

## Organization Site Survey

	Contact #1	Contact #2	Contact #3
Organization Name			
Contact Name			
Title			
Daytime phone#:			
After-hours emergency Phone #:			

### FACILITY INFORMATION

**Exterior information:**

Number of parking spaces \_\_\_\_\_ Handicapped spaces \_\_\_\_\_  
 Number of lots \_\_\_\_\_ Type of surface \_\_\_\_\_  
 Thickness or load bearing capacity of surface (if known) \_\_\_\_\_  
 Athletic field(s) \_\_\_\_\_ (Quantity and size [sq. ft])  
 Fenced court(s) \_\_\_\_\_ (Quantity and size [sq. ft])  
 Is the facility securable (fenced) \_\_\_\_\_?  
 Is there an outside hookup for sewer \_\_\_\_\_? Location \_\_\_\_\_  
 Is there a septic tank on any lots \_\_\_\_\_? Location \_\_\_\_\_  
 Is there an outside hookup for Grey Water? \_\_\_ Location \_\_\_\_\_  
 Is there any limitations on using lots? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sanitation**

Number of showers available: Men \_\_\_\_ Women \_\_\_\_ Accessible to disabled \_\_\_\_  
 Is there 50Amp service?  Yes  No Location \_\_\_\_\_

Number of toilets available: Men \_\_\_\_ Women \_\_\_\_ Accessible to disabled \_\_\_\_

Are there any limitations on the availability of any of these facilities?  Yes  No

If yes, describe limitations. (Only during specific time blocs, etc.)

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## UTILITIES

**Electricity: Company Name:** \_\_\_\_\_

Contact name \_\_\_\_\_ Emergency phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency generator on site?  Yes  No

Capacity in kilowatts \_\_\_\_\_ Power for entire shelter  Yes  No

If no, what will it operate \_\_\_\_\_ ?

Repair contact \_\_\_\_\_ Emergency phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

## HVAC:

**Company Name:** \_\_\_\_\_

Contact name \_\_\_\_\_ Emergency phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Repair contact \_\_\_\_\_ Emergency phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

**Heating:**  Electric  Natural gas  Propane  Other: \_\_\_\_\_

**Cooling:**  Electric  Natural gas  Propane

**Church Kitchen:**  Electric  Natural gas  Propane

**Water:**  Municipal  Well(s)  Other: \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Contact name \_\_\_\_\_ Emergency phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Repair contact \_\_\_\_\_ Emergency phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

**Telephones:** Business phones available to shelter staff?  Yes  No

Number of phones \_\_\_\_\_

Locations \_\_\_\_\_

**Company Name:** \_\_\_\_\_

Contact name \_\_\_\_\_ Emergency phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Repair contact \_\_\_\_\_ Emergency phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

## FOOD PREPARATION

None on site  Warming oven kitchen

Full-service kitchen (If full-service meals, "per meal" number that can be produced) \_\_\_\_\_

Facility uses central kitchen \_\_\_\_\_ meals are delivered

Central kitchen contact \_\_\_\_\_ phone# ( ) \_\_\_\_\_ - \_\_\_\_\_

**Equipment:** (Indicate quantity and [size sq.] as appropriate)

Refrigerators \_\_\_\_\_

Walk-in refrigerators \_\_\_\_\_

Ice machines \_\_\_\_\_

Freezers \_\_\_\_\_

Walk-in freezers \_\_\_\_\_

Griddles \_\_\_\_\_

Ovens \_\_\_\_\_

Convection ovens \_\_\_\_\_

Microwave ovens \_\_\_\_\_

**FEEDING AREAS**

None on site     Snack Bar (seating capacity \_\_\_\_\_)

Cafeteria (seating capacity \_\_\_\_\_)

Other indoor seating (describe, including size and capacity estimate) \_\_\_\_\_

Total estimated seating capacity for eating \_\_\_\_\_

Comments related to feeding \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**LAUNDRY FACILITIES**

Number of clothes washers \_\_\_\_\_

Number of clothes dryers \_\_\_\_\_