

**AGREEMENT TO PERMIT THE USE  
OF A FACILITY AS A RED CROSS EMERGENCY SHELTER**

Effective Date: Upon execution.

Expiration Date: None. Owner or Red Cross may terminate the agreement upon 30 days' notice.

Owner: **Parks and Recreation**

Owner's 24 Hour Point of Contact (name and cell phone number)

Primary: Jason Wilkie W 870-933-4604, after hours-870-935-3553, 870-930-7098

Alternate: Jeff Owens W-870-933-4604, after hours- 870-268-8760, 870-930-7123

Owner's Address for Legal Notices: 1212 S Church St. Jonesboro, AR 72401

Red Cross: The American National Red Cross, a not-for profit corporation under the laws of the United States.

Red Cross 24 Hour Point of Contact (name and cell phone number)

Primary: Jan Simpson W 870-932-3212 C 870-243-7320

Alternate: Bob Lewis 870-740-0625

Red Cross Address for Legal Notices: **The American National Red Cross, Northeast Arkansas Chapter, 630 West Walnut, Blytheville, AR 72315 with a copy to The American National Red Cross, Office of the General Counsel, 2025 E Street, N.W., Washington, D.C. 20006 and with a copy to The American National Red Cross, Disaster Operations, 2025 E Street, N.W., Washington, D.C. 20006;**

Red Cross Address for Invoices: **North East Arkansas Chapter, 630 West Walnut, Blytheville AR 72315 with a copy to: Facilities Associate, Field Logistics, The American National Red Cross, Disaster Response 2025 E Street, Washington, D.C. 20006.**

Name and Address of Shelter: **Allen Park Community Center, 3609 Race St., Jonesboro, AR 72401**

**1. Owner's Responsibilities.**

(a) Owner has identified the facility, and Red Cross has determined that the facility may be suitable for use as a public shelter, or staging area, or for other purposes in connection with disaster relief operations. (The facility is referred to as the "Shelter"). Upon request by the Red Cross (which may be made orally or in writing) Owner will make the facility available to Red Cross for use as a Shelter.

(b) Owner will appoint a person to coordinate the Owner's activities (This individual is referred to as the Owner's "Facility Coordinator"). The Facility Coordinator will coordinate the use of the Shelter with the Red Cross's designated official. (The Red Cross official is referred to as the "Shelter Manager").

The Facility Coordinator and the Shelter Manager will collaborate to resolve questions regarding Shelter operations. The Facility Coordinator and the Shelter Manager will jointly conduct a pre-inspection survey of the Shelter before it is turned over to the Red Cross. The pre-inspection survey, attached as Exhibit A, will be used to identify and record any existing damage or conditions. The Facility Coordinator will secure all equipment that is not supposed to be used by the Red Cross in the operation of the Shelter.

*\* Does not Apply* ~~(c) The Facility Coordinator will, on request and if feasible, designate a "Foodservice Manager" to establish a feeding schedule and determine foodservice inventory and supply needs. The Facility Coordinator also will, on request and if feasible, designate a Facility Custodian, to establish and direct the sanitation inventory and supply needs. The Shelter Manager and the Facility Coordinator will jointly coordinate a work schedule for any personnel who are not Red Cross employees, volunteers, or contractors. If it is not feasible for one or both of a Foodservice Manager or a Facility Custodian to be designated by the Facility Coordinator, the Facility Coordinator will inform the Shelter Manager, who may obtain such services by contract.~~

*man* ~~(d) At the direction of and in cooperation with the Shelter Manager, the Foodservice Manager will provide the food and supplies needed for meals at the Shelter site. If, in the opinion of the Shelter Manager, additional food or supplies are needed, the Shelter Manager will coordinate the procurement of the additional food or supplies. Red Cross will pay or reimburse Owner for all food and supplies as approved by the Shelter Manager and used in the course of operating the Shelter.~~

(e) The Facility Custodian will provide sanitation services and supplies for custodial care at the Shelter as directed by the Shelter Manager. The Facility Coordinator or Facility Custodian will order and provide all additional sanitation and custodial supplies and services as shall be determined by the Shelter Manager. Red Cross will pay or reimburse Owner for all sanitation supplies as approved by the Shelter Manager and used in the course of operating the Shelter.

