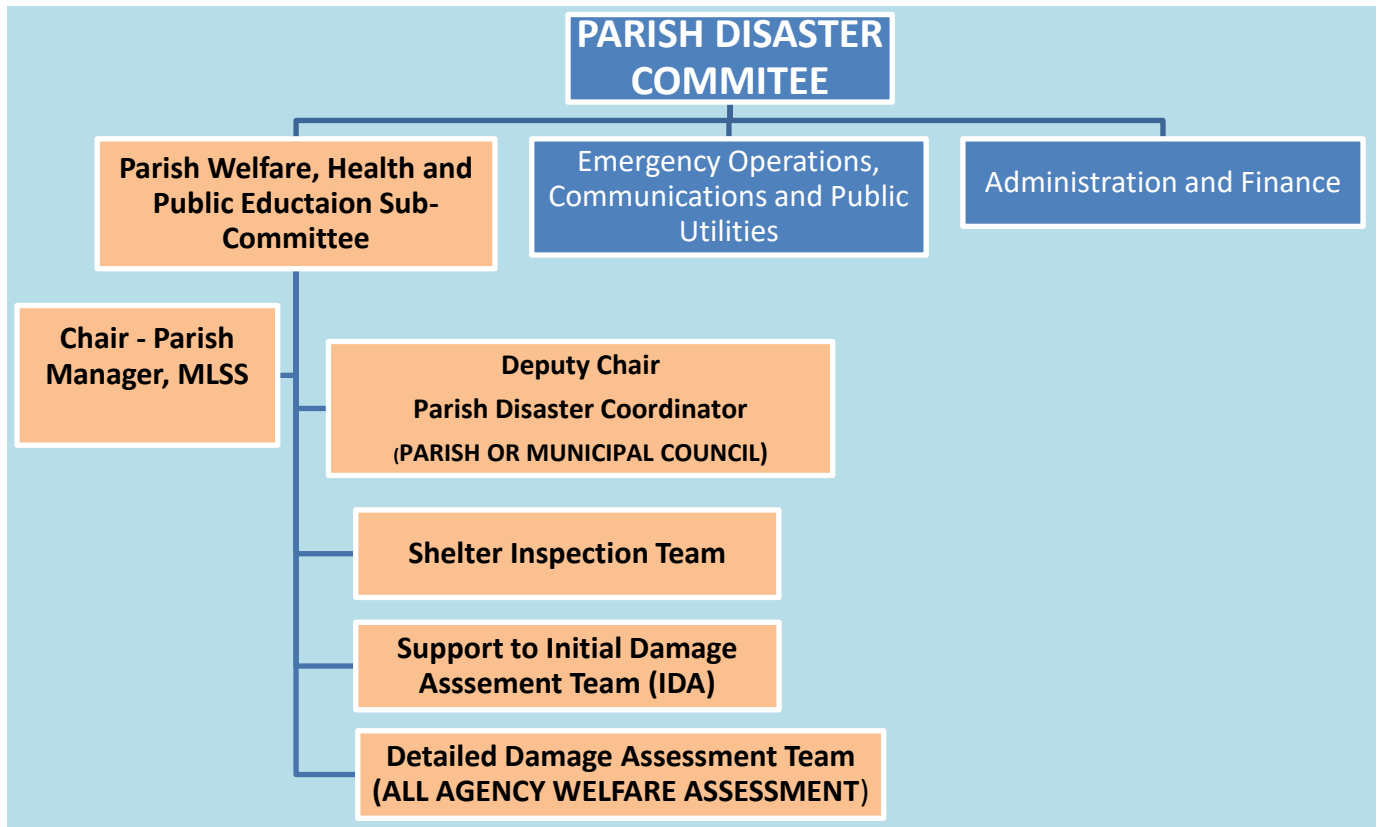


# ***PARISH SHELTER INSPECTION FORM***



*Revised April, 2016.*

**PARISH WELFARE, HEALTH AND PUBLIC EDUCATION SUB-COMMITTEE  
(AN ARM OF THE PARISH DISASTER COMMITTEE)**



**Health, Welfare and Public Education Sub-committee**

1. The Parish Disaster Committee should be knowledgeable of the work of the Health Welfare and Public Education Sub-committee and should be committed to supporting the procedures and policies.
2. Shelters should be inspected during the period **FEBRUARY- MAY** each year.
3. Members of the Shelter Inspection and Marking Team should include the following:
  - **Ministry of Health (Public Health Department)**
  - **Fire (Fire Prevention)**
  - **Building Officer or Senior Officer of Roads and Works Dept. (Parish and Municipal Councils)**
  - **Officer - Superintendent Roads and Works Department/City Engineer**
  - **Ministry of Labour and Social Security (MLSS) Social Worker**

## SHELTER FACILITY INSPECTION COVER SHEET

Special Note to the Inspector:

1. Please read Shelter Inspection Guidelines.
2. Ensure that adequate off site CONTACT NUMBERS are available so that if or when there is an emergency outside of regular office hours, it is easy to contact the person (s) responsible for the keys or access to the facility.

CONTACT INFORMATION – Please print (to include principal, vice principal, pastors/ reverend, caretakers/ watchmen)

| No. | Name | Position | Office No. | Home No. | Cell No(s) | Email Address |
|-----|------|----------|------------|----------|------------|---------------|
| 1   |      |          |            |          | 1          |               |
|     |      |          |            |          | 2          |               |
| 2   |      |          |            |          | 1          |               |
|     |      |          |            |          | 2          |               |
| 3   |      |          |            |          | 1          |               |
|     |      |          |            |          | 2          |               |
| 4   |      |          |            |          | 1          |               |
|     |      |          |            |          | 2          |               |

DOES THE BUILDING HAVE A SHELTER SIGN AFFIXED TO IT OR TO THE SITE: Yes  No

