

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent transmission of COVID-19 in general population shelters. We recommend reviewing [these guidelines](#) in addition to using this assessment form.

I. ASSESSING AGENCY

¹Agency/Organization Name: _____ ¹³⁷Immediate needs identified Yes No
²Assessor Name/Title: _____
³Phone: _____ ⁴Email or Other Contact: _____

II. FACILITY TYPE, NAME, AND CENSUS DATA

⁵Shelter type: General population Medical Other: _____
⁶Red Cross Facility: Yes No Unk/NA ⁷Red Cross Code: _____
⁸Date shelter opened (mm/dd/yr): _____ ⁹Date assessed (mm/dd/yr): _____ ¹⁰Time Assessed: _____ am pm
¹¹Reason for assessment: Preoperational Initial Routine Other: _____
¹²Location name and description: _____
¹³Street address: _____
¹⁴City/County: _____ ¹⁵State: _____ ¹⁶ZIP Code: _____ ¹⁷Latitude/Longitude: _____ / _____
¹⁸Facility contact/Title: _____
¹⁹Facility type: School Arena/Convention Center RVs/Campers Tents Other
²⁰Facility location: Indoor Outdoor Mixed ²¹Phone: _____ ²²Fax: _____
²³Email or other contact: _____ ²⁴Current census: _____ ²⁵Allowed capacity: _____
²⁶Total residents registered: Male: _____ Female: _____
²⁷How many aged: 0-5 years: _____ 6-12 years: _____ 13-18 years: _____ 19-40 years: _____ 41-59 years: _____ 60+ years: _____
²⁸Number of staff/volunteers: _____

III. OCCUPANT INTAKE AND PROCESSING

²⁹Health communications materials regarding COVID-19 are available for multiple audiences: Yes No Unk/NA
³⁰Occupants (residents and staff) are required to undergo screening for COVID-19 symptoms: Yes No Unk/NA
³¹Masks are available for those who do not have them upon entry: Yes No Unk/NA

NOTES

IV. FACILITY

³²Structural damage: Yes No Unk/NA
³³Security/law enforcement available: Yes No Unk/NA
³⁴HVAC system operational: Yes No Unk/NA
³⁵Adequate ventilation: Yes No Unk/NA
³⁶Adequate space per person: Yes No Unk/NA
³⁷Free of injury/occupational hazards: Yes No Unk/NA
³⁸Free of pest/vector issues: Yes No Unk/NA
³⁹Municipal power system is operational: Yes No Unk/NA
⁴⁰Working electric generator: Yes No Unk/NA
⁴¹If yes, fuel type: _____
⁴²Backup power source is available: Yes No Unk/NA
⁴³If yes, source: _____
⁴⁴Adequate number of electrical outlets: Yes No Unk/NA
⁴⁵Indoor temperature: _____ °F Unk/NA
⁴⁶Fire safety: Working CO detector Working smoke detector
Sprinklers Fire alarm Fire extinguisher (non-expired and full)



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V. FOOD

⁴⁷ Prepared on site:	Yes	No	Unk/NA
⁴⁸ Served on site:	Yes	No	Unk/NA
⁴⁹ Safe food source:	Yes	No	Unk/NA
⁵⁰ Adequate supply:	Yes	No	Unk/NA
⁵¹ Appropriate storage:	Yes	No	Unk/NA
⁵² Appropriate temperatures:	Yes	No	Unk/NA
⁵³ Hand-washing facilities available:	Yes	No	Unk/NA
⁵⁴ Safe food handling:	Yes	No	Unk/NA
⁵⁵ Dishwashing facilities available:	Yes	No	Unk/NA
⁵⁶ Clean kitchen/dining area:	Yes	No	Unk/NA
⁵⁷ Food workers wear clean masks:	Yes	No	Unk/NA
⁵⁸ Roster of food workers is kept in secure area onsite:	Yes	No	Unk/NA
⁵⁹ Mealtimes are staggered and allow occupants to maintain a distance of at least 6 feet between people of different households:	Yes	No	Unk/NA

VI. DRINK

⁶⁰ Adequate drinking water supply	Yes	No	Unk/NA
⁶¹ Drinking water sources:	Municipal	Well	Bottled
	Bulk	Other source	Unk/NA
⁶² Adequate level of residual free chlorine:	Yes	No	Unk/NA
⁶³ Adequate ice supply:	Yes	No	Unk/NA
⁶⁴ Water system operational:	Yes	No	Unk/NA
⁶⁵ Safe ice source:	Yes	No	Unk/NA
⁶⁶ Hot water available:	Yes	No	Unk/NA

NOTES

VII. HEALTH/MEDICAL

⁶⁷ Number of ill residents within last 24 hours: _____			Unk/NA
⁶⁸ Number of pregnant women: _____			Unk/NA
⁶⁹ Reported injuries within last 24 hours:	Yes	No	Unk/NA
⁷⁰ Reported respiratory illness(es):	Yes	No	Unk/NA
⁷¹ Reported GI illness(es):	Yes	No	Unk/NA
⁷² Other reported illness/outbreak:	Yes	No	Unk/NA
⁷³ If yes, describe: _____			
⁷⁴ Medical care services on site:	Yes	No	Unk/NA
⁷⁵ First aid kits available on site:	Yes	No	Unk/NA
⁷⁶ AEDs available on site:	Yes	No	Unk/NA
⁷⁷ Mental health services available:	Yes	No	Unk/NA
⁷⁸ Temperature-controlled medication storage:	Yes	No	Unk/NA
⁷⁹ All occupants undergo testing if needed	Yes	No	Unk/NA
⁸⁰ If yes, what types(s) of test:			
COVID-19: _____	Type: _____		
Influenza: _____	Type: _____		
Other: _____	Type: _____		

