

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

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

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

⁸Date Shelter Opened ___/___/___ (mm/dd/yr) ⁹Date Assessed ___/___/___ 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/Other Contact _____

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

III. FACILITY

| | |
|--|--|
| ²⁷ Structural Environmental Health/Safety | <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/air quality | <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"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

IV. FOOD (Also use Food Establishment Inspection Form)

| | |
|--|--|
| ⁴¹ Preparation: heat to 165F, serve in 4 hrs. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴² Knowledgeable Person in Charge (PIC) | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴³ Handwashing station available | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁴ Served on site: hold below 40F/ above 135F | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁵ Safe food source: donations approved | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁶ Appropriate storage: off floor; secure | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁷ Adequate supply; snacks; special diets | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁸ Safe food handling; cross contamination | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁴⁹ Warewashing/sanitizing facilities avail. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵⁰ Clean kitchen area: sanitizer used | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

V. DRINKING WATER AND ICE

| | |
|--|--|
| ⁵¹ Adequate water supply | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵² Adequate ice supply | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵³ Safe water/ice source ,approved source | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵⁴ Safe sanitizer used in beverage ice tubs | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

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 number of toilets | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁵⁹ Adequate number of showers | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁰ Adequate number of hand-washing stations | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶¹ Hand-washing supplies available | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶² Toilet supplies available | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

VIII. SOLID WASTE GENERATED

| | |
|--|--|
| ⁶⁴ Adequate number of receptacles | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁵ Appropriate separation | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁶ Appropriate disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁷ Appropriate storage | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁸ Timely removal | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁶⁹ Types <input type="checkbox"/> Solid <input type="checkbox"/> Hazardous <input type="checkbox"/> Medical <input type="checkbox"/> Unk/NA | |

IX. CHILDCARE AREA

| | |
|--|--|
| ⁷⁰ Clean diaper-changing facilities | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷¹ Hand-washing facilities available | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷² Adequate toy hygiene | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷³ Safe toys | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷⁴ Clean food/bottle preparation area | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷⁵ Adequate child/caregiver ratio | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷⁶ Acceptable level of cleanliness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

X. SLEEPING AREA

| | |
|--|--|
| ⁷⁷ Adequate number of cots/beds/mats | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷⁸ Adequate supply of bedding | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁷⁹ Bedding changed regularly | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁰ Adequate spacing: wheel chair accessible | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸¹ Acceptable level of cleanliness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

XI. COMPANION ANIMALS

| | |
|--|--|
| ⁸² Companion animals present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸³ Animal care/accommodations present | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁴ Designated animal area | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁵ Acceptable level of cleanliness | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |

XII. OTHER CONSIDERATIONS

| | |
|--|--|
| ⁸⁶ Handicap accessibility; Universal Design | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁷ Designated smoking areas | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁸ Designated adult recreational areas | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁸⁹ Designated quiet areas | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁹⁰ Adequate laundry services | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk/NA |
| ⁹¹ Sewage system type <input type="checkbox"/> Community <input type="checkbox"/> On site <input type="checkbox"/> Portable <input type="checkbox"/> Unk/NA | |

XII. COMMENTS (List Critical Needs on Immediate Needs Sheet)

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I. ASSESSING AGENCY DATA

1. Assessing Agency/Organization Name: self-explanatory.
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. If #6 is yes, indicate ARC Facility code.
8. Date Shelter Opened: self-explanatory.
9. Date Assessed: self-explanatory.
10. Time Assessed: self-explanatory.
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."
13. Street Address: self-explanatory.
14. City/County: self-explanatory.
15. State: two-letter Postal Code abbreviation.
16. Zip Code: five-digit US Zip Code.
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.
19. Facility Type: self-explanatory.
20. Phone: self-explanatory.
21. Fax: 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.
29. Water system operational: self-explanatory.
30. Hot water available: self-explanatory.
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.
36. Acceptable level of cleanliness: self-explanatory.
37. Electrical grid system operational: self-explanatory.
38. If generator in use: check for appropriate location, capacity, adequate fuel and ventilation.
39. If #38 is yes, indicate whether 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.
50. Clean kitchen area: self-explanatory.

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. Outbreaks, 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.
65. Sewage system type: 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. CHILDCARE AREA

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

78. Acceptable level of cleanliness: self-explanatory.

X. SLEEPING AREA

79. Adequate cots/beds/mats for each resident/staff.
80. Adequate bedding for each cot, bed, or mat.
81. Clean bedding available: self-explanatory.
82. Adequate spacing: at least 2.5 - 3 ft between cots/beds/mats.
83. Acceptable level of cleanliness: self-explanatory.

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.
87. Acceptable level of cleanliness: self-explanatory.

XII. OTHER CONSIDERATIONS

88. Handicap accessibility: self-explanatory.
89. Designated smoking areas: space is marked, maintained, and away from general shelter population.
90. Check box at top of form regarding 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.