NAME OF THE FACILITY: \_\_\_\_\_

LOCATION OF THE FACILITY: \_\_\_\_\_

LOCATION AND CONTACT FOR KEYS: \_\_\_\_\_

SHELTER CAPACITY: – Identify Classrooms to be used: (in square metres) \_\_\_\_\_

Each designated area is computed at 1.85806 square metres per person or 20 square feet per person

92.903 square metres / 1.85806 square metres = 50 persons.

OR designated area is 1,000 square feet /20 = 50 persons.

DATE OF INSPECTION \_\_\_\_\_(YEAR) \_\_\_\_\_MONTH \_\_\_\_\_DAY

NAME OF ORGANISATION CONDUCTING INSPECTION \_\_\_\_\_

# SHELTER INSPECTION CHECKLIST

The following checklist is for use in the inspection of a building and its' site for consideration to be used as an emergency shelter. For further clarity see the Shelter Reference Guide (2005) for specific information about each item.

## **SITE LOCATION, HAZARD HISTORY AND ACCESSIBILITY**

### **1. Building location (site). Answer “Yes” or “No”**

Remarks Column

- |      |   |  |       |
|------|---|--|-------|
| 1.1  | Is building easily accessible?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.2  | Is there adequate parking space?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.3  | Is building located in a flood prone area?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.4  | Is building located on landfill<br>or soft deposits?                                | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.5  | Is building located near the coast?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.6  | Is building sheltered from high winds?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.7  | Is building threatened by mudslides or<br>landslides?                               | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.8  | Is building threatened by falling trees?<br>boulders, power lines or flying debris? | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.9  | Is building located close to the source of<br>any potential hazardous materials?    | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.10 | Is building threatened by a dam or<br>reservoir failure?                            | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 1.11 | Is building close to a known fault line?  | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |

