RevisedApr11v1

## Kentucky Department for Public Health **Environmental Surveillance Form for Shelters**

Immediate Needs Identified?				
□ Yes	□ No			

Completed forms should be faxed to: DPH Operation Center

Fax: 502-696-1882

I. ASSESSING AGENCY Name of Inspector:	Inspector ID:		Phone: (	Date://
II. FACILITY IDENTIFICATION  Shelter Name: Street .  County Name or Number:			City:	
Name of Shelter Manager:			Phone: () Phone: () Phone: ()	
Type of Facility: School Church Convention/Arena/Expo Center		_ Other		
<b>Food Preparation:</b> □ On-Site: □ Off-Site Preparation Location				
Water: ☐ Municipal ☐ Private Sewage: ☐ Municipal If private, type: If private, type:			l:   Municipal   Pri	vate
<b>III. CENSUS</b> ≤ 2 yrs 3-17 yrs 18-64 yrs	≥	≥ 65 yrs	Total of all age gro	ups
**Please mark <u>ONLY</u> those items needing correct				
IV. FACILITY Structural damage (Roof, Walls, Windows, etc)	X	Immediate Ne	eds /	Comments
Security/Law enforcement adequate				
Identification required for entry				
All outside doors adequately secured				
Adequate ventilation				
HVAC system operational				
Hot water available				
Electricity available				
Adequate space per person (30 ft <sup>2</sup> /person)				
Presence of pest /vector issues				
Acceptable level of cleanliness				
Designated smoking area				
Handicap accessibility				
V. FOOD SERVICE DEFICIENCIES				
Approved/Safe food source				
Safe food handling/prep				
Clean kitchen/prep area				
Adequate food holding temperatures (>145°F or <41°I	<del>.*)</del>			
Refrigeration adequate (<41°F)				
Food storage separate from chemicals				
Dishwashing facilities available  Mop sink/utility sink available	-			
Adequate hand washing station	-			
Adequate formula preparation & bottle cleaning area				
Clean baby food/bottle prep area	_			
VI. DRINKING WATER				
Approved/safe water source				
Adequate water supply (15 liters/person/day)	$\overline{}$			
Ice from approved source, protected from contamination	on	<del> </del>		
Distilled water to prepare baby formula	<i>J</i> 11			
VII. WASTE WATER/SEWAGE				
Sewage system accessible & operational				
Portable Units: numning & cleaning schedule	-			

Shelter Name	I	Date/
Adequate ventilation		
Adequately cleaned		
Handwashing facilities provided for portable units		

Shelter Name	]	Date//		
VIII. SANITATION	X	Immediate Needs	1	Comments
One hand washing station /20 persons	21	Infinediate i veeds		Comments
One toilet/ 20 persons				
One shower/ 20 persons				
Acceptable level of cleanliness				
Adequate laundry services				
Covered containers in female toilets				
Adequate supply of toilet supplies				
Adequate hand towels				
Toilets maintained according to schedule				
Adequate diapering areas (one per 12 infants, clean)				
Adequate handicap facilities				
Adequate cleaning supplies				
IX. SOLID WASTE				
Approved waste containers				
Adequate number of waste containers				
Approved disposal				
Timely removal of trash and debris				
Adequate storage				
Storage area maintained, debris accumulation prevented				
X. SLEEPING AREA				
Separate area for families				
Adequate number of cots/beds/mats				
Adequate spacing of cots/beds/mats				
(2ft bed-to-bed, 6ft head-to-head)				
Adequate supply of bedding (one set per cot)				
Bedding changed according to schedule				
Acceptable level of cleanliness				
XI. HEALTH/MEDICAL CARE				
Yes No (If "No" skip this section)				
Type of medical services available				
Adequate handwashing station, accessible & nearby				
Medical supplies separate from food & chemicals				
Separate refrigeration for medicine				
Adequate security for medical supplies				
Biohazard bags & sharps containers available				
Acceptable level of cleanliness				
Adequate security for entry to patient areas				
XII. CHILDREN'S AREA				
Yes No (If "No" skip this section)				
Hand washing required for children & adults before				
entering & after leaving play area				
Provided toys easily cleaned, do not pose a choking				
hazard Toys cleaned/disinfected 3X daily				
Adequate child/caregiver ratio				
Adequate monitoring for security				
Acceptable level of cleanliness				
XIII. COMPANION ANIMALS PRESENT				
Yes No (If "No" skip this section)				
Animal care available				
Designated animal area				
Acceptable level of cleanliness				

Refer questions about the form or assessment procedures to:

Adequate food and water

Adequate security for safety of animals

Division of Public Health Protection & Safety Phone # on Weekends: (502) 564-5459 Mon-Fri: (502)-564-7398

