



SHELTER/FACILITY OPENING CHECKLIST

Date of Facility Check: _____ Conducted by: _____

Facility Name: _____

Location: _____

Facility Representative: _____ Title: _____

Areas to review	Yes	No	NA	Unk	Comments
Is the facility clean, neat and orderly?					
Are the following building systems in good working order?					
Electrical					
Water					
Sewage System					
HVAC					
Are there any site-specific hazards (chemicals, machinery)?					
Are all emergency exits properly identified and secured?					
Are fire extinguishers and smoke detectors in good working order?					
If power fails, is automatic emergency lighting available?					
Will occupants of the building be notified that an emergency evacuation is necessary by PA or alarm?					

Any damage or additional comments:

Signature of Owner/Operator

Date

Signature of Sedgwick County Animal Response Team Representative

Date