<table>
<thead>
<tr>
<th>I. ASSESSING AGENCY DATA</th>
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<tbody>
<tr>
<td>Agency/Organization Name</td>
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<tr>
<td>Assessor Name/Title</td>
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<tr>
<td>Phone</td>
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<td>Email or Other Contact</td>
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<thead>
<tr>
<th>II. FACILITY TYPE, NAME AND CENSUS DATA</th>
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<tbody>
<tr>
<td>Shelter Type</td>
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<tr>
<td>Date Shelter Opened</td>
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<td>Date Assessed</td>
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<td>Time Assessed</td>
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<td>Location Name and Description</td>
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<td>Facility Contact / Title</td>
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<td>Latitude/Longitude</td>
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<th>III. FACILITY</th>
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</table>
| Structural damage | Yes | No | Unk/NA
| Security / law enforcement available   | Yes | No | Unk/NA
| Water system operational                | Yes | No | Unk/NA
| Hot water available                     | Yes | No | Unk/NA
| HVAC system operational                 | Yes | No | Unk/NA
| Adequate ventilation                     | Yes | No | Unk/NA
| Adequate space per person               | Yes | No | Unk/NA
| Free of injury /occupational hazards    | Yes | No | Unk/NA
| Free of pest / vector issues            | Yes | No | Unk/NA
| Acceptable level of cleanliness         | Yes | No | Unk/NA
| Electrical grid system operational      | Yes | No | Unk/NA
| Generator in use, Type                  | Yes | No | Unk/NA
| Indoor temperature                      | Yes | No | Unk/NA

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<tr>
<th>IV. FOOD</th>
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</table>
| Preparation on site                      | Yes | No | Unk/NA
| Served on site                           | Yes | No | Unk/NA
| Safe food source                         | Yes | No | Unk/NA
| Adequate supply                          | Yes | No | Unk/NA
| Appropriate storage                      | Yes | No | Unk/NA
| Appropriate temperatures                 | Yes | No | Unk/NA
| Hand-washing facilities available         | Yes | No | Unk/NA
| Safe food handling                       | Yes | No | Unk/NA
| Dishwashing facilities available          | Yes | No | Unk/NA
| Clean kitchen area                       | Yes | No | Unk/NA

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<tr>
<th>V. DRINKING WATER AND ICE</th>
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</table>
| Adequate water supply      | Yes | No | Unk/NA
| Adequate ice supply        | Yes | No | Unk/NA
| Safe water source          | Yes | No | Unk/NA
| Safe ice source            | Yes | No | Unk/NA

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<tr>
<th>VI. HEALTH / MEDICAL</th>
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| Reported outbreaks, unusual illness / injuries | Yes | No | Unk/NA
| Medical care services on site | Yes | No | Unk/NA
| Counseling services available | Yes | No | Unk/NA

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<tr>
<th>VII. SANITATION</th>
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</table>
| Adequate laundry services | Yes | No | Unk/NA
| Adequate number of toilets | Yes | No | Unk/NA
| Adequate number of showers | Yes | No | Unk/NA
| Adequate number of hand-washing stations | Yes | No | Unk/NA
| Hand-washing supplies available | Yes | No | Unk/NA
| Toilet supplies available | Yes | No | Unk/NA
| Acceptable level of cleanliness | Yes | No | Unk/NA
| Sewage system type | Yes | No | Unk/NA

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<tr>
<th>VIII. SOLID WASTE GENERATED</th>
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</table>
| Adequate number of collection receptacles | Yes | No | Unk/NA
| Appropriate separation       | Yes | No | Unk/NA
| Appropriate disposal         | Yes | No | Unk/NA
| Appropriate storage          | Yes | No | Unk/NA
| Timely removal               | Yes | No | Unk/NA
| Types                        | Yes | No | Unk/NA

