1. Please review ARC 4496 before beginning the project identification process. Note all construction deficiencies with respect to ARC 4496 for individual buildings, and address each deficiency with a corrective action.

2. Prepare an individual ARC 4496 Questionnaire form for each individual building being evaluated. DO NOT combine several buildings or a campus onto a single submittal form. An Open-Plan building that has a common exterior wall and roof system (building envelope) may be considered a single building.

3. For entries that provide a multiple choice format, choose the response that is “typical” for the individual building being evaluated. For buildings that have multiple construction materials (or characteristics) and cannot be described with a single entry, provide a description (and sketches) of the building. Also assume the weakest materials will be a soft-spot, and therefore the limiting factor with respect to wind performance.

4. Multiple projects can be submitted for each individual building (e.g., window shuttering, door head and foot bolts, gable-end bracing, generator prewiring, etc.). Please describe the tangible benefits that will be provided by each individual project (e.g., 250 additional shelter spaces if shuttering is performed) and a cost-estimate for each individual project.

5. Please note the definition of reinforced and partially reinforced masonry when determining applicable General and Wall Construction Type entries.

   **Partially Reinforced Masonry** - For 8-inch hollow concrete masonry units (CMU), the maximum spacing of vertical reinforcement (rebar) at exterior walls shall be 8 feet 0 inches; 12-inch CMU can be extended to 11 feet 4 inches. Reinforcement shall be provided at each side of wall openings, corners, and wall-to-wall intersections. An alternative to reinforced cell construction is pilaster bond-beam systems. For 8-inch CMU, the maximum spacing for pilaster reinforcement (4-bar minimum pilasters) shall be 13 feet 6 inches; 12-inch CMU pilaster reinforcement can be extended to 20 feet 0 inches. Horizontal reinforcement must be present at roof and floor levels and above and below wall openings. Interior masonry bearing and/or “core area” walls shall meet the same reinforcement spacing requirements as exterior walls.

   **Reinforced Masonry** – Reinforced masonry has the same definition as partially reinforced masonry above, except that the maximum spacing of the principal vertical reinforcement can not exceed six times the wall thickness or 4 feet 0 inches. The presence of pilasters does not have an effect upon a masonry walls classification as reinforced masonry.

6. For the purposes of this report, standard weight (wgt) concrete will have a minimum density of 100 pounds per cubic foot and minimum compressive strength of 2500 pounds per square inch.
EMPATF – ARC 4496 QUESTIONNAIRE

County: ___________________________

Facility Name: _________________________________________________________________

Address: ______________________________________________________________________

Current Ownership of Facility: (Public, Private) _______________________________________

Is Facility currently used as a Shelter?       Yes _______  No _______

If answer is Yes, complete the following two items:

Has the Facility been reviewed by a representative of the American Red Cross using the
guidelines of ARC 3031, "Mass Care: Preparedness and Operations"?

Yes ________ No ________

If answer is yes, attach completed copy of ARC 6564, "Mass Care Facility Survey", if available.

Storm Surge (SLOSH) Zone that Facility is located within, circle appropriate response:

1*  2      3      4      5      None      * - includes Tropical Storm

NFIP Flood (FIRM) Zone that Facility is located within, circle appropriate response:

A_______  B       C      D   X  V zones will not be considered!

If applicable, is Facility/Shelter floor elevation above Base Flood Elevation (BFE) or SLOSH
Category 4 flood elevation?

Yes ________ No _______

Additional comments concerning flooding issues: ______________________________________

_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Facility Name _______________________________________  Page __2__ of _____

FACILITY DESCRIPTION:

Year Built _____________

Has building been inspected by structural engineer, architect, construction technician, or other knowledgeable building construction inspector?  Yes _________  No _________

General Construction Classification, check only one response as appropriate:

High Rise Structure (6+ stories) ________  Light Steel Frame (tapered section) ________

Reinforced Concrete Frame ________  Heavy Timber or Glulam Frame ________

Heavy Steel Frame (I-section) ________  Unreinforced Masonry ________

Reinforced Masonry ________  Light Metal or Wood Stud ________

Exterior Wall Construction, check only one response as appropriate:

Reinforced Masonry (Rebar @ 4 ft. centers or closer) ________  Light Wood or Metal Stud w/ 1/2 inch or thicker plywood ________

Partial Reinforced Masonry (Rebar @ 9 ft. centers or closer) ________  Light Wood or Metal Stud w/ light non-plywood sheathing ________

Unreinforced Masonry or Rebar spacing unknown ________  Large Panel Glass or other Glazed Panel or Block System ________

Reinforced Concrete or Precast Concrete Panels ________  Metal Sheets or panels or other Light Architectural Panel Systems ________

Does the exterior walls have a brick or stone veneer (3 to 4 inches thick)?
Yes ________  No ________

What is the percentage of Glass in the exterior walls (to the closest 5 %)? ___________ %

Are there "store-front", atrium, or clerestory sections of glazing in the exterior walls?
Yes ________  No ________

Are there fixed or operable shutters or other window coverings that will protect windows from small debris impact?
Yes ________  No ________
Facility Name ________________________________  Page _3_ of _____

FACILITY DESCRIPTION (cont'd):

Roof Construction, **check only one response** as appropriate:

- Cast-in-place Reinforced Concrete (standard wgt concrete, 3 inch min.) _________  Plywood on wood or metal joist or truss _________
- Precast Concrete Panels ("T's", "Double T's", Planks, etc.) _________  Wood boards or T & G deck on wood joist or truss _________
- Metal Decking w/ **standard wgt concrete** (3 inch min.) on metal joist, truss or beam _________  Fiberboard or Tectum on wood or metal joist or truss _________
- Other Metal Decking Systems (insulating concrete and/or rigid insulation or other light coverings) _________  Poured Gypsum on Formboard Decking on wood or metal joist or truss _________

Roof Geometry, check appropriate response:

- Flat or low slope (< 1:12) _________  Gable-end _________  Hip System _________
- Shed System _________  Other ____________________________________________

Is Roof Slope greater than 30 degrees (6:12)?  Yes _______  No _________
Does the roof have a long span area (unsupported span of greater than 40 ft.)?  
Yes _______  No _______

Are Roof Eaves/Overhangs (width > 1 ft.) present that connect directly to the roof structure?  
Yes _______  No _______

Are appropriate load-path connections present for the building's construction type? (e.g., hurricane clips and straps for wood-frame construction)  
Yes _______  No _______

If Parapet(s) are present and roof ponding is a threat, are emergency overflow scuppers present?  
Yes _______  No _______

Are Skylights or other overhead Atrium glass or plastic units present?  
Yes _______  No _______
Facility Name ________________________________  Page __4__ of ____

FACILITY DESCRIPTION (cont'd):

Describe General Condition of the Building:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe other construction features (features that enhance and detract from usage) and/or site specific special hazards (e.g., HazMat (Sec. 302), close proximity debris sources, etc.) associated with this facility that should be considered when the Division of Emergency Management reviews this proposal:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Describe wind or other storm effects damage history of this facility (e.g., severe roof leaks, etc.):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________