FACILITY SELF-ASSESSMENT CHECKLIST

Assessment Date	Facility Name	Facility Address(ES)

SECTION A: ORGANIZATION PROFILE

Criteria	Decription/Comments
Facility Capacity *Total including all buildings on campus*	
Facility Campus Type *Single building, one-story building(s), multi-story, etc.*	
Type of Building Materials *Construction materials: brick, siding, wood, etc.*	
Total Number of Buildings	
Names of Each Building on Campus	
Total Number of Floors *Each building*	
Approximate Total Square Footage *Each building and total*	
Year of Construction *Each building*	
Number of Rooms of Each Building	
Number of Exits	
Type of Surrounding Community *Urban, suburban, rural*	

FACILITY SELF-ASSESSMENT CHECKLIST

ARE THE FOLLOWING PIECES OF EQUIPMENT AND CAMPUS LOCATIONS CHECKED ON A REGULAR BASIS?

Criteria	Yes	No	N/A	Notes/Comments
Fire/Life Safety Systems *(i.e., fire pump, fire panel, alarm system) & Life Systems (AED)*	☐	☐	☐	
Does your House of Worship have an AED machine? If so, do you have people trained to use it? Who are they?	☐	☐	☐	
Are all chemicals properly stored, labeled, and in their original containers?	☐	☐	☐	
HVAC	☐	☐	☐	
Fire Suppression	☐	☐	☐	
Fire Extinguisher	☐	☐	☐	
Smoke/Heat Detectors	☐	☐	☐	
Generators	☐	☐	☐	
Security Alarms	☐	☐	☐	
Kitchen	☐	☐	☐	
Playground	☐	☐	☐	

FACILITY SELF-ASSESSMENT CHECKLIST

Criteria	Decription/Comments
Total Number of Members	
Number of Staff Members	
Number of People with Disabilities	
Average Number of Visitors Daily	
Names and credentials of members who work in public safety *Law enforcement, fire, EMS*	
Local Emergency Management Agency Contact Information	

SECTION B: SAFETY CONSIDERATIONS/RISK ASSESSMENT

Criteria	Decription/Comments
What would you consider the number one risk to member safety? *Insert applicable day-to-day risks, natural hazards, and human caused hazards.*	
What would you consider the number one risk to staff safety? *Insert applicable day-to-day risks, natural hazards, and human caused hazards.*	
What types of day-to-day emergencies have occurred at this facility within the last 5 years? *Fires, power outages, calls to 911, missing children, etc.*	
What types of natural disasters have occurred within the city, county, and the surrounding community over the last 10, 15, 20 years?	

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Criteria	Decription/Comments
What types of technological disasters have occurred within the city, county, and surrounding community over the last 10, 15, 20 years?	
What types of human caused disasters have occurred in the city, county, and surrounding community over the last 10, 15, 20 yearss?	

SECTION C: VISITOR, VOLUNTEER, CONTRACTOR PROTOCOL

Criteria	Yes	No	N/A	Notes/Comments
Is there a visitor log book or computerized visitor login system in the main office?	☐	☐	☐	
Describe the visitor sign in policy and procedures.				
Are visitors and vendors escorted on campus?	☐	☐	☐	
Do outside contractors/vendors/janitorial personnel check in?	☐	☐	☐	
Are safety and security plans in place and/ or updated annually?	☐	☐	☐	
Are emergency phone numbers posted on or near all establishment facility telephones?	☐	☐	☐	

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Criteria	Yes	No	N/A	Notes/Comments
Does the establishment have an automated voicemail system that would be able to relay any messages to members inquiring about activities or incidents going on at the establishment? Is this voicemail updated as needed to reflect changes in hours or emergencies? i.e. inclement weather closings.	☐	☐	☐	
Has an emergency preparedness kit been established? *Including, but not limited to: emergency contact lists, medical considerations list, flashlights, first aid supplies, radios, religious items needed for worship off site, etc.*	☐	☐	☐	
Does the establishment have an emergency management team? How often do they meet?	☐	☐	☐	
Have all members of the Emergency Management Team received a copy of the emergency procedures manual?	☐	☐	☐	
Have members been notified of what to do if an emergency occurs while the establishment is in session?	☐	☐	☐	
Are copies of emergency procedures available on site and off site, and easily accessible?	☐	☐	☐	

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SECTION E: EVACUATION PROCEDURES

Criteria	Yes	No	N/A	Notes/Comments
Are escape site maps maintained and visible showing exits, fire extinguishers, AEDs/first aid kits, etc?	☐	☐	☐	
Are evacuation drills performed annually?	☐	☐	☐	
Has the fire department participated in any drills at the facility?	☐	☐	☐	
Have the evacuation assembly points been established, both on and off the property and communicated/posted?	☐	☐	☐	
Have transportation needs been addressed for any occupants with special mobile needs to be relocated to the off-site assembly point?	☐	☐	☐	
Are ramps and exits accessible for those with mobility needs?	☐	☐	☐	
Is emergency signage visible, illuminated, and multilingual if needed?	☐	☐	☐	
How far from the property are the primary assembly points?	☐	☐	☐	
Does the facility have an adequate system to track members (especially children) evacuating from the facility?	☐	☐	☐	
Does the organization have any mutual assistance agreements with other organizations?	☐	☐	☐	