

Part One: (Local Emergency Management Provided)

SECTION 0 - IDENTIFICATION	
<p>0.1 Facility Name: _____</p> <p>Building ID #: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State, Zip+4: _____</p> <p>0.2 Latitude: _____</p> <p>Longitude: _____</p> <p>0.3 County: _____</p> <p>0.4 Owner: _____ Public ' Private '</p> <p>0.5 Facility Type: <input type="checkbox"/> vital - <input type="checkbox"/> shelter - <input type="checkbox"/> utility</p> <p><input type="checkbox"/> other _____</p>	<p>0.6 Contact: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 1: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 2: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p>
<p>0.7 Indicate Area/s of Facility that are planned to be used as shelter; " Cafeteria; " Gymnasium; " Auditorium; " Classroom; " Corridor; " Kitchen; " Clinic; " Other: _____</p>	
<p>0.8 Does the building have Alternate Communications with local Emergency Management? " YES " NO</p> <p>If yes, indicate type: _____</p>	
<p>0.9 Under normal conditions, which Power Company provides electrical power? _____</p>	

SECTION 1 - STORM SURGE INUNDATION		
YES	<input type="checkbox"/>	1.1 Is the Facility located on a coastal barrier island?
NO	<input type="checkbox"/>	
YES	<input type="checkbox"/>	1.2 According to the appropriate Storm Tide Atlas, is the Facility's site located above any Category 4 storm surge zone? (If not applicable, answer YES)
NO	<input type="checkbox"/>	

SECTION 1 - STORM SURGE INUNDATION	
1.2.1 What is the site elevation above MSL? _____ feet above MSL What is the building's ground floor elevation above MSL? _____ feet above MSL	
1.2.2 What is the maximum predicted storm surge height at the Facility's site? Cat. 2 _____ feet MSL Cat. 3 _____ feet MSL Cat. 4/5 _____ feet MSL	
1.2.3 What is the maximum height of surge expected in the building? Cat. 2 _____ feet MSL Cat. 3 _____ feet MSL Cat. 4/5 _____ feet MSL	
YES	1.3 According to the appropriate Storm Tide Atlas, is the Facility's site subject to isolation due to storm surge activity?
NO	

SECTION 2 - RAINFALL FLOODING/ DAM CONSIDERATIONS	
YES	2.1 Is the building's first floor elevation on an equal or higher elevation than that of the base flood elevation level for site?
NO	
2.1.1 What is the base flood elevation at the building? _____ feet above MSL	
2.1.2 If multi-storied, does the building have a floor level above the base flood elevation? ' YES ' NO The (____) floor elevation is _____ feet above MSL ' Not Applicable	
YES	2.2 According to the appropriate Flood Insurance Rate Map, is the Facility's site above the 100-year flood plain?
NO	
2.2.1 What flood zone is the Facility's site located within? ' A____; ' B; ' C; ' D; ' X; ' V; ' Panel Not Printed; ' Area Not Surveyed ;	
YES	2.3 According to the appropriate Flood Insurance Rate Map, is the Facility's site above the 500-year flood plain?
NO	
YES	2.4 According to the appropriate Flood Insurance Rate Map(s), is the Facility's site subject to isolation due to riverine and/or ponding inundation of roadways?
NO	
YES	2.5 Is the Facility's site subject to inundation due to failure of containment of levees, dams and reservoirs following hurricane-related flooding?
NO	
YES	2.6 Is the Facility's site subject to isolation due to failure of containment of dams and reservoirs following hurricane-related flooding?
NO	
YES	2.7 Is there an engineered stormwater drainage system at the Facility's site?

Condition: ' Clean and functional ' Marginally functional ' Non-functional

SECTION 2 - RAINFALL FLOODING/ DAM CONSIDERATIONS		
NO		
YES		2.8 Is there a history of minor flooding/ponding at the Facility's site under normal rainfall conditions? (minor flooding is the water level where water actually enters buildings)
NO		
2.9 Comments: _____		

SECTION 3 - HAZMAT AND NUCLEAR POWER PLANT CONSIDERATIONS		
YES		3.1 Are hazardous materials manufactured, used, or stored (in reportable quantities) at, or in close proximity to the Facility's site? ' Data on the hazardous material facilities in the area was not available at the time of the survey.
NO		
YES		3.2 Is the Facility's site located within the Vulnerability Zone of a facility that manufactures, uses, or stores materials that are considered extremely hazardous (Section 302)? ' Data on the hazardous material facilities in the area was not available at the time of the survey.
NO		
YES		3.3 Is the Facility's site located within the two-mile Emergency Planning Zone (EPZ) of a nuclear power plant? ' Data on the hazardous material facilities in the area was not available at the time of the survey.
NO		
YES		3.4 Is the Facility's site located within the ten-mile Emergency Planning Zone (EPZ) of a nuclear power plant, but outside the two-mile EPZ? ' Data on the hazardous material facilities in the area was not available at the time of the survey.
NO		
3.5 Comments: _____		

