



CRITICAL INFORMATION APPENDIX

[Insert Name of Organization] Facility Safety Assessment Checklist

Assessment Date:

00/00/0000

Assessor:

[Insert Name]

Facility Name:

[insert name of organization]

Facility Address:

[insert facility address]

Primary Contact:

[insert name of head of establishment]

Facility Coordinator:

[insert name of facility coordinator]

Section A: Organization Profile

Criteria		Yes/ No/NA	Description/Comments
Facility Capacity			[total including all buildings on campus]
Facility Campus Type			[single building, one story building (s), multi-story, multiple building(s), etc.]
Type of Building Materials			[construction materials: brick, siding, wood, etc.]
Total Number of Buildings			
Names of Each Building on Campus			
Total Number of Floors			[each building]
Approximate Total Square Footage			[each building=total]
Year of Construction			[each building]
Number of Rooms of Each Bldg.			
#of Exits			
Type of Surrounding Community			[urban, suburban, rural]
Are the following pieces of equipment and campus locations checked on a regular basis?	Fire/Life Safety Systems (i.e., fire pump, fire panel, alarm system) & Life Systems (AED)		
	HVAC		
	Fire suppression		
	Fire extinguishers		
	Smoke/Heat Detectors		
	Generators		
	Security Alarm		
	Kitchen		
Playground			
Were mechanical, custodial and electrical rooms found to be locked?			
Were all chemicals properly stored, labeled and in their original containers?			
Total Number of Members			
# of Staff Members			
# of People with Disabilities			
Average # of Visitors Daily			

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Does your establishment have an AED machine? If so, do you have people trained to use it? Who?		
Names & Credentials of members who work in Public Safety (law enforcement, fire, EMS)		
Local Emergency Management Agency Contact Information		
<i>*If available, include a campus map with the Facility Assessment.</i>		

Section B: Safety Considerations

Criteria	Yes/ No/NA	Description/Comments
What would you consider the #1 risk to member safety?		[See Table 1.0, insert applicable day-to-day risks, natural hazards and human caused hazards]
What would you consider the #1 risk to staff safety?		[See Table 1.0, insert applicable day-to-day risks, natural hazards and human caused hazards]
What types of day-to-day emergencies have occurred at this facility within the last 5 years?		[i.e. fires, power outages, calls to 911, missing children]
What types of natural disasters have occurred within the city, county and surrounding community over the last 10, 15, 20 years?		
What types of technological disasters have occurred within the city, county and surrounding community over the last 10, 15, 20 years?		
What types of human caused disasters have occurred in the city, county, state or nation over the last 10, 15, 20 years?		

Section C: Visitor/Volunteer/Contractor Protocol

Criteria	Yes/ No/NA	Description/Comments
Is there a visitor log book or computerized visitor log-in system in the main office?		
Describe the visitor sign-in policy and procedures.		
Are visitors and vendors escorted on campus?		

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Do outside contractors/vendors/janitorial personnel check-in before providing services?		
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Section D: Emergency Procedures

Criteria	Yes/ No/NA	Description/Comments
Are safety and security plans updated annually?		
Does the establishment have an anonymous hotline number to report incidents to administrators?		
Are emergency phone number stickers attached to all establishment facility telephones?		
Does the establishment have an automated voice mail system that would be able to relay any messages to members inquiring about activities or incidents going on at the establishment?		
Has an emergency preparedness kit been established?		<i>[Including, but not limited to: emergency contact lists medical considerations list, flashlights, first aid supplies, radios, etc]</i>
Does the establishment have an emergency management team? How often do they meet?		
Have all members of the Emergency Management Team received a copy of the emergency procedures manual?		
Have members been notified of what to do if an emergency occurs while the establishment is in session?		

Section E: Evacuation Procedures

Criteria	Yes/ No/NA	Description/Comment
How many evacuation drills are performed annually?		

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Facility Address:

[insert facility address]

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Has the fire department participated in any drills at the facility?		
Have the evacuation assembly points been established, both on and off the property?		
Have transportation needs been addressed if all occupants needs to be relocated to the off-site assembly point?		
How far from the property are the primary assembly points?		
How far off-site are the secondary assembly points?		
Does the facility have an adequate system to track members (especially children) evacuating from the facility?		
Does the organization have any mutual assistance agreements with other organizations?		