

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

For Rapid Assessment of Shelter Conditions during Disasters



I. ASSESSING AGENCY DATA

¹Agency /Organization Name _____ ⁹⁰Immediate Needs Identified: Yes No

²Assessor Name/Title _____

³Phone _____ - _____ - _____ ⁴Email or Other Contact _____

II. FACILITY TYPE, NAME AND CENSUS DATA

⁵Shelter Type Community/Recovery Special Needs Other _____ ⁶ARC Facility Yes No Unk/NA ⁷ARC Code _____

⁸Date Shelter Opened ___/___/___ (mm/dd/yr) ⁹Date Assessed ___/___/___ (mm/dd/yr) ¹⁰Time Assessed ___:___ am pm

¹¹Reason for Assessment Preoperational Initial Routine Other _____

¹²Location Name and Description _____

¹³Street Address _____

¹⁴City / County _____ ¹⁵State ___ ¹⁶Zip Code _____ ¹⁷Latitude/Longitude _____/_____

¹⁸Facility Contact / Title _____ ¹⁹Facility Type School Arena/Convention center Other _____

²⁰Phone _____ - _____ - _____ ²¹Fax _____ - _____ - _____ ²²E-mail or Other Contact _____

²³Current Census _____ ²⁴Estimated Capacity _____ ²⁵Number of Residents _____ ²⁶Number of Staff / Volunteers _____

III. FACILITY	VIII. SOLID WASTE GENERATED
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²⁷ Structural damage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
²⁸ Security / law enforcement available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
²⁹ Water system operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁰ Hot water available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³¹ HVAC system operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³² Adequate ventilation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³³ Adequate space per person	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁴ Free of injury /occupational hazards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁵ Free of pest / vector issues	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁶ Acceptable level of cleanliness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁷ Electrical grid system operational	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
³⁸ Generator in use, ³⁹ If yes, Type _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁴⁰ Indoor temperature _____ °F			<input type="checkbox"/> Unk/NA

⁶⁶ Adequate number of collection receptacles	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁶⁷ Appropriate separation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁶⁸ Appropriate disposal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁶⁹ Appropriate storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁰ Timely removal	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷¹ Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA			

IV. FOOD	IX. CHILDCARE AREA
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⁴¹ Preparation on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁴² Served on site	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁴³ Safe food source	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁴⁴ Adequate supply	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁴⁵ Appropriate storage	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA

X. SLEEPING AREA			
⁷² Clean diaper-changing facilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷³ Hand-washing facilities available	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁴ Adequate toy hygiene	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁵ Safe toys	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁶ Clean food/bottle preparation area	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁷ Adequate child/caregiver ratio	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁸ Acceptable level of cleanliness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁷⁹ Adequate number of cots/beds/mats	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁸⁰ Adequate supply of bedding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁸¹ Bedding changed regularly	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA
⁸² Adequate spacing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unk/NA

