# FACILITY SELF-ASSESSMENT CHECKLIST

| Assessment Date | Facility Name | Facility Address(ES) |
|---|---|---|
|  |  |  |

## SECTION A: ORGANIZATION PROFILE

| Criteria | Decription/Comments |
|---|---|
| **Facility Capacity** <br> *Total including all buildings on campus* |  |
| **Facility Campus Type** <br> *Single building, one-story building(s), multi-story, etc.* |  |
| **Type of Building Materials** <br> *Construction materials: brick, siding, wood, etc.* |  |
| **Total Number of Buildings** |  |
| **Names of Each Building on Campus** |  |
| **Total Number of Floors** <br> *Each building* |  |
| **Approximate Total Square Footage** <br> *Each building and total* |  |
| **Year of Construction** <br> *Each building* |  |
| **Number of Rooms of Each Building** |  |
| **Number of Exits** |  |
| **Type of Surrounding Community** <br> *Urban, suburban, rural* |  |

# FACILITY SELF-ASSESSMENT CHECKLIST

## ARE THE FOLLOWING PIECES OF EQUIPMENT AND CAMPUS LOCATIONS CHECKED ON A REGULAR BASIS?

| Criteria | Yes | No | N/A | Notes/Comments |
|---|---|---|---|---|
| **Fire/Life Safety Systems** *(i.e., fire pump, fire panel, alarm system) & Life Systems (AED)* | | | | |
| **Does your House of Worship have an AED machine? If so, do you have people trained to use it? Who are they?** | | | | |
| **Are all chemicals properly stored, labeled, and in their original containers?** | | | | |
| **HVAC** | | | | |
| **Fire Suppression** | | | | |
| **Fire Extinguisher** | | | | |
| **Smoke/Heat Detectors** | | | | |
| **Generators** | | | | |
| **Security Alarms** | | | | |
| **Kitchen** | | | | |
| **Playground** | | | | |

# FACILITY SELF-ASSESSMENT CHECKLIST

| Criteria | Decription/Comments |
|---|---|
| **Total Number of Members** | |
| **Number of Staff Members** | |
| **Number of People with Disabilities** | |
| **Average Number of Visitors Daily** | |
| **Names and credentials of members who work in public safety**<br>*Law enforcement, fire, EMS* | |
| **Local Emergency Management Agency Contact Information** | |

## SECTION B: SAFETY CONSIDERATIONS/RISK ASSESSMENT

| Criteria | Decription/Comments |
|---|---|
| **What would you consider the number one risk to member safety?**<br>*Insert applicable day-to-day risks, natural hazards, and human caused hazards.* | |
| **What would you consider the number one risk to staff safety?**<br>*Insert applicable day-to-day risks, natural hazards, and human caused hazards.* | |
| **What types of day-to-day emergencies have occurred at this facility within the last 5 years?**<br>*Fires, power outages, calls to 911, missing children, etc.* | |
| **What types of natural disasters have occurred within the city, county, and the surrounding community over the last 10, 15, 20 years?** | |

# FACILITY SELF-ASSESSMENT CHECKLIST

| Criteria | Decription/Comments |
|---|---|
| **What types of technological disasters have occurred within the city, county, and surrounding community over the last 10, 15, 20 years?** | |
| **What types of human caused disasters have occurred in the city, county, and surrounding community over the last 10, 15, 20 yearss?** | |

## SECTION C: VISITOR, VOLUNTEER, CONTRACTOR PROTOCOL

| Criteria | Yes | No | N/A | Notes/Comments |
|---|---|---|---|---|
| **Is there a visitor log book or computerized visitor login system in the main office?** | | | | |
| **Describe the visitor sign in policy and procedures.** | | | | |
| **Are visitors and vendors escorted on campus?** | | | | |
| **Do outside contractors/vendors/janitorial personnel check in?** | | | | |
| **Are safety and security plans in place and/ or updated annually?** | | | | |
| **Are emergency phone numbers posted on or near all establishment facility telephones?** | | | | |

# FACILITY SELF-ASSESSMENT CHECKLIST

| Criteria | Yes | No | N/A | Notes/Comments |
|---|---|---|---|---|
| **Does the establishment have an automated voicemail system that would be able to relay any messages to members inquiring about activities or incidents going on at the establishment? Is this voicemail updated as needed to reflect changes in hours or emergencies? i.e. inclement weather closings.** | | | | |
| **Has an emergency preparedness kit been established?** *Including, but not limited to: emergency contact lists, medical considerations list, flashlights, first aid supplies, radios, religious items needed for worship off site, etc.* | | | | |
| **Does the establishment have an emergency management team? How often do they meet?** | | | | |
| **Have all members of the Emergency Management Team received a copy of the emergency procedures manual?** | | | | |
| **Have members been notified of what to do if an emergency occurs while the establishment is in session?** | | | | |
| **Are copies of emergency procedures available on site and off site, and easily accessible?** | | | | |

# FACILITY SELF-ASSESSMENT CHECKLIST

## SECTION E: EVACUATION PROCEDURES

| Criteria | Yes | No | N/A | Notes/Comments |
|---|---|---|---|---|
| Are escape site maps maintained and visible showing exits, fire extinguishers, AEDs/first aid kits, etc? | | | | |
| Are evacuation drills performed annually? | | | | |
| Has the fire department participated in any drills at the facility? | | | | |
| Have the evacuation assembly points been established, both on and off the property and communicated/posted? | | | | |
| Have transportation needs been addressed for any occupants with special mobile needs to be relocated to the off-site assembly point? | | | | |
| Are ramps and exits accessible for those with mobility needs? | | | | |
| Is emergency signage visible, illuminated, and multilingual if needed? | | | | |
| How far from the property are the primary assembly points? | | | | |
| Does the facility have an adequate system to track members (especially children) evacuating from the facility? | | | | |
| Does the organization have any mutual assistance agreements with other organizations? | | | | |