(f) Red Cross is not responsible for police or public safety at the Shelter. Any private security services that are to be the responsibility of Red Cross must be arranged under a separate agreement. Shelter population shall be exclusively the role of Red Cross. Owner shall not distribute or reveal any information concerning occupants of a Shelter without the express written consent of the Shelter Manager. No press releases or other information shall be disseminated without the express written consent of the Shelter Manager. Owner will refer all media questions related to the Shelter to the Shelter Manager.

(g) Within thirty (30) days after the close of a Shelter, the Facilities Coordinator shall submit to the Red Cross all invoices to the address above. Invoice backup must include a list of the Shelter operations personnel and hours worked at the Shelter, and details on any materials or goods used or consumed.

**2. Red Cross's Obligations.**

(a) The Red Cross Shelter Manager has primary responsibility for the operation of the Shelter. Red Cross will provide additional Red Cross staff and volunteers to carry out the activities of the Shelter. Red Cross will post signs identifying the Shelter. Red Cross will remove all Red Cross signs when the Shelter is closed. Red Cross and all of its agents, and employees, and volunteers will exercise reasonable care in the operation of any Shelter.

(b) Storm damage or other damage caused by the Emergency is not the responsibility of Red Cross. Red Cross reimburses personnel costs at actual current per hour straight time rate for instruction, custodial, maintenance, and food service. Red Cross will reimburse Owner for the reasonable actual out-of-pocket costs and expenses for operational expenses, including the replacement of food, supplies, equipment. Property damaged, lost or stolen due to the negligence of Red Cross will be compensated based on depreciated actual cash value. Reimbursement for any extraordinary or capital expenses (including without limitation painting, carpeting, wiring, and structural work) will be limited to replacement at actual cash value of the property. In such cases, Red Cross will select from among bids from at least three reputable contractors.

(c) Red Cross will notify the Owner or Facilities Coordinator of the closing schedule for the Shelter. After the Shelter has been closed, the Facility Coordinator and the Shelter Manager will conduct a post-disaster facilities survey to ensure that the Shelter is returned to the Owner in the same condition as it was when it was opened, ordinary wear and tear excepted. The form to be used for this post-operation survey is Form 6556 (Release of Facility) attached as Exhibit B.

**Exhibits A and B**

**Exhibit A:** [https://crossnet.redcross.org/office/forms/disaster\\_6564\\_shelter\\_Shelter-survey.dot](https://crossnet.redcross.org/office/forms/disaster_6564_shelter_Shelter-survey.dot)

**Exhibit B:** [https://crossnet.redcross.org/forms/disaster\\_6556\\_release\\_of\\_Shelter.pdf](https://crossnet.redcross.org/forms/disaster_6556_release_of_Shelter.pdf)

## SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).

**Site Name:**

**Street Address:**

**Town/City:** \_\_\_\_\_ **County/Parish:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address (if different):**

**Phone:** (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_-

**Email address (if applicable):**

### EMERGENCY CONTACT INFORMATION:

To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

\_\_\_\_\_

\_\_\_\_\_

To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:

\_\_\_\_\_

\_\_\_\_\_

**Directions to the facility from the nearest major highway evacuation route.** Use major landmarks (e.g., highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS).

Latitude: \_\_\_\_\_

Longitude: \_\_\_\_\_

### CAPACITY

Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.

**Capacity**            **Evacuation =** \_\_\_\_\_ **at** \_\_\_\_\_ **square feet**  
**General =**            \_\_\_\_\_ **at** \_\_\_\_\_ **square feet**

---

### LIMITATIONS ON FACILITY USE

Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.

This facility will be available for use at any time during the year.

This facility is **only** available for use during the following time periods.

