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 un- der "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

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Yes	No	NA	U	Comments	Areas to Inspect
					Are all bathroom fixtures in working order, including toilets and hot and cold water?
					Are floors and walls free of damage?
					Is the parking area free of damage?
					Is the pet relief area in good condition without bare or muddy patches?
					Is the facility neat, clean and orderly?

Please use this space to list any damage or additional comments:				
Name of person addressing issues:				
Phone: E	Email:			
Signature of person completing the inspection:				
Signature of facility representative:				