3.6 INFORMATION PROVIDED BY:	
Name:	Title:
Address:	Phone:
City, State Zip:	Fax:

Part Two: (Facility Surveyor Provided)

SECTION 0 - IDENTIFICATION	
<p>0.1 Facility Name: _____</p> <p>Building ID #: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State, Zip+4: _____</p> <p>0.2 Latitude: _____</p> <p>Longitude: _____</p> <p>0.3 County: _____</p> <p>0.4 Owner: _____ Public ' Private '</p> <p>0.5 Facility Type: F vital - F shelter - F utility</p> <p>F other _____</p>	<p>0.6 Contact: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 1: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 2: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p>
<p>0.7 Surveyor's Name: _____ Survey Date: _____</p>	
<p>0.8 Comments: _____</p> <p>_____</p> <p>_____</p>	

SECTION 4 - LAY DOWN HAZARD EXPOSURE	
YES	4.1 Is there a lay-down hazard in close proximity to the Facility?
NO	
<p>4.1.1 Are there large/tall trees within lay-down range of the Facility? ' Yes ' No</p>	
<p>4.1.2 Are there tall structures (e.g., towers, chimneys, steeples, etc.) within lay-down range of the Facility? ' Yes ' No</p>	

SECTION 4 - LAY DOWN HAZARD EXPOSURE	
YES	<input type="checkbox"/> 4.1 Is there a lay-down hazard in close proximity to the Facility?
4.1.3	Are there potential roll-over hazards within 100 feet of the HES building? For example, unanchored relocatable buildings, vehicle parking lot, and unanchored HVAC units. ' Yes ' No Describe: _____
4.1.4	Is there at least one access road not tree-lined? ' Yes ' No
4.1.5	Comments: <u>(Specify quantity and distribution of lay-down hazards in relation to building)</u> _____ _____

SECTION 5 - WIND AND DEBRIS EXPOSURE	
YES	<input type="checkbox"/> 5.1 Will the Facility site be exposed to the full force of hurricane winds?
NO	<input type="checkbox"/>
5.1.1	What is the degree of wind exposure for the Facility? ' Sheltered Exposure ' Limited Exposure ' Unsheltered Exposure
5.1.1.1	What is the type of topography? ' Flat ' Sheltered ' Hill ' Promontory
5.1.1.2	What is the surrounding terrain? North: ' Flat ' Hilly ' Low Lying (• marsh) ' Open ' Wooded (• heavily - • lightly) ' Rural ' Residential ' Lake/Pond ' Commercial Dist. (• shopping - • manufacturing) ' Many tall trees ' Other: _____
	South: ' Flat ' Hilly ' Low Lying (• marsh) ' Open ' Wooded (• heavily - • lightly) ' Rural ' Residential ' Lake/Pond ' Commercial Dist. (• shopping - • manufacturing) ' Many tall trees ' Other: _____
	East: ' Flat ' Hilly ' Low Lying (• marsh) ' Open ' Wooded (• heavily - • lightly) ' Rural ' Residential ' Lake/Pond ' Commercial Dist. (• shopping - • manufacturing) ' Many tall trees ' Other: _____
	West: ' Flat ' Hilly ' Low Lying (• marsh) ' Open ' Wooded (• heavily - • lightly) ' Rural ' Residential ' Lake/Pond ' Commercial Dist. (• shopping - • manufacturing) ' Many tall trees ' Other: _____
5.1.1.3	Is the Facility within one mile of the ocean or other large body of water? ' Yes ' No

SECTION 5 - WIND AND DEBRIS EXPOSURE	
5.1.1.4	Is the Facility within a quarter mile of an open area? ' Yes ' No
5.2	What is the degree of debris hazard exposure for the Facility? ' Minimal Exposure ' Limited Exposure ' High Exposure
5.2.1	Do the structures within a 300-foot radius have roof gravel? ' Yes ' No
5.2.2	Is there potential of debris from metal, wood frame, and masonry buildings, loose material or roofing Within a 100 foot radius? ' Yes ' No Within a 300 foot radius? ' Yes ' No
5.2.3	Are there other debris generating sources within a 100 foot radius (e.g., lumber yard, junk yard, plant nursery, tree branches, etc.)? ' Yes ' No Within a 300 foot radius? ' Yes ' No
5.2.4	Are there relocatable/portable buildings located on-site? ' Yes ' No
5.2.4.1	Are the relocatable/portable building(s) securely anchored? ' Yes ' No ' Not Applicable
5.2.4.2	Are the relocatable/portable building(s) within 100 feet of the HES? ' Yes ' No ' Not Applicable
5.2.5	Comments: <u>(Specify quantity, types, and distribution of debris sources)</u> _____ _____ _____

