

STANISLAUS COUNTY FACILITY RESOURCE SURVEY

DIRECTIONS: Print legibly. Complete all sections as thoroughly as possible, indicating numbers, space dimensions, etc. **Record only usable space.** If a room is 600 square feet, but has furniture or fixtures occupying half that space that can't or won't be removed, the usable space is 300 square feet. Data fields not appropriate to your application may be left blank or contain "N/A". Phone numbers should include area codes.

SITE INSPECTED AND ACCEPTABLE FOR:

Shelter:	<input type="checkbox"/> Primary Shelter	<input type="checkbox"/> Secondary Shelter	<input type="checkbox"/> Respite Site Only
	<input type="checkbox"/> Client Service Center	<input type="checkbox"/> Pet Shelter	
Medical:	<input type="checkbox"/> Alternate Care Site	<input type="checkbox"/> Mass Vaccination/Point of Distribution	
Safe Schools:	<input type="checkbox"/> (see attachment)		

FACILITY AVAILABILITY: Available any time Blackout dates: _____

FACILITY CONTACT(S) – (Include Facility Maintenance and/or Custodial Contacts):

Contact #1: _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

Contact #2: _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

Contact #3: _____ Title: _____ E-mail: _____

Daytime Phone: () _____ Alternate Phone: () _____ After Hours: () _____

ADDRESS INFORMATION:

Site Name: _____ Thomas Guide Map Page#: _____ Grid#: _____

Street Address: _____ Cross Street: _____

City/State/Zip: _____ Mailing Address (If different): _____

SITE INFORMATION:

- Access to more than one major road or highway from site (+2 lanes)
- Access to public transit – Distance from nearest public bus or train stop _____

Parking: List any available parking lots on site (e.g. Parking Lot 1, Parking Lot 2, etc.)

List Parking Lot	# of Spaces (Use Range)	# of Disabled Spaces	Type of Surface	Trucks OK?
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

Exterior Spaces: List any usable space on the site (e.g. athletic field, courtyard, playground, etc.)

Exterior Space	Fenced?	Equipment (seating, play, etc.)
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

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	<input type="checkbox"/>	
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****NOTE: SHOW ACTUAL MEASUREMENT IF MINIMUM IS NOT MET**

Section 1: Parking - If off street parking is available	Yes	No	N/A	Min/Max	Actual
<u>If off street parking is N/A, skip to Number 8</u>					
1. Is there one or more off-street parking spaces either permanently or temporarily designated for people with disabilities? (1 van accessible space for every 25 regular spaces, eg, 1-25 = 1 van accessible space).				Car 9 ft wide 18 ft long 5 ft aisle	
2. Is there at least one parking space that is van accessible for every 25 spaces?				Van 9 ft wide 18 ft long 8 ft aisle	
3. Are parking spaces on level ground?				Max: 2 % slope	
4. Is the parking area surface stable, firm and slip resistant?				Concrete, asphalt, no gravel	
5. Is the disabled parking space in the closest location to the accessible entrance/pathway to the Shelter?				N/A	
6. Is there signage at the front of the parking stall that identifies the space as reserved, by displaying the international symbol of accessibility so that it is readily visible to passing traffic even if the space is occupied?				80" at the lowest edge of the sign	
7. Is there an accessible route from the parking area to an accessible path of travel (continuous common surface)?				48" min wide 36" min at a single point	
8. Grates – (If the walking space has grating) (Perpendicular to the path of travel)				No greater than 1/2 " wide	

Comments:

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 Path of Travel - Parking Area to the Shelter Entrance.	Yes	No	N/A	Min/Max	Actual
1. Is an accessible route provided from accessible parking spaces to the accessible entrance to the building?				48" wide 36" wide at a single point	
2. Is an accessible route provided from public sidewalks and public transportation stops on the emergency shelter to the accessible entrance of the building? (If provided) (You must survey the surrounding block where the shelter is located.)				48" wide 36" wide at a single point	
3. Is the surface of the path of travel stable, firm and slip resistant?				Concrete, asphalt, no gravel	
4. Is the path of travel to the building an accessible width?				48" wide 36" wide at a single point	
5. Is there a continuous common surface not interrupted by un-ramped steps or by abrupt changes in level in the path of travel to the entrance?				¼ " high or beveled from ¼ " to ½ " high.	
6. Is the path of travel to the building entrance free of obstructions (fire hydrants, tree trunks etc.)?				Min of 36" wide	
7. Is the path of travel to the emergency shelter free of any objects (e.g., wall mounted boxes, signs, tree branches, etc.) 7a. If no, can the object be lowered, removed or modified?				Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel.	

