comments". Take pictures of pre-existing damages)

Yes	No	NA	U	Comments	Areas to Inspect
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc...)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all emergency exits properly identified and secured, and there are at least two exits per floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are illuminated exit and exit directional signs visible from all aisles?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are all kitchen equipment and bathroom fixtures in working order?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there an emergency evacuation plan posted and an identified meeting place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are there any site specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the facility neat, clean and orderly?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are the following utility systems in good working order: electricity, water, sewage system, HVAC?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are fire extinguishers and smoke detectors present, inspected and properly serviced with current inspection tags?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		If power fails, is automatic emergency lighting available for exit routes, stairs and restrooms?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is there a back-up power source?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are first aid kits readily available and fully stocked? Where?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Are floors and walls free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Is the parking area free of damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there accessible parking spaces available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Is there at least one accessible restroom?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		SHELTER ONLY: Are there routes without steps available to access service delivery areas, restrooms and showers? Can service be provided in an area that can be accessed by routes without steps?

Any Damage or Additional Comments _____

Name of person addressing issues _____ Phone # _____

Print Red Cross Name & Title _____ Signature _____ Date _____

Print Facility Owner/ Rep Name & Title _____ Signature _____ Date _____