SECTION 6 - WIND DESIGN VERIFICATION		
YES	<input type="checkbox"/>	6.1 Has a structural engineer certified this building as being capable of withstanding wind loads according to ASCE 7-88 or ANSI A58 (1982) structural design criteria?
NO	<input type="checkbox"/>	(Give preference, in selecting shelters, to buildings designed to ASCE-7 or ANSI A58, in lieu of other model codes)
6.1.1 If yes, Specify actual wind design parameters (e.g., ASCE-7, 110 mph) _____		
YES	<input type="checkbox"/>	6.1.2 Does the building have more than one story?
NO	<input type="checkbox"/>	
6.1.2.1 How many stories does the building have? ' One ' Two ' Three ' Four-Five ' Six +		
6.1.2.2 What is the overall height of the building? ' 0-30 feet ' 31-59 feet ' 60+ feet		
YES	<input type="checkbox"/>	6.2 Was this building designed by a professional architect or structural engineer?
NO	<input type="checkbox"/>	' Unknown

SECTION 6 - WIND DESIGN VERIFICATION

6.2.1 What type(s) of technical design drawings were available for the survey?

- Architectural • Full • Preliminary
 Structural • Full • Preliminary
 • Partial • As-Built • Partial • As-Built
 • None • None

- Drawings do NOT furnish a high level of detail; • Drawings are more representative of residential drawings.
- Truss anchors and/or reinforcement in masonry was not addressed.

6.2.2 The building was designed in what year? _____ Actual Estimated

6.2.3 In what year(s) were major addition(s) built? _____

6.2.4 What type of wind resistance code was utilized (or prevalent) at the time of **design**?

- Model Building Code (• SBC - • SFBC - • Other: _____)
 Custom Code MBMA Unknown None

6.2.5 To what wind speed was the building designed? ____ mph _____ importance factor ' Unknown

6.2.6 Comments: _____

SECTION 7 - CONSTRUCTION TYPE/LOAD PATH VERIFICATION

YES		7.1 Is there a definable and continuous load path from the building's roof to its foundations?
NO		

7.1.1 What is the primary roof support system? ' Reinforced Concrete ' Steel Beam

 ' Steel Truss ' Open Web Steel Joist ' Tapered Steel Beam ' Wood Truss ' Unknown

 ' Glue Laminated Wood Beam ' Other: _____

7.1.2 What is the primary load-bearing structure of the building? ' Wood Frame

 ' Unreinforced Masonry Walls ' Reinforced Concrete Frame ' Heavy Steel Frame

 ' Tapered Steel Frame ' Reinforced Masonry Walls ' Heavy Timber Frame

 ' Laminated Beam Frame ' Unknown ' Other: _____

SECTION 7 - CONSTRUCTION TYPE/LOAD PATH VERIFICATION	
7.1.3 How is the primary roof support system connected to the primary load-bearing system?	
Description: _____ _____	
7.1.4 How is the primary load-bearing system connected to the foundation?	
Description: _____ _____	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
7.2 Is the building a Pre-engineered (steel pre-fabricated) building built <u>OR</u> designed prior to the mid 1980's? (Specify year built/designed: _____)	

SECTION 8 - BUILDING CONDITION/ WIND DAMAGE HISTORY	
8.1 From observation, what is the overall condition of the building?	
' Good Condition ' Minor Deterioration ' Major Deterioration	
8.2 Is there any history of damage from high winds, or storms at this building? ' YES ' NO	
8.3 Comments: <i>(Specify damage history):</i> _____ _____ _____	

SECTION 9 - EXTERIOR WALL CONSTRUCTION	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
9.1 Are the exterior walls relatively wind and debris impact resistant?	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>
9.1.1 Does the building have unreinforced masonry walls on its exterior? ' Unreinforced Masonry <u>or</u> ' Rebar Spacings Unknown	

