



Shelter Facility Owner Pre-Survey Form

This form must be completed by the facility owner/operator. It records basic details about the site and contact information. Once completed, send it to the Red Cross representative.

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| Red Cross Representative: | Red Cross Contact Info: |
| Date Completed: | Contact Info: Person Completing Form: |
| Site Name: | |
| Address: | County: |
| City: | State: Zip: |
| Site Information | |
| Year Built: | Site Meets Current Occupancy Codes: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Functional Fire Suppression System (fire alarms, sprinkler system, fire department direct alert): <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Smoke Alarms: <input type="checkbox"/> Y <input type="checkbox"/> N | Fire Extinguishers: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Functioning Emergency Exits: <input type="checkbox"/> Y <input type="checkbox"/> N | AEDs: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Water Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Well | <input type="checkbox"/> Trapped Water Other: _____ |
| Plumbing Source: <input type="checkbox"/> Municipal <input type="checkbox"/> Septic Tank | <input type="checkbox"/> Water-less Other: _____ |
| Emergency Generator: <input type="checkbox"/> Y <input type="checkbox"/> N | What is powered by generator? _____ |
| Cooling System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> No AC | Other: _____ |
| Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> No Heat | Other: _____ |
| Wireless Internet: <input type="checkbox"/> Y <input type="checkbox"/> N | Pets Allowed: <input type="checkbox"/> Y <input type="checkbox"/> N |
| Are there outside areas for pet relief? _____ | |
| Facility Accessibility: <input type="checkbox"/> 1984 UFAS <input type="checkbox"/> 1991 ADA Standards <input type="checkbox"/> 2004 ADAAG <input type="checkbox"/> 2010 ADA Standards <i>chose all that apply</i> <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____ | |
| Contact Information | |
| <i>The Red Cross needs to know who to contact for additional information during disaster readiness and all potential points of contact during disaster. The "Primary" contact is the individual who serves as the main point of contact to the Red Cross during disaster readiness. It is helpful to provide alternate points of contact who may be actively involved when opening the shelter and who can be reached after-hours. Contacts can be updated with the Red Cross as necessary.</i> | |
| SITE CONTACT INFORMATION: | CONTACT TYPE: Primary |
| First Name: | Last Name: |
| Agency: | Title: |
| Phone #: | Alternative Phone #: |
| Email Address: | |

To Be Used by Facility Owner/Operator

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|----------------------------------|----------------------------------|
| SITE CONTACT INFORMATION: | CONTACT TYPE: Alternative |
| First Name: _____ | Last Name: _____ |
| Agency: _____ | Title: _____ |
| Phone #: _____ | Alternative Phone #: _____ |
| Email Address: _____ | |

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|----------------------------------|----------------------------------|
| SITE CONTACT INFORMATION: | CONTACT TYPE: Alternative |
| First Name: _____ | Last Name: _____ |
| Agency: _____ | Title: _____ |
| Phone #: _____ | Alternative Phone #: _____ |
| Email Address: _____ | |

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| Phone #: _____ | Alternative Phone #: _____ |
| Email Address: _____ | |

Print additional pages to share additional contact information if needed.

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