## **DESIGN, LAYOUT AND ENVIRONMENTAL FACTORS**

### **2. Building design and layout Answer “Yes” or “No”**

- |     |  |  |       |
|-----|--|--|-------|
| 2.1 | Is building regular in shape<br>(square or rectangular)? | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |
| 2.2 | Is length no more than 3 times the width?                | Yes <input type="checkbox"/> No <input type="checkbox"/> | _____ |

**Remarks Column**

- 2.3 Does building have at least 2 entrances and exits? Yes  No  \_\_\_\_\_
- 2.4 Is building height two stories or less? Yes  No  \_\_\_\_\_
- 2.5 Is ceiling height 3.048 metres (10 feet) or more? Yes  No  \_\_\_\_\_
- 2.6 Does building have adequate rooms and space? Yes  No  \_\_\_\_\_
  
- 2.7 Does building have laundry area/facilities? Yes  No  \_\_\_\_\_
- 2.8 Are there adequate recreation areas? Yes  No  \_\_\_\_\_
- 2.9 Are there facilities for the disabled? Yes  No  \_\_\_\_\_

**SURVIVABILITY AND CONFORMANCE TO THE BUILDING CODE**

**3. Building structure**

- 3.1 How old is the building (years)? \_\_\_\_\_ (state no. of years)  
0-20  21-50  50+
- 3.2 Has the building survived a previous hurricane or earthquake? Yes  No  \_\_\_\_\_
- 3.3 Is building maintenance adequate? Yes  No  \_\_\_\_\_
- 3.3.1 Is the building free of hazards? Yes  No  \_\_\_\_\_
- 3.3.2 Is building exposed to bush fires, floods or landslides? Yes  No  \_\_\_\_\_
- 3.4 **Walls (Conform to the Building Code?)** Yes  No  \_\_\_\_\_
- 3.4.1 Are external walls at least 8 inches thick? Yes  No  \_\_\_\_\_
- 3.4.2 Are columns spaced no more than 4.8768 metres or (16 feet) apart? Yes  No  \_\_\_\_\_
- 3.4.3 Are walls generally in good condition and free of large cracks? Yes  No  \_\_\_\_\_
- 3.4.4 Is the ring beam at least 30.48 centimetres (12 inches) in depth? Yes  No  \_\_\_\_\_
- 3.4.5 Are the walls reinforced? Yes  No  \_\_\_\_\_

**3.5 Roof Answer “Yes” or “No”**

**3.5.1 Structure**

Is roof flat (with or without parapets)? Yes  No  \_\_\_\_\_

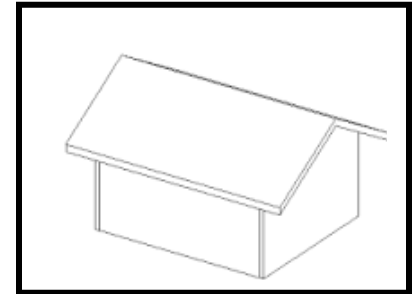
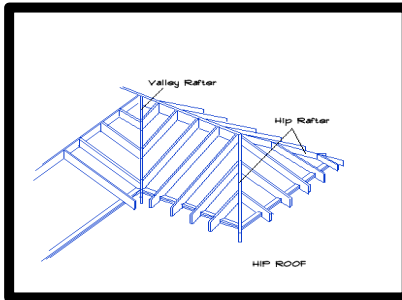
Is roof hipped (with or without overhang)? Yes  No  \_\_\_\_\_

Is roof gabled (pitch less than or greater than 2 to 1)? Yes  No  \_\_\_\_\_

**3.5.2 Type**

Is roof covering galvanized or concrete? Yes  No  \_\_\_\_\_

Is roof covering shingles or tiles? Yes  No  \_\_\_\_\_



**Figure 1 - Roof with Parapet**

**Figure 2 - Hipped Roof**

**Figure 3 - Gabled Roof**

**3.5.3 Construction**

Are rafters attached with bolts or cables? Yes  No  \_\_\_\_\_

Are hurricane straps used? Yes  No  \_\_\_\_\_

Are span and spacing within building code limits? Yes  No  \_\_\_\_\_

**3.6 Windows & Doors**

Are windows and glass doors protected by shutters? Yes  No  \_\_\_\_\_

Are frames properly affixed to walls? Yes  No  \_\_\_\_\_

Are frames at least 3 inches thick? Yes  No  \_\_\_\_\_

**4. Amenities and Services**

Yes  No  \_\_\_\_\_

**4.1 Electrical**

Are fuses, wires, outlets and sockets adequate and functional? Yes  No  \_\_\_\_\_

