State Logo

## **ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS**For Rapid Assessment of Shelter Conditions during Disasters



I. ASSESSING AGENCY DATA						
¹Agency /Organization Name				90lmme	diate Needs Identified:	☐ Yes ☐ No
<sup>2</sup> Assessor Name/Title						
<sup>3</sup> Phone		ail or Ot	her Contact			
II. FACILITY TYPE, NAME AND CENSUS DATA		- 011		/AD0 5		
<sup>5</sup> Shelter Type □ Community/Recovery □ Spe		⊔ Otn	er	°ARC Facility \( \text{Yes} \)	□ NO □ UNK/NA 'AR	C Code
Bate Shelter Opened//_ (mm		<sup>9</sup> Date	Assessed	/ (mm/dd/yr)	me Assessed :	□ am □ pm
<sup>11</sup> Reason for Assessment ☐ Preoperational	□ Initial	□ Rou	utine □ Othe	r		
12 Location Name and Description						
13Street Address				Codo 171 otitudo II ongituo		
14 City / County						
<sup>18</sup> Facility Contact / Title	21			7Facility Type ☐ School ☐ Arena/Co		
<sup>20</sup> Phone						
<sup>23</sup> Current Census <sup>24</sup> Estimate	u Capacity _				<sup>6</sup> Number of Staff / Volunte	eers
III. FACILITY	□ Vaa	□ Na		VIII. SOLID WASTE GENERATED	olos	
<sup>27</sup> Structural damage			□ Unk/NA	66Adequate number of collection recepta		No Unk/NA
<sup>28</sup> Security / law enforcement available	□ Yes		□ Unk/NA	<sup>67</sup> Appropriate separation		No Unk/NA
<sup>29</sup> Water system operational	□ Yes		□ Unk/NA	<sup>68</sup> Appropriate disposal		No Unk/NA
<sup>30</sup> Hot water available	□ Yes		□ Unk/NA	<sup>69</sup> Appropriate storage		No □ Unk/NA
<sup>31</sup> HVAC system operational	□ Yes		□ Unk/NA	<sup>70</sup> Timely removal		No □ Unk/NA
<sup>32</sup> Adequate ventilation	□ Yes		□ Unk/NA		☐ Hazardous ☐ Medica	al □ Unk/NA
<sup>33</sup> Adequate space per person	□ Yes		□ Unk/NA	IX. CHILDCARE AREA		
<sup>34</sup> Free of injury /occupational hazards	□ Yes		□ Unk/NA	<sup>72</sup> Clean diaper-changing facilities		No □ Unk/NA
35Free of pest / vector issues	□ Yes		□ Unk/NA	<sup>73</sup> Hand-washing facilities available		No □ Unk/NA
<sup>36</sup> Acceptable level of cleanliness	□ Yes		□ Unk/NA	<sup>74</sup> Adequate toy hygiene		No □ Unk/NA
<sup>37</sup> Electrical grid system operational	□ Yes		□ Unk/NA	<sup>75</sup> Safe toys		No □ Unk/NA
<sup>38</sup> Generator in use, <sup>39</sup> If yes, Type	□ Yes	□ No	□ Unk/NA	<sup>76</sup> Clean food/bottle preparation area		No □ Unk/NA
<sup>40</sup> Indoor temperature °F			□ Unk/NA	<sup>77</sup> Adequate child/caregiver ratio		No □ Unk/NA
IV. FOOD	□ Vaa	□ Na		<sup>78</sup> Acceptable level of cleanliness	□ Yes □ N	No □ Unk/NA
<sup>41</sup> Preparation on site			☐ Unk/NA	X. SLEEPING AREA	- Vee	
<sup>42</sup> Served on site	□ Yes		□ Unk/NA	<sup>79</sup> Adequate number of cots/beds/mats		No Unk/NA
43Safe food source	□ Yes		☐ Unk/NA	80Adequate supply of bedding		No Unk/NA
44Adequate supply	□ Yes		☐ Unk/NA	81Bedding changed regularly		No Unk/NA
<sup>45</sup> Appropriate storage	□ Yes		□ Unk/NA	82Adequate spacing		No □ Unk/NA
46Appropriate temperatures	□ Yes		□ Unk/NA	83Acceptable level of cleanliness	□ Yes □ N	No □ Unk/NA
<sup>47</sup> Hand-washing facilities available			□ Unk/NA	XI. COMPANION ANIMALS		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
48Safe food handling	□Yes	□ No	□ Unk/NA	84Companion animals present	□ Yes □ N	
<sup>49</sup> Dishwashing facilities available	□ Yes	□ No	□ Unk/NA	85Animal care available	□ Yes □ N	
50Clean kitchen area	☐ Yes	□ NO	□ Unk/NA	86Designated animal area		No □ Unk/NA
V. DRINKING WATER AND ICE		- N-	□       -   -	87Acceptable level of cleanliness	□ Yes □ I	No □ Unk/NA
<sup>51</sup> Adequate water supply	□ Yes		□ Unk/NA	XII. OTHER CONSIDERATIONS		
<sup>52</sup> Adequate ice supply	□ Yes	□ No	□ Unk/NA	88Handicap accessibility		No Unk/NA
53Safe water source	□ Yes	□ No	□ Unk/NA	89 Designated smoking areas	☐ Yes ☐ [	
54Safe ice source	□ Yes	□ INO	□ Unk/NA	XIII. COMMENTS (List Critical Needs	on immediate Needs S	neetj
VI. HEALTH / MEDICAL	□ Vaa	□ Na				
55Reported outbreaks, unusual illness / injuries	□ Yes		□ Unk/NA			
56Medical care services on site	□ Yes	□ No	☐ Unk/NA			
<sup>57</sup> Counseling services available	□ Yes	□ NO	□ Unk/NA			
VII. SANITATION  58 Adequate laundry services	□ Yes	□ No	□ Unk/NA	1		
<sup>59</sup> Adequate number of toilets	□ Yes	□ No	□ Unk/NA			
60Adequate number of showers	□ Yes		□ Unk/NA			
61Adequate number of hand-washing stations	□ Yes	□ No	□ Unk/NA			
62Hand-washing supplies available	□ Yes	□ No	□ Unk/NA			
<sup>63</sup> Toilet supplies available	□ Yes	□ No	□ Unk/NA			
64Acceptable level of cleanliness	□ Yes	□ No	□ Unk/NA			
65Sewage system type   Community   O						
_ Jowayo Jystom typo — □ Community □ C	יוי אוכ 🗆 🗀 🗀	יי ומאוכ		1		

XIV. IMMEDIATE NEEDS SHEET							
Item #	Description						
ROTT "	25551 <b>p</b> 16511						
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