SECTION 9 - EXTERIOR WALL CONSTRUCTION

9.1.1.1 If no, what is the Exterior Wall Construction type? (*Check only one*)

- ' Reinforced Masonry
(Rebar @ 4 ft. centers or closer)
- ' Light Wood or Metal Stud
w/ ½ inch or thicker plywood
- ' Partial Reinforced Masonry
(Rebar @ 8 ft. centers to 4 ft. centers)
- ' Light Wood or Metal Stud
w/ light non-plywood sheathing
- ' Partial Reinforced Masonry
(Four-bar Pilasters 13 feet on center or less)
- ' 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
- ' Other: _____

9.1.1.2 If Metal Sheets or Panels (e.g. PEMB structures), what is the gage of the metal sheets or panels?

- ' Thinner than 22 gage (26 gage, etc.)
- ' 22 gage or thicker (18, 16, etc.)
- ' Not Applicable

9.1.2 Do the exterior walls have a brick or stone veneer (3 to 4 inches thick)? ' YES ' NO

9.1.3 Do the exterior walls have an Exterior Insulating and Finish System (EIFS)? ' YES ' NO

9.1.4 Are there cantilevered walls (walls connected/supported at the base/foundation, but not at the roof) on the exterior of the building? ' YES ' NO

Describe: _____

9.1.5 Are there any other softspots noted in the building's exterior wall/roof? ' YES ' NO

Describe: _____

SECTION 10 - FENESTRATIONS/WINDOW PROTECTION

YES		10.1 Are all the windows in the building adequately protected by shutters/protective systems?
NO		

10.1.1 What is the percentage of Glass in the exterior walls ? ' 0% to 1% ' 2% to 5% ' 6%+

(_____ sq. ft. of glazings ÷ _____ sq. ft. of exterior walls x 100 = ____)

10.1.2 Are there "store-front", atrium, or clerestory sections of glazing in the exterior walls? ' YES ' NO

10.1.3 What type of glass is utilized in the exterior walls? ' Unknown

- ' Fully Tempered
- ' Laminated Glass
- ' Other _____

SECTION 10 - FENESTRATIONS/WINDOW PROTECTION

10.1.4 Are all the windows in the exterior walls of the building shuttered/protected against windborne debris?

' YES ' NO ' Not Applicable

10.1.5 Has the shuttering/protective system used to protect the windows been certified to meet the windload and impact resistance standards in the Dade County version of the South Florida Building Code (Sections 2314.1, 2314.5, and 2315.1-2315.4), or SBC Standard SSTD 12-94?

' YES ' NO ' Not Applicable ' Unknown

10.1.6 If there is a shuttering/protective system in use but it is not certified to the standards in 10.1.5 above, is there documentation indicating the system was designed to transfer impact and wind loads to the building walls?

' YES ' NO ' Not Applicable ' Unknown

10.1.6.1 Does it appear that the system was installed per the manufacturers' design documentation?

' YES ' NO ' Not Applicable ' Unknown

10.1.6.2 Is the shuttering/protective system frame directly anchored into the wall around the window?

' YES ' NO ' Not Applicable ' Unknown

10.1.6.3 If a film protective system is used, does the film cover the entire glazing (exposed glass and portions embedded in the frame)?

