

## Reception Centre Facility Survey

1. Name of Facility \_\_\_\_\_

2. Address \_\_\_\_\_

**STREET**

**CITY**

**POSTAL CODE**

3. Telephone Numbers \_\_\_\_\_

4. Number of payphones available \_\_\_\_\_

5. When was the facility constructed (approx.)? \_\_\_\_\_

6. Is the facility accessible to persons with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

7. Are separate offices available for use by ESS? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Does the facility conduct evening activities? Yes \_\_\_\_\_ No \_\_\_\_\_

9. Does the facility conduct weekend activities? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Are the facilities designated for any other disaster use? Yes \_\_\_\_\_ No \_\_\_\_\_

11. Does the facility have current insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

12. What is the occupant load for the facility under fire regulation? \_\_\_\_\_

13. Persons Authorized to Open Facility in Emergency

Name/Title \_\_\_\_\_

Home Address \_\_\_\_\_ Home Tel. \_\_\_\_\_

Work Address \_\_\_\_\_ Work Tel. \_\_\_\_\_

Name/Title \_\_\_\_\_

Home Address \_\_\_\_\_ Home Tel. \_\_\_\_\_

Work Address \_\_\_\_\_ Work Tel. \_\_\_\_\_

14. Facility Owner/ Manager/Coordinator \_\_\_\_\_

15. Space Available for Use: (indicate sizes in square feet) \_\_\_\_\_

# of gymnasiums \_\_\_\_\_ Size(s) \_\_\_\_\_

# of multipurpose rooms \_\_\_\_\_ Size(s) \_\_\_\_\_

# of auditoriums/theatre \_\_\_\_\_ Size(s) \_\_\_\_\_

# of other \_\_\_\_\_ Size(s) \_\_\_\_\_

16. Parking area(s) \_\_\_\_\_

For how many cars? \_\_\_\_\_

17. Area usable for animal control \_\_\_\_\_

18. Food Services Facility \_\_\_\_\_

Cooking facilities (describe) \_\_\_\_\_

Max. capacity of dining room \_\_\_\_\_

Max. servings prepared in one day \_\_\_\_\_

Food storage? Describe \_\_\_\_\_

19. Trapped Water      Gals. drinkable \_\_\_\_\_

Location \_\_\_\_\_

Gals. non-drinkable \_\_\_\_\_

Location \_\_\_\_\_

20. Sanitary Facilities      Toilets      # female \_\_\_\_\_

# male \_\_\_\_\_

Sinks      # female \_\_\_\_\_

# male \_\_\_\_\_

Showers      # female \_\_\_\_\_

# male \_\_\_\_\_

Laundry \_\_\_\_\_

21. Type of Heating \_\_\_\_\_

22. Electrical Power \_\_\_\_\_

23. Gas Power \_\_\_\_\_

24. Generator \_\_\_\_\_

25. First Aid Room      Yes \_\_\_\_\_ No \_\_\_\_\_

Equipped with \_\_\_\_\_

26. Do you have members of your organization who would like to be trained to help run a Reception Centre at your facility?      Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:** Please note any factors or other information which might effect use as a Reception Centre

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Form completed by: Name \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Please retain a copy for your records and attach a written agreement for use of the facility.