From: \_\_\_\_\_ to

From: \_\_\_\_\_ to

This facility is **not** available for use during the following time periods:

From: \_\_\_\_\_ to

From: \_\_\_\_\_ to

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

**GENERAL FACILITY INFORMATION**

**FIRE SAFETY**

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the facility have inspected fire extinguishers?  Yes  No

Does the facility have functional fire sprinklers?  Yes  No

Does the facility have a fire alarm?  Yes  No

If yes, choose one:  Manual (pull-down)  Automatic

Does the fire alarm directly alert the fire department?  Yes  No

Comments from fire department, if available:

**UTILITIES**

A major concern in running an emergency shelter is whether or not utilities can continue to run after a storm. This section is designed to evaluate the capabilities of the facility and to list the appropriate contacts in case the utilities fail.

Emergency generator on site?  Yes  No

IF YES- Capacity in kilowatts \_\_\_\_\_ Power for entire shelter?  Yes  No  
If no, what will it operate?

Operating time, in hours, without refueling, at rated capacity:

Auto start  Manual start Fuel type

Utility company name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Generator fuel vendor: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Generator repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

**IF NO-** Emergency generators do not have to be present in order to use the facility as a shelter. However, care must be taken to evaluate the appropriateness of the facility in emergency situations. For example, if there are no appropriate facilities in the area available for sheltering that have emergency generators, consideration should be made to use those facilities. Most pre-identified emergency shelters do not have generators. In addition, if a shelter does not have a generator on site, it is appropriate to pre-identify vendors so that a generator could be brought in if necessary.

**Heating**  Electric  Natural gas  Propane  Fuel  Oil

Utility/vendor name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

**Cooling**  Electric  Natural gas  Propane

Utility/vendor name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

**Cooking**  Electric  Natural Gas  Propane  No cooking facilities on site

Utility/Vendor name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

See the Food Preparation section below.

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

Phones available to shelter residents?  Yes  No

Number of phones: \_\_\_\_\_ Locations: \_\_\_\_\_

Utility/vendor name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

**Water**  Municipal  Well(s)  Trapped water

If trapped: Potable (drinkable) storage capacity in gallons:

Non-potable (undrinkable) storage capacity in gallons:

Utility/vendor name:

Contact name: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

Repair contact: \_\_\_\_\_ Emergency phone number: (\_\_\_\_) \_\_\_\_-

**Planning for Drinking Water**

The recommended amount of potable water to have on hand per evacuee is one gallon per day. Presuming that existing water supplies remain available, and that the goal for resources on hand is for three days after the shelter opens, you should strive to have three gallons on hand for each projected shelter resident.

*Projected population x 3 = projected number of gallons of water needed.*

Projected population x 3

\_\_\_\_\_ - Total available

Gallons of Water Needed

**MATERIAL SUPPORT**

**COTS & BLANKETS**

During evacuation sheltering, it is often impractical to have cots and bedding for all evacuees. However, it is desirable to have some cots and bedding on hand to be provided on a case by case basis to shelter residents who could, for a variety of reasons, experience hardship by sleeping on the floor. A good planning target for the quantity of cots to have on hand for evacuation sheltering is enough for 10% of the projected population. Generally, it is recommended to have two blankets per person in the shelter.

*Projected population ÷ 10 = projected number of cots needed.*

Projected population ÷ 10 \_\_\_\_\_

\_\_\_\_\_ - Total available

Cots needed \_\_\_\_\_

Projected population ÷ 5 \_\_\_\_\_

\_\_\_\_\_ - Total available

Blankets needed \_\_\_\_\_

**ACCESSIBILITY FOR PEOPLE WITH DISABILITIES**

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility "out of compliance" or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

**Access to building**

- Curb cuts (minimum 35 inches wide)
- Accessible doorways (minimum 35 inches wide)
- Automatic doors or appropriate door handles
- Ramps (minimum 35 inches wide)      Are ramps:  Fixed       Portable
- Level Landings