' YES ' NO ' Not Applicable ' Unknown

10.2 Are there overhead/large door(s) in the building? ' YES ' NO

10.2.1 Have the overhead/large door(s) and framing been modified with additional bracing to resist high wind loads?

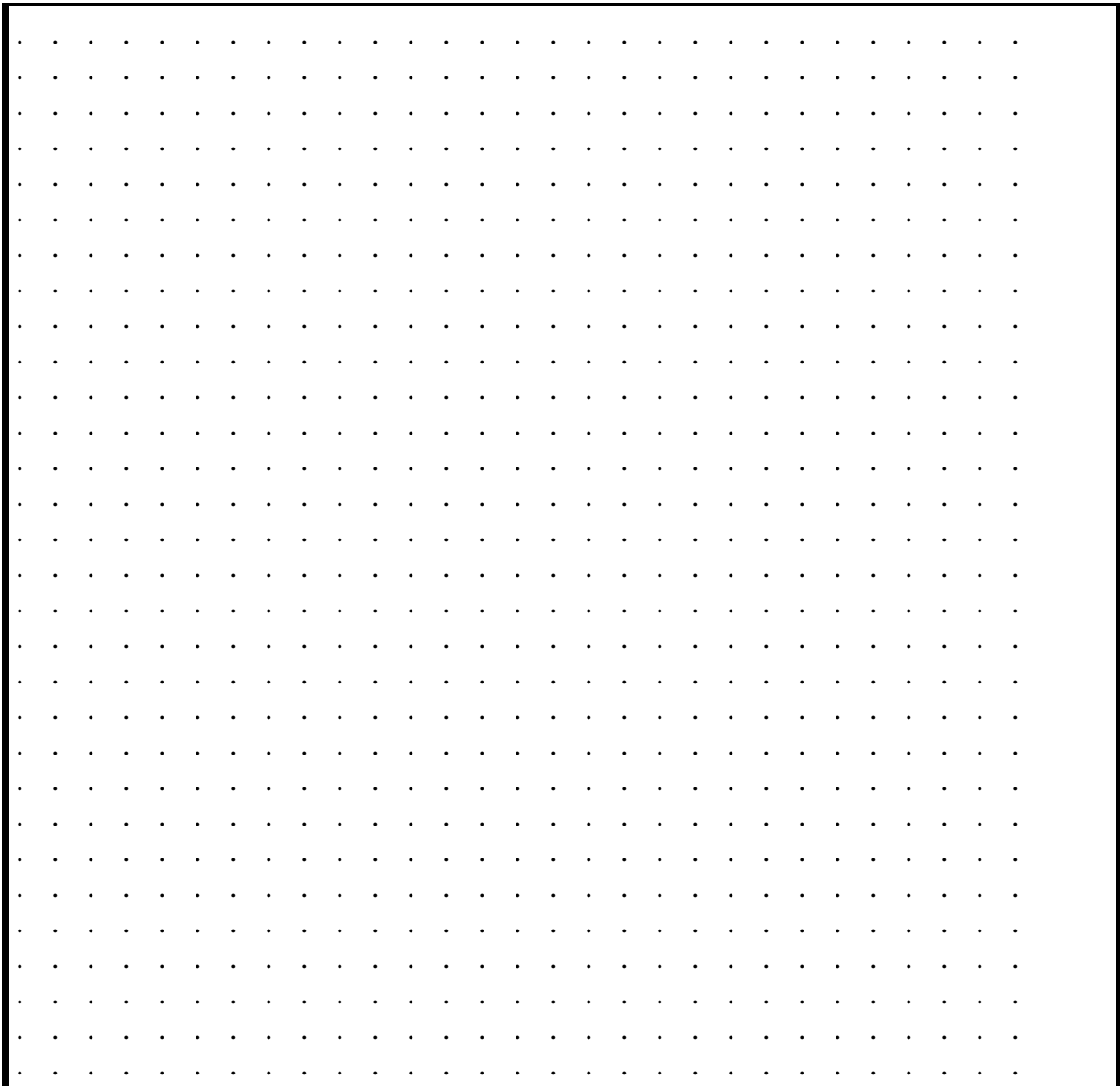
' YES ' NO ' Not Applicable ' Unknown

10.3 Are there skylights or overhead atrium glass or plastic? ' YES ' NO

Describe: _____

10.4 Comments: _____

SECTION 10 - FENESTRATIONS/WINDOW PROTECTION



10.5 Draw "footprint" sketch of building showing overall dimensions & window location.

Window/Door Types and sizes:

A Size ____ x ____ - Type _____ : G Size ____ x ____ - Type _____
 B Size ____ x ____ - Type _____ : H Size ____ x ____ - Type _____
 C Size ____ x ____ - Type _____ : I Size ____ x ____ - Type _____
 D Size ____ x ____ - Type _____ : J Size ____ x ____ - Type _____
 E Size ____ x ____ - Type _____ : K Size ____ x ____ - Type _____
 F Size ____ x ____ - Type _____ : L Size ____ x ____ - Type _____

SECTION 11 - ROOF CONSTRUCTION/ROOF SLOPE

11.1 What is the Roof Construction type of the Building?

- ' Cast-in-place Reinforced Concrete (standard wgt concrete, 4" min.)
- ' Plywood on wood or metal joist or truss (spacing: _____)
- ' Precast Concrete Panels ("T"s", "Double T"s", Planks, etc.)
- ' Wood boards or T & G deck on wood joist or truss (spacing: _____)
- ' Metal Decking w/standard wgt concrete (3" min.) on metal joist, truss, or beam (spacing: _____)
- ' Fiberboard or Cementitious fiber planks on wood or metal joist or truss (spacing: _____)
- ' 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 (spacing: _____)
- ' Other: _____

11.1.1 If a Metal Decking System, what is the gage of the metal decking?

- ' Thinner than 22 gage (26 gage, etc.)
- ' 22 gage or thicker (18, 16, etc.)
- ' Not Applicable

YES		11.2 Does the building have a heavyweight roof system?
NO		

11.2.1 What is the estimated roof weight? ' Heavy weight (50 pounds per square foot or greater)
 ' Lightweight (25 pounds per square foot or less) ' Mediumweight (26-49 pounds per square foot)

