

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

¹Agency/Organization Name: _____ ¹⁰⁵Immediate needs identified Yes No
²Assessor Name/Title: _____
³Phone: _____ ⁴Email or Other Contact: _____

II. FACILITY TYPE, NAME, AND CENSUS DATA

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

III. FACILITY

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

IV. FOOD

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

V. DRINK

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

VI. HEALTH/MEDICAL

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

VII. SANITATION/HYGIENE

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

VIII. WASTE MANAGEMENT

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

IX. CHILDCARE AREA

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

X. SLEEPING AREA

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

XI. COMPANION ANIMALS

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

XII. OTHER CONSIDERATIONS

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

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