⁸¹ Is PPE available in adequate quantities for disaster shelter medical staff:	Yes	No	Unk/NA
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⁸² If yes, select which are available:				
Masks	Respirators	Gloves	Goggles	
Faceshields	Other: _____			

⁸³ Areas designated as restricted access for isolation in facility are clearly marked:	Yes	No	Unk/NA
⁸⁴ Hard barriers or partitions are used to create isolation areas for ill occupants:	Yes	No	Unk/NA
⁸⁵ Designated bathroom/shower facilities for occupant use in isolation areas :	Yes	No	Unk/NA
⁸⁶ Food services are delivered to ill occupants and staff in isolation areas.	Yes	No	Unk/NA
⁸⁷ Hand hygiene supplies are available in adequate quantities:	Yes	No	Unk/NA
⁸⁸ Cleaning and disinfection of isolation areas at least every 4 hours, or more frequently if needed:	Yes	No	Unk/NA
⁸⁹ Plans or protocols exist for transporting seriously ill or injured occupants to healthcare facilities:	Yes	No	Unk/NA

NOTES

VIII. SANITATION/HYGIENE

⁹⁰ Laundry services available:	Yes	No	Unk/NA
⁹¹ Adequate number of toilets:	Yes	No	Unk/NA
⁹² Total number of indoor fixed toilets:	_____		Unk/NA
⁹³ Total number of outdoor portable toilets:	_____		Unk/NA
⁹⁴ Adequate number of showers:	Yes	No	Unk/NA
⁹⁵ Adequate number of hand-washing stations:	Yes	No	Unk/NA
⁹⁶ Hand-washing supplies available:	Yes	No	Unk/NA
⁹⁷ Toilet supplies available:	Yes	No	Unk/NA
⁹⁸ Toilet areas are free of garbage and trash:	Yes	No	Unk/NA
⁹⁹ Cleaning process/schedule in place:	Yes	No	Unk/NA
¹⁰⁰ Sewage system type:			
Community	On site	Portable	Unk/NA
¹⁰¹ Additional handwashing stations placed throughout shelter:	Yes	No	Unk/NA
¹⁰² Additional hand sanitizer pump-stations placed throughout the shelter:	Yes	No	Unk/NA
¹⁰³ Handwashing stations are accessible for people with disabilities and AFNs:	Yes	No	Unk/NA
¹⁰⁴ EPA-approved cleaning and disinfection products used to clean shelter areas against COVID-19 :	Yes	No	Unk/NA
¹⁰⁵ Cleaning and disinfection of high-touch areas at least every 4 hours:	Yes	No	Unk/NA

IX. WASTE MANAGEMENT

¹⁰⁶ Adequate number of collection receptacles:	Yes	No	Unk/NA
¹⁰⁷ Sharps disposal container available on site:	Yes	No	Unk/NA
¹⁰⁸ Appropriate separation:	Yes	No	Unk/NA
¹⁰⁹ Timely removal:	Yes	No	Unk/NA
¹¹⁰ Types of waste(s):			
Solid	Hazardous	Medical	Unk/NA

NOTES

X. CHILDCARE AREA

¹¹¹ Clean diaper-changing facilities:	Yes	No	Unk/NA
¹¹² Hand-washing facilities available:	Yes	No	Unk/NA
¹¹³ Safe toys:	Yes	No	Unk/NA
¹¹⁴ Clean food/bottle preparation area:	Yes	No	Unk/NA
¹¹⁵ Adequate child/caregiver ratio:	Yes	No	Unk/NA
¹¹⁶ Cleaning and disinfecting of designated areas for children at least every 4 hours:	Yes	No	Unk/NA

XI. SLEEPING AREA

¹¹⁷ Adequate number of cots/beds/mats:	Yes	No	Unk/NA
¹¹⁸ Cribs available for infants:	Yes	No	Unk/NA
¹¹⁹ Adequate supply of bedding:	Yes	No	Unk/NA
¹²⁰ Bedding changed/laundered as needed:	Yes	No	Unk/NA
¹²¹ Cots spaced 6 feet apart and placed head to toe	Yes	No	Unk/NA
¹²² Temporary barriers between cots or groups of cots for the same household:	Yes	No	Unk/NA
¹²³ Cots properly disinfected between use of different residents:	Yes	No	Unk/NA

XII. COMPANION ANIMALS

¹²⁴ Service animals present:	Yes	No	Unk/NA
¹²⁵ Pets present:	Yes	No	Unk/NA
¹²⁶ Other animals present:	Yes	No	Unk/NA
¹²⁷ Animal care available:	Yes	No	Unk/NA
¹²⁸ Designated animal holding area:	Yes	No	Unk/NA
¹²⁹ Designated animal relief area:	Yes	No	Unk/NA
¹³⁰ Handwashing stations at entry and exit points of animal areas:	Yes	No	Unk/NA
¹³¹ Adequate space between animals:	Yes	No	Unk/NA
¹³² Separate hold area for companion animals that had contact with a person with known or suspected COVID-19 or animals that show signs of illness:	Yes	No	Unk/NA
¹³³ Access is controlled to animal areas:	Yes	No	Unk/NA
¹³⁴ Appropriate PPE is available for use when handling animals:	Yes	No	Unk/NA

XIII. OTHER CONSIDERATIONS

¹³⁵ Easily accessible for all occupants:	Yes	No	Unk/NA
¹³⁶ Designated smoking areas:	Yes	No	Unk/NA

