

# ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

## For Rapid Assessment of Shelter Conditions During Disasters



Use this assessment form to quickly identify immediate public health threats and their sources. This is not an inspection or planning tool.

### I. ASSESSING AGENCY

<sup>1</sup>Agency/Organization Name: \_\_\_\_\_ <sup>105</sup>Immediate needs identified    Yes    No  
<sup>2</sup>Assessor Name/Title: \_\_\_\_\_  
<sup>3</sup>Phone: \_\_\_\_\_ <sup>4</sup>Email or Other Contact: \_\_\_\_\_

### II. FACILITY TYPE, NAME, AND CENSUS DATA

<sup>5</sup>Shelter type:    General population    Medical    Other: \_\_\_\_\_  
<sup>6</sup>Red Cross Facility:    Yes    No    Unk/NA    <sup>7</sup>Red Cross Code: \_\_\_\_\_  
<sup>8</sup>Date shelter opened (mm/dd/yr): \_\_\_\_\_ <sup>9</sup>Date assessed (mm/dd/yr): \_\_\_\_\_ <sup>10</sup>Time Assessed: \_\_\_\_\_ am    pm  
<sup>11</sup>Reason for assessment:    Preoperational    Initial    Routine    Other: \_\_\_\_\_  
<sup>12</sup>Location name and description: \_\_\_\_\_  
<sup>13</sup>Street address: \_\_\_\_\_  
<sup>14</sup>City/County: \_\_\_\_\_ <sup>15</sup>State: \_\_\_\_\_ <sup>16</sup>ZIP Code: \_\_\_\_\_ <sup>17</sup>Latitude/Longitude: \_\_\_\_\_/\_\_\_\_\_  
<sup>18</sup>Facility contact/Title: \_\_\_\_\_  
<sup>19</sup>Facility type:    School    Arena/Convention Center    RVs/Campers    Tents    Other  
<sup>19b</sup>Facility location:    Indoor    Outdoor    Mixed    <sup>20</sup>Phone: \_\_\_\_\_ <sup>21</sup>Fax: \_\_\_\_\_  
<sup>22</sup>Email or other contact: \_\_\_\_\_ <sup>23</sup>Current census: \_\_\_\_\_ <sup>24</sup>Allowed capacity: \_\_\_\_\_  
<sup>25</sup>Total residents registered: Male: \_\_\_\_\_ Female: \_\_\_\_\_    How many aged: 0-5 years: \_\_\_\_\_ 6-64 years: \_\_\_\_\_ 65+ years: \_\_\_\_\_  
<sup>26</sup>Number of staff/volunteers: \_\_\_\_\_

### III. FACILITY

<sup>27</sup> Structural damage:	Yes	No	Unk/NA
<sup>28</sup> Security/law enforcement available:	Yes	No	Unk/NA
<sup>29</sup> HVAC system operational:	Yes	No	Unk/NA
<sup>30</sup> Adequate ventilation:	Yes	No	Unk/NA
<sup>31</sup> Adequate space per person:	Yes	No	Unk/NA
<sup>32</sup> Free of injury/occupational hazards:	Yes	No	Unk/NA
<sup>33</sup> Free of pest/vector issues:	Yes	No	Unk/NA
<sup>34</sup> Municipal power system is operational:	Yes	No	Unk/NA
<sup>35</sup> Working electric generator:	Yes	No	Unk/NA
<sup>36</sup> If yes, fuel type: _____			
<sup>37</sup> Backup power source is available:	Yes	No	Unk/NA
<sup>38</sup> If yes, source: _____			
<sup>39</sup> Adequate number of electrical outlets:	Yes	No	Unk/NA
<sup>40</sup> Indoor temperature: _____ °F    Unk/NA			
<sup>41</sup> Fire safety:	Working CO detector	Working smoke detector	
	Sprinklers	Fire alarm	Fire extinguisher (non-expired and full)

### IV. FOOD

<sup>42</sup> Prepared on site:	Yes	No	Unk/NA
<sup>43</sup> Served on site:	Yes	No	Unk/NA
<sup>44</sup> Safe food source:	Yes	No	Unk/NA
<sup>45</sup> Adequate supply:	Yes	No	Unk/NA
<sup>46</sup> Appropriate storage:	Yes	No	Unk/NA
<sup>47</sup> Appropriate temperatures:	Yes	No	Unk/NA
<sup>48</sup> Hand-washing facilities available:	Yes	No	Unk/NA
<sup>49</sup> Safe food handling:	Yes	No	Unk/NA
<sup>50</sup> Dishwashing facilities available:	Yes	No	Unk/NA
<sup>51</sup> Clean kitchen/dining area:	Yes	No	Unk/NA

