

Real Property/Facility Agency Inspection Sheet

Agency Name: _____

Period of Inspection: _____

Real Property Section:

Address/Location of Real Property (Shelters/Lots): _____

Documents requested to be submitted for review:

- 1) Agency Inspection Sheets for the Real Property for the specified period
- 2) Receipts for repairs or maintenance work performed on the Real Property

General Information about the Real Property:

- a) Is the Real Property discussed in the Maintenance Plan: Yes No N/A
- b) Is pavement/concrete in good condition: Yes No N/A
- c) Is Handicapped Signage Posted: Yes No N/A
- d) No-Smoking signs posted: Yes No N/A
- e) Any damage to exterior structure: Yes No N/A

Comments:

Inspected by (*Agency Staff*): _____ Date: _____

This inspection is for contract compliance only.

Revised Jan 2017

Date Reviewed by Multimodal: _____ *Staff Name* _____

Facility Section:

Address/Location of Facility: _____

Documents requested to be submitted for review:

- 1) Agency Inspection Sheets for the Facility for the specified period.
- 2) Receipts for repairs or maintenance work performed on the Facility
 - a. Heating/Air Condition Unit(s) serviced receipts
 - b. Fire Sprinkler inspection document
 - c. Smoke/heat detectors inspection document
 - d. Safety Training sheets for Employees

General Information about the Facility:

1) Facility Exterior:

- | | | | |
|---|---------------------------|--------------------------|---------------------------|
| a) Exterior of Building maintained (no cracks/damage) | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b) Windows have no broken panes or cracks | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c) Paved surfaces are in good condition | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| d) Stairs, landings, handrails in good condition | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| e) Handrails are fastened securely | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| f) Handicapped Access with Signage posted | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

2) Facility Interior:

- | | | | |
|--|---------------------------|--------------------------|---------------------------|
| a) Emergency Exits clearly identified and marked | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b) Emergency Lights present | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c) Exit lights Illuminated | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| d) Unapproved doors clearly marked "Not an Exit" | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| e) Stairs free from material storage | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| f) Adequate Ventilation | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| g) Handicapped Access with Signage posted | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

3) Emergency and Electrical Hazards:

- | | | | |
|---|---------------------------|--------------------------|---------------------------|
| a) Emergency contact information posted | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b) First aid supplies adequate and available | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c) Electrical panels clearly marked and secured | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

4) Interior Hazards:

- | | | | |
|---|---------------------------|--------------------------|---------------------------|
| a) Floors are clean and dry | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| b) Stairways have handrails | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| c) Anti-slip mats and flooring used where appropriate | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| d) Hazardous material stored properly | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| e) Hazard Communication Training Program in place | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |
| f) Materials Safety Data Sheet accessible | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> N/A |

5) Fire and Weather Safety:

- a) Fire extinguishers mounted properly and accessible Yes No N/A
- b) Fire extinguishers have been annually inspected Yes No N/A
- c) Safety containers are used for flammable liquids Yes No N/A
- d) "No Smoking" areas designed Yes No N/A
- e) Fire Evacuation Plan Available Yes No N/A
- f) Tornado Evacuation Plan Available Yes No N/A

6) Mechanical/Machinery/Tools:

- a) Hoist chains and cables inspected regularly Yes No N/A
- b) Hazardous areas painted bright colors Yes No N/A
- c) Power tools properly grounded Yes No N/A

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Inspected by (Agency Staff): _____

Date Inspection Completed: _____

Additional Comments by Agency:

Date Reviewed by Multimodal: _____ *Staff Name* _____