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Path of Travel - Parking Area to the Shelter Entrance. (Continued)	Yes	No	N/A	Min/Max	Actual
8. If there is an alternative path of travel for accessibility, is there a sign to identify the accessible route?				Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel.	
9. Alternate Accessible Entrance Signage: If the main entrance is inaccessible, is the accessible alternate entrance clearly marked?				Same as Item #8	
Ramps	Yes	No	N/A	Min/Max	Actual
1. If there are stairs at the main entrance, is there also a ramp or lift, or is there an alternative accessible entrance?				N/A	
2. Do all ramps have a slope no greater than 1-inch rise in 12 inches of horizontal run?				1:50 or 2% max slope	
3. Ramp Width?				48" min.	
4. Does the ramp have edge protection in the form of walls on each side, or wheelguides, or raised curbs?				N/A	
5. Do ramps have a slip-resistant surface?				N/A	
6. If a ramp rises more than 6 inches, or if it is longer than 72 inches, does it have handrails on both sides?				Between 34 – 38" above the surface of the ramp	
7. Is there a landing at both the top and bottom of the ramp?				5'x5' level landing at the top & bottom & at every 30" of rise	
**NOTE – Requirement also needed at every change of direction					

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Comments: _____

 **BUILDING EXTERIOR:**

Access ramps? Accessible doorways (min 36" wide)? Auto-doors or appropriate door handles?

Structure: PERMANENT STRUCTURE MODULAR BUILDING TRAILER

 Construction Year: _____ Earthquake Retrofit? If checked, date of last retrofit _____

 Loading Dock? - Description: _____  Staging Area? - Description: _____

 External electrical outlets? Sufficient lighting?

Comments: _____

 **BUILDING INTERIOR SPACES:**

of Stories: _____ Elevator(s)? Movement between floors ADA accessible?

Elevators	Yes	No	N/A	Min/Max	Actual
1. If an elevator is required to reach the voting area, is the elevator doorway wide enough for a wheelchair user?				At least 36 inches clearance	
2. Is the elevator cab size?				68" wide x 51" deep	
3. Are elevator controls clearly marked with raised lettering for visually impaired persons?				Braille Lettering	
4. Are the elevator controls low enough for a person in a wheelchair to reach them?				No higher than 54" from the elevator floor	

Comments: _____

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Features inside the shelter area	Yes	No	N/A	Min/Max	Actual
1. Is there a provision for people to fill out paperwork in a seated position at a table that is accessible to a wheelchair user?				Table 28 -34" high max Knee Space 27" high, 30" wide & 19" deep.	
2. If filling out paperwork in a seated position, is adequate privacy guaranteed?				N/A	
3. Is seating available for people waiting their turn to enter the shelter who cannot stand for long periods of time? (not required)				N/A	
4. Is the inside of the shelter area free of any objects (e.g., wall mounted boxes, signs, etc.) that a person with a visual impairment or disabled person would not bump into them?				Bottom edge lower than 27" high or higher than 80" extending no more than 4 inches into the path of travel.	



