

Appendix F: Building Specific Information

Building Information

| Facility/Agency Name and Address: | | | |
|--|--|--|--|
| | | | |
| Number of Floors: | | | |
| Internal Shelter-in-Place Location: | | | |
| Water Source: | | | |
| Sewer and Septic: | | | |
| Location of Sprinkler System Control Panel: | | | |
| Location of Power Shutoff: | | | |
| Location of Water Main: | | | |
| Location of Generator: | | | |
| Closest Major Highway/Road: | | | |
| Closest Railroad: | | | |
| Other Modes of Potential Transportation (i.e., Airports, Harbors): | | | |
| Any Known Hazards (i.e., propane tanks, high voltage concerns): | | | |
| | | | |
| | | | |

Are you within 10 miles of a nuclear facility: YES or NO

Are you within 50 miles of a nuclear facility: YES or NO

Attach a floor plan of the building if possible

Personnel Information

Average number of staff per shift:

Days:_____

Evenings:_____

Overnights:_____

Average number of staff in each department

| Department | Number of Staff | Date Updated/Initials |
|---------------------|-----------------|-----------------------|
| Administration | | |
| Nursing | | |
| Dietary | | |
| Housekeeping | | |
| Maintenance | | |
| Recreation | | |
| Social Services | | |
| Human Resources | | |
| Other Department(s) | | |

Resident Information

| Resident Information | Census Number | Date Updated/Initials |
|--|---------------|-----------------------|
| Licensed Bed Number | | |
| Average Census | | |
| Average Number of Ambulatory Residents | | |
| Average Number of Non-Ambulatory Residents | | |
| Any Ventilator or Life Support Residents | | |

Facility/Agency Preparation List

Physical Plant Risk Assessment is completed (indicate frequency – quarterly, biannually, annually).

Physical Plant Risk Assessment Schedule:

Photographs of buildings needed for insurance purposes have been taken on:______

and are located (Include all sides and roof areas of building)

| Item | Date Completed | Initials |
|---|----------------|----------|
| Clearly marked gas and water shut-off valves with legible instructions how to shut off each | | |
| Available tools to facilitate prompt gas shut-off | | |
| Check gas shut off-valves and generators to insure proper operation | | |
| Evaluate heating, ventilating, and air conditioning function and control options | | |
| Assess ducted and non-ducted return air systems | | |
| Preventive maintenance of HVAC system | | |
| Location of ramp used to evacuate residents to buses or other vehicles | | |
| Community's evacuation plan in area accessible to the public (if applicable | | |
| Last Updated: | | |

Last Updated By: ______