

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR SHELTERS

For Rapid Assessment of Shelter Conditions during Disasters



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| I. ASSESSING AGENCY DATA | |
| ¹ Agency /Organization Name _____ | ⁹⁰ Immediate Needs Identified: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ² Assessor Name/Title _____ | |
| ³ Phone _____ | ⁴ Email or Other Contact _____ |
| II. FACILITY TYPE, NAME AND CENSUS DATA | |
| ⁵ Shelter Type <input type="checkbox"/> Community/Recovery <input type="checkbox"/> Special Needs <input type="checkbox"/> Other _____ ⁶ ARC Facility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA ⁷ ARC Code _____ | |
| ⁸ Date Shelter Opened ___/___/___ (mm/dd/yr) | ⁹ Date Assessed ___/___/___ (mm/dd/yr) ¹⁰ Time Assessed ___:___ <input type="checkbox"/> am <input type="checkbox"/> pm |
| ¹¹ Reason for Assessment <input type="checkbox"/> Preoperational <input type="checkbox"/> Initial <input type="checkbox"/> Routine <input type="checkbox"/> Other _____ | |
| ¹² Location Name and Description _____ | |
| ¹³ Street Address _____ | |
| ¹⁴ City / County _____ | ¹⁵ State ___ ¹⁶ Zip Code _____ ¹⁷ Latitude/Longitude _____/_____ |
| ¹⁸ Facility Contact / Title _____ ¹⁹ Facility Type <input type="checkbox"/> School <input type="checkbox"/> Arena/Convention center <input type="checkbox"/> Other _____ | |
| ²⁰ Phone _____ | ²¹ Fax _____ ²² E-mail or Other Contact _____ |
| ²³ Current Census _____ | ²⁴ Estimated Capacity _____ ²⁵ Number of Residents _____ ²⁶ Number of Staff / Volunteers _____ |
| III. FACILITY | VIII. SOLID WASTE GENERATED |
| ²⁷ Structural damage <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁶⁶ Adequate number of collection receptacles <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 | ⁶⁷ Appropriate separation <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 | ⁶⁸ Appropriate disposal <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 | ⁶⁹ Appropriate storage <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 | ⁷⁰ Timely removal <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 | ⁷¹ Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA |
| ³³ Adequate space per person <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | IX. CHILDCARE AREA |
| ³⁴ Free of injury /occupational hazards <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁷² Clean diaper-changing facilities <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 | ⁷³ Hand-washing facilities available <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 | ⁷⁴ Adequate toy hygiene <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 | ⁷⁵ Safe toys <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 | ⁷⁶ Clean food/bottle preparation area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁰ Indoor temperature _____ °F <input type="checkbox"/> Unk/NA | ⁷⁷ Adequate child/caregiver ratio <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| IV. FOOD | ⁷⁸ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴¹ Preparation on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | X. SLEEPING AREA |
| ⁴² Served on site <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 |
| ⁴³ Safe food source <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 |
| ⁴⁴ Adequate supply <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 |
| ⁴⁵ Appropriate storage <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 |
| ⁴⁶ Appropriate temperatures <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸³ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁷ Hand-washing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | XI. COMPANION ANIMALS |
| ⁴⁸ Safe food handling <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸⁴ Companion animals present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁹ Dishwashing facilities available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸⁵ Animal care available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵⁰ Clean kitchen area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸⁶ Designated animal area <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| V. DRINKING WATER AND ICE | ⁸⁷ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵¹ Adequate water supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | XII. OTHER CONSIDERATIONS |
| ⁵² Adequate ice supply <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸⁸ Handicap accessibility <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵³ Safe water source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | ⁸⁹ Designated smoking areas <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵⁴ Safe ice source <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | XIII. COMMENTS (List Critical Needs on Immediate Needs Sheet) |
| VI. HEALTH / MEDICAL | _____ |
| ⁵⁵ Reported outbreaks, unusual illness / injuries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁵⁶ Medical care services on site <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁵⁷ Counseling services available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| VII. SANITATION | _____ |
| ⁵⁸ Adequate laundry services <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁵⁹ Adequate number of toilets <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶⁰ Adequate number of showers <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶¹ Adequate number of hand-washing stations <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶² Hand-washing supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶³ Toilet supplies available <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶⁴ Acceptable level of cleanliness <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA | _____ |
| ⁶⁵ Sewage system type <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA | _____ |

