

**Disaster Preparedness, Response, Recovery Project  
CONGREGATION 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).

**Congregation Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

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

**Mailing Address** (if different):  
\_\_\_\_\_  
\_\_\_\_\_

**Ownership:**  Own  Rent **Owner:** \_\_\_\_\_

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

**Email address:** \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

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**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.

\_\_\_\_\_  
\_\_\_\_\_

Adapted from the Red Cross Form 6564 revised February 2007  
Incorporating Office of Emergency Service Form Bay Area Shelters