



## Department of State Health Services

P.O. Box 149347  
 Austin, Texas 78714-9347  
 (512) 834-6778; FAX (512) 834-6707  
<http://www.dshs.state.tx.us/phs/>

## Emergency Shelter Recommendations

<b>INSPECTION PURPOSE:</b>		<b>ROUTINE</b> <input type="checkbox"/>	<b>PREOPERATIONAL</b> <input type="checkbox"/>
<b>FACILITY NAME:</b>		<b>PHONE:</b>	
<b>FACILITY CONTACT / TITLE:</b>		<b>DATE SHELTER OPENED:</b>	
<b>PHYSICAL ADDRESS:</b>		<b>ZIP CODE:</b>	
<b>CITY:</b>	<b>COUNTY:</b>	<b>COUNTY ID#:</b>	
<b>NUMBER OF RESIDENTS:</b> _____	<b>CAPACITY:</b> _____	<b>NUMBER OF VOLUNTEERS:</b> _____	
<b>“X” Indicates a Deficiency</b>			
<b><u>SHELTER FACILITIES</u></b>	<b><u>DEF</u></b>	<b><u>N/A</u></b>	<b><u>WASTE WATER</u></b>
1. Walls, ceilings, floors: clean / good condition *			34. Public / Temporary Adequate (circle one)
2. Roof: not leaking in good condition			<b><u>WATER SUPPLY</u></b>
3. Outside doors/ Windows *			35. Approved drinking water / Adequate supply *
4. Acceptable Level of Cleanliness			36. Cross connection / Backflow / GFCI outlets *
5. Lighting / Adequate			37. Fountains angled / Maintained / Cleaned *
6. HVAC: Operational/ Ventilation adequate / Temperature acceptable *			<b><u>TOILET FACILITIES</u></b>
7. Ventilation; filters / Vents clean			38. Restrooms located inside facility / Adequate *
8. Adequate space per person (30 sq. ft) *			39. Cross connection / Backflow *
9. Electric breaker boxes locked / limited access			40. Public / Temporary Adequate (circle one)
10. Hot water heater / Pressure relief valves *			<b><u>SHOWER FACILITIES</u></b>
11. Custodial rooms, locked and maintained			41. Shower facilities adequate (1 per 15 people minimum) *
12. Adequate custodial service			42. Showers clean / maintained
13. Pest control / IPM / Building & Grounds			<b><u>GROUND</u></b>
14. Pest infestation (specify)			43. Clean / Well-drained
15. Designated sleeping areas /Plans in place *			44. Safety hazards *
<b><u>LINENS, TOWELS &amp; LAUNDRY</u></b>			<b><u>PLAYGROUNDS</u></b>
16. Sanitary Bedding Provided *			45. Playground / equipment (separate inspection form) *
17. Sanitary bath towels provided *			<b><u>SAFETY</u></b>
18. Clean laundry facilities (if applicable)			46. Material Safety Data Sheets (posted conspicuously)
19. Separate storage carts for clean / Dirty linen *			47. Emergency Evacuation Plan posted *
<b><u>MEDICAL SERVICE AREA</u></b>			48. Chemicals properly stored / Labeled / Locked if unattended
20. Medical waste disposal / Sharps Container / Adequate *			49. TV's properly secured on movable cart
21. Isolation area available / Adequate			50. Fire extinguishers charged / Inspected annually
22. Medial supplies locked when unattended			51. Exits marked appropriately
23. Medical records maintained *			52. 24 hour security on site
24. Medical personnel on site			53. Smoke alarms available and operable *
25. Beds / Cots available			54. Disaster contingency plan *
<b><u>CHILD CARE</u></b>			55. First Aid Kits stocked *
26. Designated child diaper area clean / Maintained / Disinfected *			<b><u>ANIMAL CARE</u></b>
27. Hand washing station / Adequate / Available			56. Documented vaccinations available *
<b><u>FOOD SERVICE</u></b>			57. Living quarters clean and sanitary
28. Meets all food temperature requirements (Hot 135°F / Cold 41°F)			58. Adequate area available *
29. Time as a public health control (Temp logs maintained) *			59. Veterinarian available / on call *
30. Approved personnel *			60. Hand wash station / hand sanitizer available *
31. Proper food handling *			61. Adequate food / water *
32. Commissary meets TFER (separate inspection form) *			(Additional Comments on Continuation Form EH-11)
33. Hand washing adequate / Available			
<b>Inspected by: (Signature):</b>		<b>Facility Official (Signature):</b>	
<b>Printed Name:</b>		<b>Printed Name:</b>	
<b>Date:</b>		<b>Date:</b>	

