

SHELTER FACILITY PRE-OPENING INSPECTION

Shelter Opening Date: _____

Facility Name: _____ Address: _____

Person Completing Inspection: _____ Date of Inspection: _____

Facility Representative: _____

Phone: _____ Email: _____

Inspect all areas that will be utilized during sheltering activities including exterior areas designated for use in pet sheltering. Check yes, no, not applicable (NA), or unknown (U). Specific areas needing correction should be noted under "Comments." Pre-existing damage should be documented on this form and through photographs. Provide a copy of this form to the facility representative.

Yes	No	NA	U	Comments	Areas to Inspect
					Is the facility neat, clean and orderly?
					Are indoor and outdoor walking surfaces free of trip and fall hazards (e.g. uneven sidewalks, loose/missing tiles, wires, etc.)?
					Are the routes to exits relatively straight and clear of obstructions?
					Are all emergency exits properly identified and secured? Are there at least 2 exits per floor?
					Are illuminated exit and exit directional signs clearly visible and operational?
					Is there an emergency evacuation plan posted?
					Is there an identified assembly area away from the building?
					Are fire extinguishers present and equipped with current inspection tags?
					Are there smoke detectors or sprinklers?
					Are there any site-specific hazards?
					Is there a back-up power source?
					If power fails, is automatic emergency lighting available for all exit routes, stairs and restrooms?
					Are the following utility systems in good working order: electric, water, sewage, HVAC?
					Are all kitchen equipment and fixtures in working order, including hot and cold water?

continued on back

