

ENVIRONMENTAL HEALTH ASSESSMENT FORM FOR DISASTER SHELTERS

During COVID-19

CDC's Interim Guidance for General Population Shelters During COVID-19 provides guidelines with in-depth steps on how to prevent and control COVID-19 in general population shelters. We recommend [reviewing these guidelines](#) in addition to using this assessment form.

I. ASSESSING AGENCY

¹Agency/Organization Name: _____ ¹³Immediate needs identified Yes No
²Assessor Name/Title: _____
³Phone: _____ ⁴Email or Other Contact: _____

II. FACILITY TYPE, NAME, AND CENSUS DATA

⁵Shelter type: General population Medical Other: _____
⁶Red Cross Facility: Yes No Unk/NA ⁷Red Cross Code: _____
⁸Date shelter opened (m/dd/yr) _____ ⁹Date assessed (m/dd/yr) _____ ¹⁰Time Assessed: _____ am pm
¹¹Reason for assessment: Preoperational Initial Routine Other: _____
¹²Location name and description: _____
¹³Street address: _____
¹⁴City/County: _____ ¹⁵State: _____ ¹⁶ZIP Code: _____

Yes No Unk/NA

VIII. SANITATION/HYGIENE

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XIV. COMMENTLIST CRITICAL NEEDS IN IMMEDIATE NEEDS SECTION

XV. IMMEDIATE NEEDS