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<tr>
<th>IX. CHILDCARE AREA</th>
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</table>
| Clean diaper-changing facilities | Yes | No | Unk/NA
| Hand-washing facilities available | Yes | No | Unk/NA
| Adequate toy hygiene | Yes | No | Unk/NA
| Safe toys           | Yes | No | Unk/NA
| Clean food/bottle preparation area | Yes | No | Unk/NA
| Acceptable child/caregiver ratio | Yes | No | Unk/NA

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<tr>
<th>X. SLEEPING AREA</th>
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| Adequate number of cots/beds/mats | Yes | No | Unk/NA
| Adequate supply of bedding | Yes | No | Unk/NA
| Bedding changed regularly | Yes | No | Unk/NA
| Adequate spacing | Yes | No | Unk/NA
| Acceptable level of cleanliness | Yes | No | Unk/NA

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<tr>
<th>XI. COMPANION ANIMALS</th>
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</table>
| Companion animals present | Yes | No | Unk/NA
| Animal care available | Yes | No | Unk/NA
| Designated animal area | Yes | No | Unk/NA
| Acceptable level of cleanliness | Yes | No | Unk/NA

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<tr>
<th>XII. OTHER CONSIDERATIONS</th>
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</table>
| Handicap accessibility    | Yes | No | Unk/NA
| Designated smoking areas  | Yes | No | Unk/NA

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<tr>
<th>XIII. COMMENTS</th>
<th>(List Critical Needs on Immediate Needs Sheet)</th>
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Environmental Health Shelter Assessment Form Instruction Sheet

I. ASSESSING AGENCY DATA
2. Assessor Name/Title: self-explanatory.
3. Assessor Phone contact: self-explanatory.
4. Email or Other Contact: Note email or describe any other means of communication for assessor (e.g., radio, pager).

II. FACILITY TYPE, NAME and DATA
5. Shelter Type: "Community/Recovery": general public. "Special Needs": population with specific medical requirements. "Other": relief workers base camp, etc.
6. ARC Facility: Is the shelter managed by the American Red Cross?
7. Date Shelter Opened: self-explanatory.
8. If #6 is yes, indicate ARC Facility code.
11. Reason for Assessment: "Preoperational": before opening. "Initial": first assessment after opening. "Routine": assessments occurring on a regular basis (e.g., daily, weekly). "Other": occurrence such as an outbreak or a complaint.
12. Location Name and Description. Example: "Rockville Elementary School - brown building next to the police station."
17. Latitude/Longitude of facility location: self-explanatory.
18. Facility Contact/Title: name of responsible contact person, such as a facility manager or designated person in charge, and his or her title.
20. Phone: self-explanatory.
22. Email or Other Contact: Note email or describe any other contact means for shelter manager, director, or supervisor (e.g., radio, pager).
23. Current Census: estimated number of persons, including workers, in shelter at the time of inspection.
24. Estimated Capacity: maximum number of persons allowed in facility, for use as a shelter, if known.
25. Number of Residents: number of permanent or registered residents at the time of assessment.
26. Number of Staff/Volunteers: number of persons working in the facility at the time of assessment.

III. FACILITY
27. Structural damage: note damage to physical structure (e.g., roof, windows, walls, etc).
28. Security/law enforcement available: security guards or police officers available at facility site.
31. HVAC system operational: self-explanatory.
32. Adequate ventilation: facility well-ventilated and free of air hazards such as smoke, fumes, etc.
33. Adequate space per person in sleeping area:
   a. evacuation shelters, 20 ft² per person;
   b. general shelters, 40 ft² per person;
   c. special needs shelters, 60-100 ft² per person.
34. Free of injury/occupational hazards: With regard to general safety, some examples include:
   a. Is the facility free of frayed or exposed electrical wires, carbon monoxide hazards, hazardous materials, etc.?
   b. Are on-duty staff and members wearing PPE?
35. Free of pest/-vector issues: note presence of mosquitoes, fleas, flies, roaches, rodents, etc.
38. If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
39. If #38 is yes, indicate the generator fuel type is gas, diesel, solar, etc.
40. Indoor temperature (°F): temperature measurement from a random location inside facility (ASCE standard for temperatures in buildings).

