



Facility/Shelter Opening and Closing Inspection Form  
 Disaster Cycle Services Job Tools  
 DCS JT DMWT / Facility Management

Name of Facility \_\_\_\_\_ Address \_\_\_\_\_

Name of Facility Rep and/or Operator \_\_\_\_\_ Phone # \_\_\_\_\_

| Opening Inspection   |                          |                          |                          |            |   |
|--|--------------------------|--------------------------|--------------------------|------------|---|
| Areas to Inspect When Opening the Facility/Shelter <i>(Check yes, no, not applicable (NA) or unknown (U). Note specific areas needing correction and those responsible for making the the corrections in the "Comments" cloumn. Temember to take pictures of pre-existing damages.</i> |                          |                          |                          |            |   |
| Yes  | No                       | NA                       | U                        | Comments   | Areas to Inspect  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, unprotected walkways, loose/missing tiles, wires, etc.)?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are the routes to exits relatively straight and clear of obstructions (e.g. blocked, chained, obstructed)?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are all emergency exits properly identified and secured, and are there at least two exits per floor?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are illuminated exit and exit directional signs visible from all aisles?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are all kitchen equipment and bathroom fixtures in working order?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Is there an emergency evacuation plan posted and an identified meeting place?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are there guidelines for directing occupants to an identified assembly area away from the building once they reach the ground floor?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are there any site-specific hazards (e.g. hazardous chemicals and machinery)? If so, describe them.   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Is the facility neat, clean, and orderly?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are the following utility systems in good working order: electricity, water, sewage system, HVAC?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are fire extinguishers and smoke detectors present, inspected, and properly serviced with current inspection tags?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | If power fails, is automatic emergency lighting available for exit routes, stairs, and restrooms?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Is there a back-up power source?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are first aid kits readily available and fully stocked? Where are they located?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Will occupants of the building be notified that an emergency evacuation is necessary by a public address system or alarm?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Are floors and walls free of damage?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | Is the parking area free of damage?   |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | SHELTER & SERVICE CENTERS ONLY: Are there accessible parking spaces?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | SHELTER & SERVICE CENTERS ONLY: Is there at least one entrance to the building accessible for people with mobility issues with signage identifying the location of the accessible entrance?                         |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | SHELTER & SERVICE CENTERS ONLY: Is there at least one accessible restroom?  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |            | SHELTER & SERVICE CENTERS ONLY: Are there routes without steps available to access service delivery areas, restrooms, and showers? Can service be provided in an area that can be accessed by routes without steps? |
| Any Damage or Additional Comments  |                          |                          |                          |            |   |
| <hr/> <hr/> <hr/>  |                          |                          |                          |            |   |
| American Red Cross<br>Printed Name & Title _____   |                          | Signature _____          |                          | Date _____ |   |
| Facility Rep/Operator<br>Printed Name & Title _____  |                          | Signature _____          |                          | Date _____ |   |

