



BACA COUNTY SHELTER FACILITY SURVEY

Directions:
Print Legibly. This form is used to record information needed to make effective decisions whenever it becomes necessary to open a shelter. The form has fields to record information unique as many types of disasters. And some may not be applicable to your situation. Complete all sections as thoroughly as possible; indicate numbers, space dimensions, etc. **Record only usable space.** If a room is 600 square feet, but has furniture or fixtures occupying half that space that cant or wont be removed, the usable space is 300 square feet. Data fields not appropriate to your application may be left blank or "N/A" may be inserted. All phone numbers should include area codes.

Capacity E=_____ P=_____
 Evacuation @ 20sq. ft./person
 Post Impact @ 40sq. ft./person

County: BACA

Town: _____

Latitude: _____ Longitude: _____

Shelter type: _____

(Primary, Secondary, Tornado)

Map Locator Information: _____

ADA Compliant? (Y/N/Part): _____

Site Name: _____ Database ID: _____

Street Address: _____

Town/City: _____ County: _____

State: _____ Zip Code: _____ District Name: _____

Mailing Address: (if different): _____

Directions to the facility from the EOC Identified below. Use major landmarks (e.g., highways, intersections, rivers, railroads crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster.

Baca County Emergency Operations Center
 29400 U.S. Hwy 287
 Springfield, CO, 81073
 719-523-6796 – Office, 719-529-0300 - Duty Officer, 719-523-4511 – 24 Hour Emergency Phone

To Authorize Facility Use, Call:

 Name

 Title

 Daytime Phone Number

 After-hours/Emergency Phone Number

To Open Facility, Call:

 Name

 Title

 Daytime Phone Number

 Emergency Phone Number

Alternate Contact to Open Facility:

 Name

 Title

 Daytime Phone Number

 Emergency Phone Number

SHELTER FACILITY SURVEY (CONTINUED)

This Facility will be available for use at any time during the year

This facility is only available for used during the following time periods.

From : _____ to: _____

From : _____ to: _____

This facility is not available for use during the following time periods.

From : _____ to: _____

From : _____ to: _____

Facility Information:

Exterior Information:

Number of parking spaces: _____ Handicap Spaces: _____

Number of lots: _____ Type of Surface: _____

Thickness or load bearing capacity of Surface (if known): _____

Athletic Field(s): _____ (Quantity and size (sq. ft.))

Fenced Court(s): _____ (Quantity and size (sq. ft.))

Is the facility securable (fenced)? _____

Facility Construction:

Wood Frame Concrete Masonry (Brick) Metal

Prefabricated Trailer Bungalow Pod

Other (describe): _____

Number of stories: above ground (floors): _____ Below ground (Basements): _____

Approximate year of Construction: _____

Are there long or open roof spans? Yes No

If yes, where and what length? _____

Are there windows in the sleeping area? Yes No

If yes, are they: Protected from shattering? Yes No

Protected by storm shutters? Yes No

Does the facility have fire extinguishers? Yes No

Does the facility have fire sprinklers? Yes No

Does the facility have a fire alarm? Yes No

If yes: (circle one) Manual (pull down) Automatic

Does the facility have smoke detectors in the sleeping area? Yes No

SHELTER FACILITY SURVEY (CONTINUED)

Utilities:

Electricity: Emergency Generator on site? Yes No
Capacity in kilowatts: _____ Power for entire shelter? Yes No
Operating time, in hours, without refueling, at rated capacity: _____
(circle one) Auto Start Manual Start Fuel Type: _____

Utility Company Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Generator Fuel Vendor: _____ Emergency Phone Number ____ - ____ - ____

Generator Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

Heating: (circle one) Electric Natural Gas Propane Fuel Oil

Utility/Vendor Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

Cooling: (circle one) Electric Natural Gas Propane

Utility/Vendor Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

Cooking: (circle one) Electric Natural Gas Propane

Utility/Vendor Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

Telephones: Business phones available to shelter staff? Yes No

Utility/Vendor Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

Water: (circle one) Municipal Well(s) Trapped Water

If trapped: Potable (drinkable) storage capacity in gallons: _____

Non-Drinkable storage capacity in gallons: _____

Utility/Vendor Name: _____

Contact Name: _____ Emergency Phone Number ____ - ____ - ____

Repair Contact: _____ Emergency Phone Number ____ - ____ - ____

SHELTER FACILITY SURVEY (CONTINUED)

Sanitation: (List only those facilities that will be accessible to shelter staff and residents)

Number of toilets available Men: _____ Women: _____ Unisex: _____

Number of sinks available Men: _____ Women: _____ Unisex: _____

Number of showers available: Men: _____ Women: _____ Unisex: _____

Are there any limitations on the availability of any of these facilities? Yes No

If yes, describe limitations. (Only during specific time blocks. Etc.)