YES		11.3 Does the building have a hipped roof system?
NO		

SECTION 11 - ROOF CONSTRUCTION/ROOF SLOPE

YES		11.4 Does the building have a flat roof system?
NO		

11.5 If not a hipped or flat roof system, what is the roof geometry of the Building?

' Gable-ended ' Shed System ' Other: _____

11.5.1 If Gable-ended, are the gable-ends braced against collapse? ' Yes ' No ' Not Applicable

If yes, describe: _____

YES		11.6 Is the Roof Slope steep-pitched [greater than 30 degrees (7:12)]?
NO		

11.6.1 What is the roof pitch? ' flat slope (0-1 degrees)

' shallow slope (2-10 degrees) ' moderate slope (11-29 degrees) ' steep slope (30+ degrees)

11.7 What is the width of the roof overhang? _____ feet

11.8 What type of roof covering is used?

' Built-up roofing (• with gravel; • without gravel) ' Single-ply membrane with gravel or pavers

' Shingles ' Standing Seam Metal roof ' Tile Roof ' Slate Roof ' Metal Panels

' Single-Ply membrane mechanically fastened or fully adhered ' Unknown

' Other: _____

11.9 What is the age of the roof covering? ' Less than 5 years ' 5-10 years

' 11-15 years ' 16-20 years ' Greater than 20 years ' Unknown

YES		11.10 Are there structures on the roof top vulnerable to high wind forces?
NO		

11.10.1 What mechanical equipment is on the roof (i.e., air conditioners, ventilators, etc.)?

' air conditioners ' air handling units ' large vents ' Not Applicable

' Other: _____

11.10.1.1 Is the mechanical equipment on the roof securely fastened to the roof structure? ' YES ' NO

11.10.2 Are there lightly constructed structures or penthouses on the roof? ' YES ' NO

Describe: _____

11.10.3 Are there any stacks, antennas or lights on the roof? ' YES ' NO

Describe: _____

SECTION 11 - ROOF CONSTRUCTION/ROOF SLOPE

11.11 Comments: _____

SECTION 12 - ROOF OPEN SPAN

YES

12.1 Does the building have a long or open roof span?

(A long or open span is a roof span of greater than 40 feet between vertical supports.)

NO

12.1.1 Is there a span greater than 40 feet between vertical supports? ' YES ' NO

12.1.2 List the areas with span(s) greater than 40 feet: _____

12.1.3 If under a hipped roof system with moderate to steep slope, or a lightweight/medium weight roof system with moderate to steep slopes, is there a span greater than 50 feet between vertical supports?

' YES ' NO ' Not Applicable

12.1.3.1 List the areas with span(s) greater than 50 feet: _____

12.1.4 Comments: _____

SECTION 13 - ROOF DRAINAGE / PONDING INFORMATION

13.1 What is the height of the parapet wall around the roof's perimeter?

' Four inches or less ' Greater than four inches ' No parapet wall

13.2 Are there scuppers in all the parapet walls? ' YES ' NO ' Not Applicable

If some but not all walls, describe which walls have scuppers: _____

13.3 Is there evidence of roof covering degradation or interior water damage on the top floor of the building?

' YES ' NO Describe: _____

SECTION 13 - ROOF DRAINAGE / PONDING INFORMATION

13.4 Is there evidence of ponding on the roof? ' YES ' NO

13.5 Comments: _____

SECTION 14 - INTERIOR SAFE SPACE

YES		14.1 Does the building have an interior corridor(s) or interior rooms that could be used as hurricane evacuation shelter space ?
NO		

14.1.1 What is the square footage of the interior corridor(s) or interior rooms in the building?

_____ square feet

14.1.2 What is the Interior Corridor Wall Construction type? (*Check only one*)

- | | |
|--------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| ' Reinforced Masonry
(Rebar @ 4 ft. centers or closer) | ' Light Wood or Metal Stud
w/ ½ inch or thicker plywood |
| ' Partial Reinforced Masonry
(Rebar @ 8 ft. centers to 4 ft. centers) | ' Partial Reinforced Masonry
(Four-bar Pilasters 13 feet on center or less) |
| ' Unreinforced Masonry or
Rebar spacings 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 |
| ' Light Wood or Metal Stud
w/ light non-plywood sheathing | ' Not Applicable / No Interior Corridor |
| ' Other: _____ | |

14.1.3 What type of door(s) open onto the interior corridor from inside the building?

- | | | |
|----------------------------------|---------------------------|------------------|
| ' Hollow Metal Door, no windows | ' Wood Door, no windows | ' Not Applicable |
| ' Hollow Metal Door, view window | ' Wood Door, view window | |
| ' Metal Door, large window | ' Wood Door, large window | |
| ' Glass Door, metal frame | ' Other: _____ | |

