

# ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing [these guidelines](#) in addition to using this assessment form.

## I. ASSESSING AGENCY

<sup>1</sup>Agency/Organization Name: \_\_\_\_\_ <sup>137</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>20</sup>Facility location: Indoor Outdoor Mixed <sup>21</sup>Phone: \_\_\_\_\_ <sup>22</sup>Fax: \_\_\_\_\_  
<sup>23</sup>Email or other contact: \_\_\_\_\_ <sup>24</sup>Current census: \_\_\_\_\_ <sup>25</sup>Allowed capacity: \_\_\_\_\_  
<sup>26</sup>Total residents registered: Male: \_\_\_\_\_ Female: \_\_\_\_\_  
<sup>27</sup>How many aged: 0-5 years: \_\_\_\_\_ 6-12 years: \_\_\_\_\_ 13-18 years: \_\_\_\_\_ 19-40 years: \_\_\_\_\_ 41-59 years: \_\_\_\_\_ 60+ years: \_\_\_\_\_  
<sup>28</sup>Number of staff/volunteers: \_\_\_\_\_

## III. OCCUPANT INTAKE AND PROCESSING

<sup>29</sup>Health communications materials regarding COVID-19 are available for multiple audiences: Yes No Unk/NA  
<sup>30</sup>Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: Yes No Unk/NA  
<sup>31</sup>Masks are available for those who do not have them upon entry: Yes No Unk/NA

### NOTES

## IV. FACILITY

<sup>32</sup>Structural damage: Yes No Unk/NA  
<sup>33</sup>Security/law enforcement available: Yes No Unk/NA  
<sup>34</sup>HVAC system operational: Yes No Unk/NA  
<sup>35</sup>Adequate ventilation: Yes No Unk/NA  
<sup>36</sup>Adequate space per person: Yes No Unk/NA  
<sup>37</sup>Free of injury/occupational hazards: Yes No Unk/NA  
<sup>38</sup>Free of pest/vector issues: Yes No Unk/NA  
<sup>39</sup>Municipal power system is operational: Yes No Unk/NA  
<sup>40</sup>Working electric generator: Yes No Unk/NA  
<sup>41</sup>If yes, fuel type: \_\_\_\_\_  
<sup>42</sup>Backup power source is available: Yes No Unk/NA  
<sup>43</sup>If yes, source: \_\_\_\_\_  
<sup>44</sup>Adequate number of electrical outlets: Yes No Unk/NA  
<sup>45</sup>Indoor temperature: \_\_\_\_\_ °F Unk/NA  
<sup>46</sup>Fire safety: Working CO detector Working smoke detector  
Sprinklers Fire alarm Fire extinguisher (non-expired and full)



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## V. FOOD

<sup>47</sup> Prepared on site:	Yes	No	Unk/NA
<sup>48</sup> Served on site:	Yes	No	Unk/NA
<sup>49</sup> Safe food source:	Yes	No	Unk/NA
<sup>50</sup> Adequate supply:	Yes	No	Unk/NA
<sup>51</sup> Appropriate storage:	Yes	No	Unk/NA
<sup>52</sup> Appropriate temperatures:	Yes	No	Unk/NA
<sup>53</sup> Hand-washing facilities available:	Yes	No	Unk/NA
<sup>54</sup> Safe food handling:	Yes	No	Unk/NA
<sup>55</sup> Dishwashing facilities available:	Yes	No	Unk/NA
<sup>56</sup> Clean kitchen/dining area:	Yes	No	Unk/NA
<sup>57</sup> Food workers wear clean masks:	Yes	No	Unk/NA
<sup>58</sup> Roster of food workers is kept in secure area onsite:	Yes	No	Unk/NA
<sup>59</sup> Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	Yes	No	Unk/NA

## VI. DRINK

<sup>60</sup> Adequate drinking water supply	Yes	No	Unk/NA
<sup>61</sup> Drinking water sources:	Municipal	Well	Bottled
	Bulk	Other source	Unk/NA
<sup>62</sup> Adequate level of residual free chlorine:	Yes	No	Unk/NA
<sup>63</sup> Adequate ice supply:	Yes	No	Unk/NA
<sup>64</sup> Water system operational:	Yes	No	Unk/NA
<sup>65</sup> Safe ice source:	Yes	No	Unk/NA
<sup>66</sup> Hot water available:	Yes	No	Unk/NA

### NOTES

## VII. HEALTH/MEDICAL

<sup>67</sup> Number of ill residents within last 24 hours: _____			Unk/NA
<sup>68</sup> Number of pregnant women: _____			Unk/NA
<sup>69</sup> Reported injuries within last 24 hours:	Yes	No	Unk/NA
<sup>70</sup> Reported respiratory illness(es):	Yes	No	Unk/NA
<sup>71</sup> Reported GI illness(es):	Yes	No	Unk/NA
<sup>72</sup> Other reported illness/outbreak:	Yes	No	Unk/NA
<sup>73</sup> If yes, describe: _____			
<sup>74</sup> Medical care services on site:	Yes	No	Unk/NA
<sup>75</sup> First aid kits available on site:	Yes	No	Unk/NA
<sup>76</sup> AEDs available on site:	Yes	No	Unk/NA
<sup>77</sup> Mental health services available:	Yes	No	Unk/NA
<sup>78</sup> Temperature-controlled medication storage:	Yes	No	Unk/NA
<sup>79</sup> All occupants undergo testing if needed	Yes	No	Unk/NA
<sup>80</sup> If yes, what types(s) of test:			
COVID-19: _____	Type: _____		
Influenza: _____	Type: _____		
Other: _____	Type: _____		