Disabled Accessibility:

Curb cuts (minimum 35 inches wide)

Accessible doorways (minimum 35 inches wide)

Ramps (minimum 35 inches wide)

Automatic doors or appropriate door handles

Fixed

Portable

Level Landings

Accessible and accommodating restrooms

Grab bars (33-36 inches wide)

Sinks @ 34 inches in height

Stall (38 inches wide)

Towel dispenser @ 39 inches in height

Showers

Shower stall (minimum 36 inches by 36 inches)

Grab bars (33-36 inches in height)

Shower seat (17-19 inches high)

Hand-held spray unit with hose

Fixed shower head (48 inches wide)

Accessible and accommodating cafeterias

Tables (28-34 inches high)

Serving line {counter} (28-34 inches high)

Aisles (minimum 38 inches wide)

Accessible telephones

Maximum 48 inches high

TDD available

Earpiece (volume adjustable)

Note: no single deficiency in the above list makes a facility “out of compliance” or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area contact your local Building and Safety Department, Assisted Living Center or Association for the Disabled.

SHELTER FACILITY SURVEY (CONTINUED)

Food Preparation:

None on Site Warming Oven Kitchen
 Full-Service Kitchen (If full-service, meals “per meal” that can be produced): _____
 Facility uses Central Kitchen – meals are delivered
Central Kitchen Contact: _____ Phone Number ____-____-_____

Equipment: (Indicate quantity and size (sq. ft.) as appropriate)

Refrigerators: _____ Walk-in refrigerators: _____ Ice machines: _____
Freezers: _____ Walk-in freezers: _____ Braising pans: _____
Burners: _____ Griddles: _____ Warmers: _____
Ovens: _____ Convection ovens: _____ Microwave Ovens: _____
Steamers: _____ Steam Kettles: _____
Sinks: _____ Dishwashers: _____

Feeding Areas:

Non on site Snack Bar (seating capacity: _____) Cafeteria (seating capacity: _____)
 Other indoor seating (describe, including size and capacity estimate): _____

Total estimated seating capacity for eating: _____
Comments related to feeding: _____

Laundry Facilities:

Number of clothes washers: _____ Number of clothes dryers: _____
Will Shelter employees have access to these machines? Yes No
Special conditions or restrictions: _____

Health Services:

Number of rooms available: _____ Number of beds: _____
Total Square footage of available healthcare space: _____
Number of Cots Available: _____
Number of Blankets Available: _____
Number of Pillows Available: _____
Shelter Pet Friendly: Yes No

SHELTER FACILITY SURVEY (CONTINUED)

Additional information:

Does the Baca County Emergency Management have a current agreement for this site? Yes No

Is this facility within five miles of an evacuation route? Yes No

Is this facility within 10 miles of a nuclear facility? Yes No

Are there trees, towers or other potential hazards that can impact the safety of the facility or block access to it during or after a storm or other disaster? Yes No

If yes, are there any mitigation measures that could reduce or eliminate those hazards?

Groups associated with this facility:

Facility staff Required when using facility? Yes No

Paid feeding staff Required when using facility? Yes No

Church auxiliary Required when using facility? Yes No

Fire auxiliary Required when using facility? Yes No

Other _____

Other _____

Will any of the above groups be trained or experienced in shelter management?

Recommendations/Other information: (Be specific): _____

Attach a sketch or copy of the facility floor plan

Survey completed/updated by:

Printed Name

Signature

Date Completed

Printed Name

Signature

Date Completed

Action taken:

DEM will use as primary disaster shelter (non-tornado)

DEM will use as tornado shelter

DEM will use as a secondary shelter only

DEM will not pursue use of this facility as a shelter