**Accessible and accommodating restrooms**

- Grab bars (33-36 inches wide)       Sinks @ 34 inches in height
- Stall (38 inches wide)       Towel dispenser @ 39 inches in height

**Showers**

- Shower stall (minimum 36 inches by 36 inches)       Grab bars (33-36 inches in height)
- Shower seat (17-19 inches high)       Hand-held spray unit with hose
- Fixed shower head (48 inches high)

**Accessible and accommodating cafeterias**

- Tables (28-34 inches high)
- Serving line [counter] (28-34 inches high)
- Aisles (minimum 38 inches wide)

**Accessible telephones**

- Maximum 48 inches high       TDD available       Earpiece (volume adjustable)

**SANITATION**

**TOILETS**

The American Red Cross recommended ratio for toilet facilities is a minimum of 1 restroom for 40 people. Count only those facilities that will be accessible to shelter residents and shelter staff.

*Projected population ÷ 40 = projected needed number of toilet facilities.*

Number of toilets available:	Men	Women	Unisex	People with Disabilities
Projected need:	Men	Women	Unisex	People with Disabilities
- Total available:	Men	Women	Unisex	People with Disabilities
Portable toilets needed:	Men	Women	Unisex	People with Disabilities

**SINKS**

The recommended ratio of sinks is one sink for every two toilets.

Number of sinks available:	Men	Women	Unisex	People with Disabilities
Projected need	Men	Women	Unisex	People with Disabilities
Total available:	Men	Women	Unisex	People with Disabilities
Portable sinks needed:	Men	Women	Unisex	People with Disabilities

**SHOWERS**

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

Number of showers available: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ People with Disabilities \_\_\_\_\_  
Number of showers needed: Men \_\_\_\_\_ Women \_\_\_\_\_ Unisex \_\_\_\_\_ People with Disabilities \_\_\_\_\_

Are there any limitations on the availability of showers (time of day, etc.)?  Yes  No

Alternatives for showers on-site:

Alternatives for showers off-site:

**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 Number: (\_\_\_\_\_) \_\_\_\_\_-

**Planning for shelter feeding**

While people coming to evacuation shelters are encouraged to bring food with them, for a variety of reasons this doesn't always occur. Therefore, it pays to be prepared to feed shelter residents. For planning purposes, it is helpful to think in terms of three to five days of meals with no outside assistance. This covers the possibility of widespread damage to commercial food sources and infrastructure. Meals can range from freshly prepared food at shelter facilities that have adequate kitchen facilities to prepackaged shelf-stable meals (military-style Meals Ready to Eat [MREs], Heater Meals, etc.). The planning target should be 5 meals worth of food in inventory for each projected shelter resident.

*Projected population x 5 = projected number of meals needed.*

Projected need

- Total available

Meals Needed

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

Refrigerators \_\_\_\_\_ Walk-in refrigerators \_\_\_\_\_ Ice machines \_\_\_\_\_  
Freezers \_\_\_\_\_ Walk-in freezers \_\_\_\_\_ Braising pans \_\_\_\_\_  
Burners \_\_\_\_\_ Griddles \_\_\_\_\_ Warmers \_\_\_\_\_  
Ovens \_\_\_\_\_ Convection ovens \_\_\_\_\_ Microwave ovens \_\_\_\_\_  
Steamers \_\_\_\_\_ Steam kettles \_\_\_\_\_  
Sinks \_\_\_\_\_ Dishwashers \_\_\_\_\_

**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:

**OTHER CONSIDERATIONS**

**ARC 4496**

“Standards for Selection of Hurricane Evacuation Shelters,” or ARC4496, is a document published by the American Red Cross. Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in hurricane evacuation studies, storm surge mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

**HEALTH SERVICES**

Number of rooms available: \_\_\_\_\_      Number of beds or cots available:  
Number of rooms needed: \_\_\_\_\_      Number of beds or cots needed:  
Total square footage of available health care space:

**BABY AND INFANT SUPPORT SUPPLIES**

Diaper changing tables are extremely important due to health safety considerations. While there is not a recommended number of tables by population, there should be changing tables available. Beyond diaper changing, it is helpful to know in advance what baby supplies are available, if needed.