Is there a standby power generator? Yes  No  \_\_\_\_\_

## **WATER, SANITATION AND HYGIENE (WASH)**

### **4.2 Water**

Is there supply from the public water system? Yes  No  \_\_\_\_\_

Is there water storage capability (Storage Tank) Yes  No  \_\_\_\_\_

If yes, state capacity in \_\_\_\_\_ litres  
(4.5 litres = 1 gallon (imperial standard)).

What is the source of the alternative water supply? \_\_\_\_\_

Is the source treated or untreated? Yes  No  \_\_\_\_\_

### **4.3 Are there sanitary facilities?**

No. of baths/showers \_\_\_\_\_

No. of toilets \_\_\_\_\_

No. of wash/face basins \_\_\_\_\_

No. of urinals \_\_\_\_\_

Pit latrines \_\_\_\_\_

Are they in good working condition Yes  No  \_\_\_\_\_

Is septic system adequate (tank, soakaway, drainage)? Yes  No  \_\_\_\_\_

### **4.4 Food preparation**

Are there kitchen facilities? Yes  No  \_\_\_\_\_

Is there adequate and proper food storage area? Yes  No  \_\_\_\_\_

4.5 Are windows and doors properly secured? Yes  No  \_\_\_\_\_

4.6 Are contents adequate and suitable? Yes  No  \_\_\_\_\_

### **4.7 Sanitation & Vector Control**

Is there an adequate and proper refuse collection area? Yes  No  \_\_\_\_\_

Is the site free of mosquito breeding areas? Yes  No  \_\_\_\_\_

**CERTIFICATE OF INSPECTION** (to be produced with carbon copy or in duplicate)

This certifies that the building located at \_\_\_\_\_ and called the \_\_\_\_\_ building has been duly inspected and has satisfactorily met all requirements of the National Shelter, Welfare and Relief Clearance Policy (2015) and is recommended/designated as an emergency shelter to accommodate a maximum of (number)\_\_\_\_\_ persons for the following uses:

**Temporary Shelter**

- for protection from a hurricane
- for protection from storms, freak storms or floods
- following a disaster not caused by an earthquake.
- following an earthquake.

Date: \_\_\_\_\_ Name of Inspector: \_\_\_\_\_

Title: \_\_\_\_\_ Dept: \_\_\_\_\_ Signature: \_\_\_\_\_

**(PHOTOS OF AREAS TO BE USED AS SHELTER TO BE ATTACHED)**

**Comments/Recommendations:** \_\_\_\_\_

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**STATEMENT OF COMMITMENT FOR USAGE OF FACILITY**

This facility is designated for use as an emergency shelter by the Government of Jamaica. This certifies that the inspection of the facility was satisfactorily concluded to the best of my knowledge and understanding and that in the event that there is damage incurred to the said facility (post-emergency) that I understand that the reporting mechanism in place is as follows: **First point of Contact (Schools):** The Ministry of Education Youth and Information; Technical Services Division or **First Point of Contact:** Head of Faith-Based Facility / Community Centre. **Second Point of Contact:** The Parish Disaster Coordinator, located at the Parish/Municipal Council. **Third Point of Contact:** The Office of Disaster Preparedness and Emergency Management: Preparedness and Emergency Operations Division.

Name of Principal/ Custodian/Facility Manager \_\_\_\_\_ Date: \_\_\_\_\_