<sup>81</sup> Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA
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<sup>82</sup> If yes, select which are available:				
Masks	Respirators	Gloves	Goggles	
Faceshields	Other: _____			

<sup>83</sup> Areas designated as restricted access for isolation in facility are clearly marked:	Yes	No	Unk/NA
<sup>84</sup> Hard barriers or partitions are used to create isolation areas for ill occupants:	Yes	No	Unk/NA
<sup>85</sup> Designated bathroom/shower facilities for occupant use in isolation areas :	Yes	No	Unk/NA
<sup>86</sup> Food services are delivered to ill occupants and staff in isolation areas.	Yes	No	Unk/NA
<sup>87</sup> Hand hygiene supplies are available in adequate quantities:	Yes	No	Unk/NA
<sup>88</sup> Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	Yes	No	Unk/NA
<sup>89</sup> Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	Yes	No	Unk/NA

### NOTES

## VIII. SANITATION/HYGIENE

<sup>90</sup> Laundry services available:	Yes	No	Unk/NA
<sup>91</sup> Adequate number of toilets:	Yes	No	Unk/NA
<sup>92</sup> Total number of indoor fixed toilets:	_____		Unk/NA
<sup>93</sup> Total number of outdoor portable toilets:	_____		Unk/NA
<sup>94</sup> Adequate number of showers:	Yes	No	Unk/NA
<sup>95</sup> Adequate number of hand-washing stations:	Yes	No	Unk/NA
<sup>96</sup> Hand-washing supplies available:	Yes	No	Unk/NA
<sup>97</sup> Toilet supplies available:	Yes	No	Unk/NA
<sup>98</sup> Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
<sup>99</sup> Cleaning process/schedule in place:	Yes	No	Unk/NA
<sup>100</sup> Sewage system type:			
Community	On site	Portable	Unk/NA
<sup>101</sup> Additional handwashing stations placed throughout shelter:	Yes	No	Unk/NA
<sup>102</sup> Additional hand sanitizer pump-stations placed throughout the shelter:	Yes	No	Unk/NA
<sup>103</sup> Handwashing stations are accessible for people with disabilities and AFNs:	Yes	No	Unk/NA
<sup>104</sup> EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	Yes	No	Unk/NA
<sup>105</sup> Cleaning and disinfection of high-touch areas at least every 4 hours:	Yes	No	Unk/NA

## IX. WASTE MANAGEMENT

<sup>106</sup> Adequate number of collection receptacles:	Yes	No	Unk/NA
<sup>107</sup> Sharps disposal container available on site:	Yes	No	Unk/NA
<sup>108</sup> Appropriate separation:	Yes	No	Unk/NA
<sup>109</sup> Timely removal:	Yes	No	Unk/NA
<sup>110</sup> Types of waste(s):			
Solid	Hazardous	Medical	Unk/NA

### NOTES

## X. CHILDCARE AREA

<sup>111</sup> Clean diaper-changing facilities:	Yes	No	Unk/NA
<sup>112</sup> Hand-washing facilities available:	Yes	No	Unk/NA
<sup>113</sup> Safe toys:	Yes	No	Unk/NA
<sup>114</sup> Clean food/bottle preparation area:	Yes	No	Unk/NA
<sup>115</sup> Adequate child/caregiver ratio:	Yes	No	Unk/NA
<sup>116</sup> Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	Unk/NA

## XI. SLEEPING AREA

<sup>117</sup> Adequate number of cots/beds/mats:	Yes	No	Unk/NA
<sup>118</sup> Cribs available for infants:	Yes	No	Unk/NA
<sup>119</sup> Adequate supply of bedding:	Yes	No	Unk/NA
<sup>120</sup> Bedding changed/launched as needed:	Yes	No	Unk/NA
<sup>121</sup> Cots spaced 6 feet apart and placed head to toe	Yes	No	Unk/NA
<sup>122</sup> Temporary barriers between cots or groups of cots for the same household:	Yes	No	Unk/NA
<sup>123</sup> Cots properly disinfected between use of different residents:	Yes	No	Unk/NA

## XII. COMPANION ANIMALS

<sup>124</sup> Service animals present:	Yes	No	Unk/NA
<sup>125</sup> Pets present:	Yes	No	Unk/NA
<sup>126</sup> Other animals present:	Yes	No	Unk/NA
<sup>127</sup> Animal care available:	Yes	No	Unk/NA
<sup>128</sup> Designated animal holding area:	Yes	No	Unk/NA
<sup>129</sup> Designated animal relief area:	Yes	No	Unk/NA
<sup>130</sup> Handwashing stations at entry and exit points of animal areas:	Yes	No	Unk/NA
<sup>131</sup> Adequate space between animals:	Yes	No	Unk/NA
<sup>132</sup> Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
<sup>133</sup> Access is controlled to animal areas:	Yes	No	Unk/NA
<sup>134</sup> Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

## XIII. OTHER CONSIDERATIONS

<sup>135</sup> Easily accessible for all occupants:	Yes	No	Unk/NA
<sup>136</sup> Designated smoking areas:	Yes	No	Unk/NA

**XIV. COMMENT (LIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION)**

**XV. IMMEDIATE NEEDS**

Item #

Description