# of diaper changing tables: \_\_\_\_\_  
# of diapers available: \_\_\_\_\_  
Cans of formula available:

**LAUNDRY FACILITIES**

Generally, shelters do not have access to laundry facilities. Availability of such facilities would be considered an extra and not a necessity. These facilities would be especially useful for a shelter open longer than a week.

Number of clothes washers: \_\_\_\_\_      Number of clothes dryers:  
Will the shelter worker or shelter residents have access to these machines? Yes No  
Are laundry facilities coin operated? Yes No  
Special conditions or restrictions:

**ADDITIONAL INFORMATION**

Does the entity that plans to manage the shelter own the building?  Yes  No

If NO- is there a current written agreement to use this site?  Yes  No

Is this facility within five miles of an evacuation route?  Yes  No

Is this facility within ten miles of a nuclear power plant?  Yes  No

**Groups associated with this facility**

Facility staff required when using facility?  Yes  No

Paid feeding staff required when using facility?  Yes  No

Church auxiliary required when using facility?  Yes  No

Fire auxiliary required when using facility?  Yes  No

Other: \_\_\_\_\_ Required  Yes  No

Other: \_\_\_\_\_ Required  Yes  No

Will any of the above groups be trained or experienced in shelter management?

IF YES, please list:

**RECOMMENDATIONS/OTHER INFORMATION (Be specific):**

\*\*\*\*\* Attach a sketch or copy of the facility floor plan \*\*\*\*\*

Survey completed/updated by

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date completed

This is to certify that the \_\_\_\_\_  
controlled, owned, or operated by \_\_\_\_\_  
and used temporarily by the American Red Cross, DR# \_\_\_\_\_  
as an emergency disaster facility from \_\_\_\_\_ to \_\_\_\_\_, is hereby returned by the  
(date) (date)  
American Red Cross to \_\_\_\_\_ in a satisfactory condition,  
less the following deficiencies:

\_\_\_\_\_  
Signature of Owner/Operator

\_\_\_\_\_  
Signature of American Red Cross Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# American Red Cross

# BUILDING-INSPECTION CHECKLIST

Location: \_\_\_\_\_

Inspected by: \_\_\_\_\_

Date: \_\_\_\_\_

	Yes	No		Yes	No
1. OSHA log maintained.	_____	_____	18. Exits maintained free of obstructions.	_____	_____
2. Floors, stairs, and handrails maintained in good repair.	_____	_____	19. Exit signs provided for exits.	_____	_____
3. Aisles, stairways, and doorways maintained free of obstructions.	_____	_____	20. Fire extinguishers are proper type and adequate number provided.	_____	_____
4. Handrails provided for steps and stairs (four or more steps).	_____	_____	21. Extinguishers inspected monthly and annually.	_____	_____
5. Permanent aisles and passageways appropriately defined.	_____	_____	22. Extinguishers hydrostatically tested at proper intervals.	_____	_____
6. Telephone, electrical, and extension cords guarded when crossing aiseways and walkways.	_____	_____	23. Extinguishers placed where readily accessible (not blocked) and visible from several different directions.	_____	_____
7. Filing and storage cabinets and wall lockers properly anchored and weights properly distributed to prevent tipping of units.	_____	_____	24. Extinguishers mounted at proper heights.	_____	_____
8. Tops of lockers, filing cabinets, cases, and other relatively high objects free of material.	_____	_____	25. Automatic sprinkler systems maintained and checked.	_____	_____
9. Furniture and equipment positioned so there are no protruding parts to endanger employees.	_____	_____	26. Flammable liquids stored in safety containers and the contents of each container identified.	_____	_____
10. Oily waste or rags and similar combustibles stored in covered metal containers.	_____	_____	27. Designated "NO SMOKING" areas strictly enforced.	_____	_____
11. Blades of electrical fans adequately guarded.	_____	_____	28. Ashtrays provided in authorized smoking areas.	_____	_____
12. Telephone numbers of fire department and ambulances conspicuously posted.	_____	_____	29. Electrical circuits utilized effectively without creating overloads.	_____	_____
13. Adequately trained personnel available and first aid supplies provided for emergency use.	_____	_____	30. Noncurrent-carrying metal parts of cord and plug connected, and fixed equipment grounded.	_____	_____
14. Illumination meets recognized lighting standards.	_____	_____	31. Flexible cord used in approved manner - not substituted for fixed wiring where run through walls, doors, and openings - and attached to building surfaces or concealed.	_____	_____
15. Paint, plaster, and floor covering in good repair.	_____	_____	32. Extension cords and plugs in good condition.	_____	_____
16. Inspections conducted at proper intervals on boilers.	_____	_____	33. Conditions of walks, outside steps, driveways, parking surfaces, and so on, properly maintained.	_____	_____
17. Current safety posters displayed.	_____	_____	34. Rugs and carpets secured and arranged to prevent slipping.	_____	_____