IV. FOOD
41. Preparation on site: self-explanatory.
42. Served on site: self-explanatory.
43. Safe food source: source of the food from a licensed contractor or caterer.
44. Adequate supply: self-explanatory.
45. Appropriate storage: food stored according to safe storage practices to prevent contamination or spoilage – refer to local code or US Food Code.
46. Appropriate temperatures: hot food kept above 135 °F; cold food kept below 40 °F. Or refer to local code or US Food Code.
47. Hand-washing facilities available: fixed or portable, as long as they are operational.
48. Safe food handling: food preparers are using gloves, avoiding cross contamination, using appropriate utensils, etc. – refer to local code.
49. Dishwashing facilities available: place to wash, rinse and sanitize kitchen utensils and cooking equipment.

V. DRINKING WATER AND ICE
51. Adequate water supply: drinking water in the range of 1–2 gallons per person per day, for all uses 3-5 gallons per person per day.
52. Adequate ice supply: ice supply sufficient to maintain cold food temperatures.
53. Safe water from an approved source.
54. Safe ice from an approved source.

VI. HEALTH/MEDICAL
55. Breakouts, unusual illness/injuries: note any reports of illness/injuries or outbreaks of violence among residents, workers, or visitors.
56. Medical care services available: If yes, list type of care available in comments section.
57. Counseling services available: If yes, list type of mental/social services available in comments.

VII. SANITATION (*Augment with off site and/or portable facilities as needed.)
58. *Adequate laundry services: provided with separate areas for soiled and clean laundry.
59. *Adequate number of operational toilets: minimum 1 per 20 persons or as specified by sex.
60. *Adequate number of operational showers/bathing facilities: 1 per 15 persons.
61. *Adequate number of operational hand-washing stations: 1 per 15 persons.
62. Hand-washing supplies available: water, soap, and paper towels; if water is unavailable, hand sanitizers (at least 60% alcohol).
63. Toilet supplies available: toilet paper, feminine hygiene supplies, and diapers/pads for children and adults.
64. Acceptable level of cleanliness: self-explanatory.

VIII. SOLID WASTE GENERATED
66. Adequate collection receptacles: minimum 1 (30-gal) container for every 10 persons.
67. Appropriate separation between medical/infectious waste and general refuse.
68. Appropriate disposal and labeling in approved containers.
69. Appropriate storage and separation from common areas.
70. Timely removal of waste – collected regularly.
71. Check all types of waste generated at facility (e.g., solid, hazardous, medical).

IX. CHILD CARE AREA
73. Hand-washing facilities available: for adults and children with paper towels, soap, and water.
74. Appropriate toy hygiene: toys cleaned with a nontoxic, approved disinfectant. Refer to local code.
75. Safe toys: should adhere to applicable age group standards.
77. Adequate child/caregiver supervision ratio: a. birth–12 months (3:1), e. 4–5 year olds (8:1), b. 13–30 months (4:1), f. 6–8 year olds (10:1), c. 31–35 months (5:1), g. 9–12 year olds (12:1).
78. d. years (7:1).

X. SLEEPING AREA
79. Adequate cots/beds/mats for each resident/staff.
80. Adequate bedding for each cot, bed, or mat.
82. Adequate spacing: at least 2.5 – 3 ft between cots/beds/mats.

XI. COMPANION ANIMALS
84. Companion animals present: animals in facility.
85. Animal care available: animals have clean, fresh water and food.
86. Designated animal area: animals located away from people and separately housed.

XII. OTHER CONSIDERATIONS
89. Designated smoking areas: space is marked, maintained, and away from general shelter population.
90. Check box at top of form indicating immediate needs identified.

XIII. GENERAL COMMENTS
Add any general comments or additional notes about any sections.

XIV. IMMEDIATE NEEDS SHEET
List any identified critical needs or items, including the respective item numbers.