### V. DRINK

<sup>52</sup> Adequate drinking water supply	Yes	No	Unk/NA
<sup>53</sup> Drinking water sources:	Municipal	Well	Bottled
	Bulk	Other source	Unk/NA
<sup>54</sup> Adequate level of residual free chlorine:	Yes	No	Unk/NA
<sup>55</sup> Adequate ice supply:	Yes	No	Unk/NA
<sup>56</sup> Water system operational:	Yes	No	Unk/NA
<sup>57</sup> Safe ice source:	Yes	No	Unk/NA
<sup>58</sup> Hot water available:	Yes	No	Unk/NA

## VI. HEALTH/MEDICAL

<sup>59</sup> Number of ill residents within last 24 hours: _____			Unk/NA
<sup>60</sup> Number of pregnant women: _____			Unk/NA
<sup>61</sup> Reported injuries within last 24 hours:	Yes	No	Unk/NA
<sup>62</sup> Reported respiratory illness(es):	Yes	No	Unk/NA
<sup>63</sup> Reported GI illness(es):	Yes	No	Unk/NA
<sup>64</sup> Other reported illness/outbreak:	Yes	No	Unk/NA
<sup>65</sup> If yes, describe: _____			
<sup>66</sup> Medical care services on site:	Yes	No	Unk/NA
<sup>67</sup> First aid kits available on site:	Yes	No	Unk/NA
<sup>68</sup> AEDs available on site:	Yes	No	Unk/NA
<sup>69</sup> Mental health services available:	Yes	No	Unk/NA
<sup>70</sup> Temperature-controlled medication storage:	Yes	No	Unk/NA

## VII. SANITATION/HYGIENE

<sup>71</sup> Laundry services available:	Yes	No	Unk/NA
<sup>72</sup> Adequate number of toilets:	Yes	No	Unk/NA
<sup>73</sup> Total number of indoor fixed toilets: _____			Unk/NA
<sup>74</sup> Total number of outdoor portable toilets: _____			Unk/NA
<sup>75</sup> Adequate number of showers:	Yes	No	Unk/NA
<sup>76</sup> Adequate number of hand-washing stations:	Yes	No	Unk/NA
<sup>77</sup> Hand-washing supplies available:	Yes	No	Unk/NA
<sup>78</sup> Toilet supplies available:	Yes	No	Unk/NA
<sup>79</sup> Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
<sup>80</sup> Cleaning process/schedule in place:	Yes	No	Unk/NA
<sup>81</sup> Sewage system type:			
Community	On site	Portable	Unk/NA

## VIII. WASTE MANAGEMENT

<sup>82</sup> Adequate number of collection receptacles:	Yes	No	Unk/NA
<sup>83</sup> Sharps disposal container available on site:	Yes	No	Unk/NA
<sup>84</sup> Appropriate separation:	Yes	No	Unk/NA
<sup>85</sup> Timely removal:	Yes	No	Unk/NA
<sup>86</sup> Types of waste(s):			
Solid	Hazardous	Medical	Unk/NA

## IX. CHILDCARE AREA

<sup>87</sup> Clean diaper-changing facilities:	Yes	No	Unk/NA
<sup>88</sup> Hand-washing facilities available:	Yes	No	Unk/NA
<sup>89</sup> Safe toys:	Yes	No	Unk/NA
<sup>90</sup> Clean food/bottle preparation area:	Yes	No	Unk/NA
<sup>91</sup> Adequate child/caregiver ratio:	Yes	No	Unk/NA

## X. SLEEPING AREA

<sup>92</sup> Adequate number of cots/beds/mats:	Yes	No	Unk/NA
<sup>93</sup> Cribs available for infants:	Yes	No	Unk/NA
<sup>94</sup> Adequate supply of bedding:	Yes	No	Unk/NA
<sup>95</sup> Bedding changed/launched as needed:	Yes	No	Unk/NA
<sup>96</sup> Adequate spacing:	Yes	No	Unk/NA

## XI. COMPANION ANIMALS

<sup>97</sup> Service animals present:	Yes	No	Unk/NA
<sup>98</sup> Pets present:	Yes	No	Unk/NA
<sup>99</sup> Other animals present:	Yes	No	Unk/NA
<sup>100</sup> Animal care available:	Yes	No	Unk/NA
<sup>101</sup> Designated animal holding area:	Yes	No	Unk/NA
<sup>102</sup> Designated animal relief area:	Yes	No	Unk/NA

## XII. OTHER CONSIDERATIONS

<sup>103</sup> Easily accessible for all occupants:	Yes	No	Unk/NA
<sup>104</sup> Designated smoking areas:	Yes	No	Unk/NA

## XIII. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)