BUILDING FURNITURE:

Furniture	Approximate Number	Description/Size
Tables	<input type="text"/>	
Chairs	<input type="text"/>	
Cafeteria Tables/Benches	<input type="text"/>	
Desks	<input type="text"/>	
Portable Room Dividers	<input type="text"/>	

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FOOD PREPARATION FACILITIES:

None on site
 Warming oven kitchen
 Full-service kitchen with a capacity of _____ meals a day



Facility representative required on site when using kitchen? Contact name/phone _____

Equipment	Quantity/Size	Equipment	Quantity/Size	Equipment	Quantity/Size
Refrigerator		Walk-in Refrig.		Ice Machine	
Freezer		Walk-in Freezer		Braising Pan	
Burner		Griddle		Warmer	
Oven		Convection Oven		Microwave	
Steamers		Steam Kettles		Sinks	
Dishwasher		Deep Fryer		Coffee Maker	

Comments:



SANITATION:

Potable water source: City Small Public Water System Private Well

Solid waste collection service/company: _____

Sewer: City Aerobic Onsite Wastewater Septic Onsite Wastewater



Fixture Name	Men	Women	Unisex	Disabled Access?	Hot Water?
# of Standard Toilets					
# of Disabled Toilets					
#of Urinals					
# of Sinks					
# of Showers					
# of Diaper Changing Stations					

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Restrooms	Yes	No	N/A	Min/Max	Actual
1. Is there sufficient clearance area on the floor in the direction of the door swing for a wheelchair user to maneuver?				60" diameter turning space or 56" x 63" clear space	
2. a. Is there an accessible toilet area? b. Stall door automatic closing device? c. Handle below latch on door? d. Grab bars? e. Toilet seat height? f. Sufficient clearance?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	c. loop or U-shaped handle below the latch d. on one side and behind the toilet e. 17" – 19" high f. 60" in width	
3. Sufficient floor clearance in the room?				60" diameter or a T-turn clearance	
5. Where urinals are provided, is there sufficient clear floor space in front of the urinal for a wheelchair user to approach?				30" x 48"	
6. a. Is there a clear floor space in front of and underneath the sink area to accommodate a wheelchair user? b. Counter Height? c. Knee space? d. Faucet Hardware?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a. 30" x 48" b. 34" from the floor max c. 29" reducing to 27" high at 8" back d. Shall be operable with a single effort.	

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<p>7. Are the a. towel, Hand Dryer b. mirror, c. sanitary napkins d. and waste receptacles within reach of a person in a wheelchair?</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	All: 40" high max	
Other building features	Yes	No	N/A	Min/Max	Actual
1. Door Widths: Are doorways in the path of travel sufficiently wide enough to accommodate a wheelchair?				36" with door open at 90 degrees	
2. Is there adequate space for a person in a wheelchair to turn around at the entrance?				5' diameter circle	
3. Are doorway thresholds no more than 1/2 inch in height?				1/4 " high or beveled from 1/4 " to 1/2 " high.	
4. Are all doors equipped with either arch or lever-type handles, push plates or automatic openers that can be used with a closed fist and are all handles no higher than 48 inches?				Door handle to be no more than 48" high	
4a. If no, will the doors remain open?				N/A	
5. Hallways and corridors in the path of travel?				44" wide min	
6. Is there an adequate maneuvering clearance for a wheelchair on each side of the doorway?				60" on the pull side 48" on the push	

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Laundry facilities available for shelter use? # of Washers _____ # of Dryers _____



UTILITIES:

Generators? If generators are portable, list type and location: _____

Generator fuel type: _____ Fuel capacity: _____ Kilowatt capacity: _____

What does the generator power? _____ Operating time: _____ hours at rated capacity.

Usage	Utility Provider	Energy Source			
Heating		<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil
Cooling		<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil
Cooking		<input type="checkbox"/> Electric	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane	<input type="checkbox"/> Fuel Oil

Comments: _____



COMMUNICATIONS:

Item	Location	How Many	Phone Number
Office Phone			
Pay Phone			
TTY Phone			
Fax			
Network/Internet Access			
PA System			
Audio Visual Equipment			

Comments: _____



SAFETY/SECURITY:

Facility grounds are securable (gates, fences) Full-time emergency vehicle access (*police, fire, ambulance*)

Building areas are securable (gates, fences) Buildings have key-card or other access method

Security Alarm System if checked, Automatically alerts Police

Fire Alarm if checked, Manual (pull station) Automatic Automatically alerts Fire Department

Sprinkler system Fire Extinguishers on site

Alarm Systems are regularly maintained and tested Alarm systems are easily used by facility staff

SUBMITTED BY: _____ DATE: _____