\* Clarifications listed on reverse

**\* The following are clarifications for some items on page 1 of the Emergency Response Form:**

**SHELTER FACILITIES**

1. Walls, ceilings, floors, should be clean without structural damage.
3. Doors and windows should be in good condition, can be closed and latched.
6. HVAC system / ventilation adequate; free of air hazards contaminants (i.e. smoke)
8. Shelter is not overcrowded; Occupancy levels in compliance.
10. Water heater; installed properly and operational
15. Assigned areas for sleeping to prevent transfer of ectoparasites / illness

**LINENS, TOWELS & LAUNDRY**

16. Bedding is cleaned and sanitized regularly
17. Towels cleaned and sanitized regularly
19. Clean and soiled bedding and towels stored and handled separately from soiled bedding and towels.

**MEDICAL SERVICE AREA**

20. Medical waste disposal available; properly labeled; separated from other waste
23. Medical service logs kept / provided / secured

**CHILD CARE**

26. Designated child diapering area clean, maintained and disinfected

**FOOD SERVICE**

29. Time as public health control hot /cold food served within 4 hour time period
30. Unauthorized personnel not allowed in food serving or preparation areas
31. Proper food handling; adequate hand washing and glove use
32. Must comply with Texas Food Establishment Rules

**WATER SUPPLY**

35. Approved drinking water minimum 1-2 gallons per person per day

36. Backflow prevention and GFCI devices provided as required
37. Fountains, if provided, angled / clean & sanitized / maintained

**TOILET FACILITIES**

38. Restrooms inside; adequate supplies (toilet paper/ feminine hygiene) 1 toilet per 15 people
39. No cross connection; no backflow of sewer lines

**SHOWER FACILITIES**

42. Showers clean and sanitized regularly

**GROUND**

44. Free of open active electrical wires, hazardous materials, open sewage etc.

**PLAYGROUNDS**

45. Playground equipment (if applicable) follows CPSC guidelines

**SAFETY**

47. Emergency evacuation plans posted i.e. bombs / intruder threats/ fire
53. Working smoke alarms provided if applicable
54. Disaster contingency plan available for secondary natural disasters or illness outbreaks
55. First Aid Kits 24 unit ANSI Z308.1 – 1-2003

**ANIMAL CARE**

56. Applicable vaccinations (rabies) documented by owner or by animal shelter veterinarian
58. Adequate area, no overcrowding / animals housed separately from people
59. Veterinarian and /or Vet-Tech on call
60. Hand wash station and supplies provided
61. Animals have clean fresh water and food

**Toilet Ratio:** 1 toilet provided per 15 persons.

**Shower Ratio:** 1 shower provided per 15 persons.

**Hand wash stations:** 1 hand wash station provided per 15 persons; 1 at diaper changing station and 1 at Animal Care Area.

**Hand wash station supplies:** water, soap, hand towels or hand dryer, hand sanitizer.

**Water:** 1-2 gallons per person for drinking / for all uses 3-5 gallons per person per day.

**Disinfecting Solution:**

1 Tablespoon of regular strength bleach per 1 gallon of water.  
Label container with contents and store properly.

**Proper Diaper Changing Procedures:**

1. Promptly change soiled or wet diapers or clothing.
2. Thoroughly cleanse children with individual cloths or disposable towels. You must discard the disposable towels after use and launder any cloths before using them again.
3. Ensure that the children are dry before placing a new diaper on the child. If the child must be dried, you must use a clean, individual cloth or disposable towel to dry the child. You must discard the disposable towel after use and launder any cloth before using it again.
4. Not apply powders, creams, ointments, or lotions without the parent's written permission.
5. Label powders, creams, ointments, or lotions with the individual child's name.
6. Keep all diaper-changing supplies out of children's reach.

**Proper Hand Washing Procedures:**

1. Wash hands utilizing warm water and soap for 20 seconds.
2. Wash back of hands, in between fingers, and under nails.
3. Rinse with warm water.
4. Obtain towel, dry hands, and utilize towel to shut off water.
5. Dispose of towel properly.