

[Insert Organization Name] Facility & Member Snapshot

Section A: Contact Information

Name of Establishment:	Phone Number:
	Fax Number:
Facility Address:	Facility Coordinator:
Head of Establishment	Website Address:

Section B: Administrators Names & Positions

Name:	Name:	Name:
Position:	Position:	Position:
Name:	Name:	Name:
Position:	Position:	Position:

Section C: Facility Information

Size & Type Building (per Building)		Members & Staff		Rooms	
#of Buildings		# of Children/Youth		# of Interior Rooms	
#of Floors		# of Adults		# of Miscellaneous Rooms	
# of Exits		# of Staff		# of Kitchens	
Type of Structure		# of Individuals with Disabilities		# of Bathrooms	
Approximate Square Footage		# in attendance for largest meetings of the year		# of Rooms-Total	
Maximum Capacity		# of public safety personnel		# of Elevators	
Additional Information		# of members present during the week days (average)		Is there an AED machine on the campus? If so, are there people trained to use it? Who?	

Additional Considerations

1. Is the facility used by organizations outside of the establishment?
2. How often is the facility used by non-members of the establishment?
3. Is the facility accessible to people with disabilities?