SECTION 14 - INTERIOR SAFE SPACE

14.1.4 What type of door(s) open onto the interior corridor from outside the building?

- ' Metal Door, no windows
- ' Wood Door, no windows
- ' Not Applicable
- ' Metal Door, view window
- ' Wood Door, view window
- ' Metal Door, large window
- ' Wood Door, large window
- ' Glass Door, metal frame
- ' None
- ' Other: _____

14.1.5 Are there drawbolts on the top and bottom of the interior corridor exit doors? ' YES ' NO

' Not Applicable

14.1.6 What type of ceiling deck or cap is over the interior corridor? (This is not the drop ceiling but a structural decking that seals off the corridor from the roof system)

- ' Normal-weight Concrete Deck/Slab
- ' Poured Gypsum Decking
- ' Metal Decking
- ' Precast Concrete Slab
- ' Concrete Tees
- ' No corridor decking, just drop ceiling and building roof decking above.
- ' Not Applicable
- ' Other: _____

14.1.7 If there is a ceiling deck or cap, how is it connected to the interior corridor walls?

- ' Gravity loaded
- ' Anchored
- ' Not Applicable
- ' Other: _____

14.1.8 Comments: _____

14.2. What is the total floor (footprint) area of the building? _____ square feet

14.2.1 What is the total floor area available (in the building) for use as shelter area (exclude interior corridors)?

(This is the total square footage of those rooms or areas to be used as shelter areas); _____ square feet.

14.2.2 Excluding walking area and areas with immovable furniture, how much of the shelter floor area is actually usable for personal shelter space? (Note: show shelter space on building sketch maps)

As-Is: _____ square feet

Additional Area After Minor Retrofit: _____ square feet

Additional Area After Major Retrofit: _____ square feet

SECTION 14 - INTERIOR SAFE SPACE

14.2.3 Comments: _____

SECTION 15 - LIFE SAFETY/EMERGENCY POWER

YES

NO

Unknown

15.1 At the time of the survey, is the building known to be noncompliant with any life safety or fire codes?

15.1.1 If yes, describe area(s) of non-compliance: _____

YES

NO

15.2 Is there a survivable on-site emergency power system?

15.2.1 Is there an emergency power supply generator on-site? ' YES ' NO (If No, go to section **15.2.13**)

15.2.2 If yes, what are its ratings? ' Not Applicable

_____ KW, _____ Amperes, ____/____ Volts; ' Single Phase ' Three Phase

' Three-Wire ' Four-Wire Configuration; Brand Name: _____

15.2.3 Is the generator storm hazard protected? ' YES ' NO ' Not Applicable

Describe: _____

15.2.4 Is the generator securely anchored? ' YES ' NO ' Portable Generator ' Not Applicable

Describe: _____

15.2.5 Is the generator regularly maintained? ' YES ' NO ' Unknown ' Not Applicable

Describe: _____

15.2.6 What is the fuel type of the generator? ' Not Applicable ' Gasoline ' Diesel ' LP

' Natural Gas ' Other: _____

15.2.7 What is the on-site fuel storage capacity (size of tank)? _____ gallons; ' Not Applicable

SECTION 15 - LIFE SAFETY/EMERGENCY POWER

15.2.8 What is the type of fuel tank? ' Not Applicable ' Above ground ' Below ground
' Portable ' Anchored/Fixed ' Heavy Steel ' Concrete ' Lightweight metal
' Other: _____

15.2.9 Is the fuel tank storm hazard protected? ' YES ' NO ' Not Applicable
Describe: _____

15.2.10 What building(s) are connected to the emergency power generator system? ' Not Applicable
' All on-site ' Specify: _____

15.2.11 What load(s) are connected to the emergency power generator system? ' Not Applicable
' Safety lights ' Exit lights ' Freezers ' Well pumps ' Fire Alarms
' Security Alarms ' Emergency Lighting ' Lift Station(s) ' Kitchen Equipment
' Other(s): _____

15.2.12 Comments: _____

15.2.13 Is the building pre-wired for connection to a portable generator? ' YES ' NO
_____ KW, _____ / _____ Voltage, _____ Phase, _____ Wire Configuration

Part Three: (Mass Care Provider Supplied)

SECTION 0 - IDENTIFICATION	
<p>0.1 Facility Name: _____</p> <p>Building ID #: _____</p> <p>Street Address: _____</p> <p>City: _____</p> <p>State, Zip+4: _____</p> <p>0.2 Latitude: _____</p> <p>Longitude: _____</p> <p>0.3 County: _____</p> <p>0.4 Owner: _____ Public ' Private '</p> <p>0.5 Facility Type: F vital - F shelter - F utility</p> <p>F other _____</p>	<p>0.6 Contact: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 1: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p> <p>Alternate 2: _____</p> <p>Title: _____</p> <p>Phone: _____</p> <p>Alt. Phone: _____</p>

SECTION 16 - SITE INFRASTRUCTURE (OPTIONAL)		
YES		16.1 Is there a survivable on-site potable (i.e., bottled or drinkable) water supply?
NO		
16.1.1 What is the primary on-site potable water source?		
' Public Utility ' On-site Well ' Other _____		
16.1.2 What are the secondary on-site potable water sources? ' None		
' On-site Water Tank (_____ Gals.) ' Other _____		
16.1.3 What are the on-site non-potable water sources? ' None		
' Irrigation Well ' Swimming Pool ' Other _____		
YES		16.2 Is there a survivable on-site septic/sanitary sewage system?
NO		
16.2.1 What is the on-site sanitary sewage system? ' Public Utility ' Wastewater Treatment Plant		
' Septic Tank ' Other _____		

SECTION 16 - SITE INFRASTRUCTURE (OPTIONAL)

16.2.2 What are the potential secondary sanitary sewage systems on-site? ' None ' Abandoned Septic Tank
' Portable Units ' Other _____

16.3 Comments: _____

SECTION 17 - MASS CARE CHARACTERISTICS (OPTIONAL)

17.1 What type of food preparation capability does the building have? ' None ' Full Kitchen
' Warming Oven Kitchen ' Other: _____

17.2 What types of equipment are available in the kitchen?

- ' Refrigerator(s) # _____ Size(s): _____
- ' Walk-in Refrigerator(s) # _____ Size(s): _____
- ' Freezer(s) # _____ Size(s): _____
- ' Walk-in Freezers(s) # _____ Size(s): _____
- ' Burner(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Griddle(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Oven(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Convection Oven(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Microwave Oven(s) # _____ Size(s): _____
- ' Tilting Fryer(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Icemaker # _____ Size(s): _____
- ' Steamer Oven(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Vertical Warmer(s) # _____ Fuel Type(s): • Electric; • Nat. Gas; • LP Gas; • Other: _____
- ' Other: _____

17.3 How many servings can the kitchen handle per meal? # _____

17.4 Is there a cafeteria in the building? ' YES ' NO (If yes, shelter usable square footage : _____)

17.5 Is there a Snack Bar in the building? ' YES ' NO (If yes, shelter usable square footage: _____)

SECTION 17 - MASS CARE CHARACTERISTICS (OPTIONAL)

17.6 Comments: _____

17.7 What are the total number of toilets available inside the building? # _____

17.7.1 Toilets: # **Male** ____ (# handicap: ____); # **Female** ____ (# handicap: ____); # **Unisex** ____ (# handicap: ____)

17.7.2 Wash Basins: # **Male** ____; # **Female** ____; # **Unisex** ____;

17.7.3 Showers: # **Male** ____ # **Female** ____

17.7.4 Comments: _____

17.8 Health Care: # _____ rooms Total square footage: _____ # _____ beds

17.9 What are the size(s) and number of paved/unpaved parking lots on-site?

' Paved # _____ lots, # cars: _____; ' Unpaved # _____ lots, # cars: _____;

17.10 Comments: _____

SECTION 18 - COMMUNICATIONS (OPTIONAL)

YES	18.1 Does the building have an emergency communications capability?
NO	

18.1.1 Does the building have land line telephone(s)? ' YES ' NO

18.1.2 Does the building have any land line telephone(s) that will continue to function even after electrical power is lost (i.e., an emergency telephone line)? ' YES ' NO

SECTION 18 - COMMUNICATIONS (OPTIONAL)

18.1.3 What weather warning communications capabilities are available to the building?

- ' NOAA weather alert radio; ' Weather Channel(s) - Cable; ' Commercial Radio Broadcasts;
- ' Short-Wave Radio; ' Local Emergency Management Radio Broadcasts;
- ' Other: _____

18.1.4 Does the building have an intercom system? ' YES (• One-Way; • Two-Way); ' NO

18.1.5 If yes, does the intercom work when electric power is lost? ' YES ' NO

18.1.6 Comments: _____

18.2		INFORMATION PROVIDED BY:	
Name:		Title:	
Address:		Phone:	
City, State Zip:		Fax:	