**Unresolved Items From Previous Inspection:**

- |                 |                      |
|-----------------|----------------------|
| A. Item # _____ | Abatement Date _____ |
| B. Item # _____ | Abatement Date _____ |
| C. Item # _____ | Abatement Date _____ |
| D. Item # _____ | Abatement Date _____ |

# American Red Cross

## SELF-INSPECTION WORKSHEET OFF-PREMISES LIABILITY CHECKLIST

Building Owner \_\_\_\_\_ Date \_\_\_\_\_

Location \_\_\_\_\_ Inspector \_\_\_\_\_

### Exits and Access

- |   | Yes   | No    |
|---|-------|-------|
| 1. Are all exits visible and unobstructed?  | _____ | _____ |
| 2. Are all exits marked with a readily visible sign that is properly illuminated? | _____ | _____ |
| 3. Are there sufficient exits to ensure prompt escape in case of emergency?       | _____ | _____ |
| 4. Are controls in place for restricted areas requiring limited access?           | _____ | _____ |
| 5. Do exit doors swing outward?   | _____ | _____ |

### Exterior

- |  |       |       |
|--|-------|-------|
| 1. Are all exterior exits properly illuminated?  | _____ | _____ |
| 2. Are all sidewalks maintained with no large cracks or uneven surfaces?   | _____ | _____ |
| 3. Are the parking lots in good condition with no potholes or uneven surfaces?   | _____ | _____ |
| 4. Are all handicapped ramps maintained and equipped with proper rails?  | _____ | _____ |
| 5. In inclement weather (ice and snow), are all sidewalks and parking lot areas maintained to provide proper access to the building? | _____ | _____ |

### Walking and Working Surfaces

- |  |       |       |
|--|-------|-------|
| 1. Are aisles and working area clean and free of hazards?  | _____ | _____ |
| 2. Are floors clean, dry, sanitary, and free of slip hazards?  | _____ | _____ |
| 3. Are stand mats, platforms, or similar protection provided to protect people from wet floors?                | _____ | _____ |
| 4. Where necessary, are nonskid surfaces applied to stair treads?  | _____ | _____ |
| 5. Are stairways in good condition and standard railings provided for every flight having four or more risers? | _____ | _____ |
| 6. Are all areas of the building adequately illuminated?   | _____ | _____ |

### Kitchen

- |  |       |       |
|--|-------|-------|
| 1. Are the stove and hood free of grease accumulation?   | _____ | _____ |
| 2. Is there a properly serviced fire extinguisher in an accessible area?                                     | _____ | _____ |
| 3. Is the floor clean, dry, and free of slip hazards?  | _____ | _____ |
| 4. Do all electrical appliances have a ground prong?   | _____ | _____ |
| 5. Are there proper containers available (e.g., metal trash cans) for disposal of cigarette butts and trash? | _____ | _____ |

### Signatures

\_\_\_\_\_  
Building Owner's Representative

\_\_\_\_\_  
American Red Cross Representative