

Site Name: _____

Date: _____

EVALUATION OF SHELTERS

It is intended that this form be completed to the maximum extent possible for each shelter evaluated. Then all evaluations should be reviewed by the committee, shelters selected, and arrangements made to utilize the location if ever needed.

Name of Location:	
Address of Location:	
Date Evaluated:	
Team Evaluating:	
Point of Contact for Site: (Name, Position, Phone)	

EVALUATION FACTORS

Short-Term, Long-Term, or for Pets?	
Estimated People That Could Be Accommodated? (20-40 sft per person)	
Is Facility Behind Levee? Elevation of Facility:	
Handicap Accessible?	
Number of Toilets? (minimum 1 toilet per 40 people)	
Number of Showers?	
Kitchen Available?	
Is Back-up Generator Available?	
Would Location be Susceptible to Water or Sewer Back-up?	

Comments and Recommendations:
