
 Organization Name

Providing Temporary Shelter Checklist

	Yes	Needs Attention
1. Do you know how many people your facility can handle while remaining within the constraints of fire codes and other local ordinances?	<input type="checkbox"/>	<input type="checkbox"/>
2. Can you limit the areas of your building to which shelter guests will have access?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a disaster response team in place that can minister to and monitor the activities of the people in your facility on a 24/7 basis?	<input type="checkbox"/>	<input type="checkbox"/>
4. Will you maintain a record of the name of everyone you house within your facility as well as the names of relatives to contact in the event of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does everyone in the shelter have access to, or are they informed of, your building's evacuation plan?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have specific procedures in place to address any unlawful activities that may occur in your building?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you know what you will do with any valuables or weapons that disaster victims may have in their possession when they enter your shelter and the risks associated with securing them on your property?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you know how, or if, you will prepare food on-site for the guests at your facility? You may want to consult with your local health department before making this decision.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you know how you will address and maintain sanitary conditions for guests at your facility, including shower facilities for both genders and trash removal?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you know how you will address the safety needs of the children who might stay at your facility?	<input type="checkbox"/>	<input type="checkbox"/>
11. Will you require people staying at your facility to sign a shelter use agreement?	<input type="checkbox"/>	<input type="checkbox"/>

 Notes: _____

Completed by: _____ Date: _____

This is a sample document only. Your organization is responsible for compliance with all applicable laws. Accordingly, this checklist should not be used or adopted by your organization without first being reviewed and approved by a licensed attorney in your state. Brotherhood Mutual Insurance Company assumes no liability in the preparation and distribution of this checklist.