

FACILITY NEEDS ASSESSMENT EVALUATION CHECKLIST

PURPOSE: The purpose of the facility evaluation is to assess the extent of damage that has occurred to help a facility develop a specific plan of action to initiate recovery efforts based on the types of hazards that have been identified following an adverse event. The evaluation should be completed by competent personnel possessing a general understanding of building construction and associated systems (electrical, plumbing, utilities, technology, etc.).

It is essential to perform a basic assessment of all potentially impacted facilities following an any incident requiring the activation of the Continuity of Operations Plan at that facility. Such an assessment will be utilized in documenting any damage to the facility itself or to any government property within. Additionally, this assessment will also be used to determine whether the agency can re-occupy the facility and to resume normal operations or it if should begin coordination for a temporary or long-term alternate facility.

The safety of the facility's employees must be considered first and foremost. A facility assessment shall not be completed if it is determined that a facility has been "severely damaged", the structure is unsafe to enter to conduct the assessment, or the physical location no longer exists (i.e. complete loss from fire, natural disaster, etc.) and conducting such an assessment may place the safety of the evaluation team in jeopardy.

It is recommended agencies retain a paper copy of this document, off site in a secure location, in the event the facility or technological components are a total loss.

DISCLAIMER

This document was created by the North Carolina Association of Chiefs of Police in conjunction with the North Carolina Office of Emergency Management, in the aftermath of Hurricane Helene. Lessons learned from this devastating storm in Western North Carolina continue to be evaluated by the NCACP for our membership. This document is intended to assist any municipal law enforcement agency with documenting facility needs post-event that cause damage to the exterior or interior of the building. The document does not replace any city/county mandated document.

FACILITIES EVALUATION CHECKLIST

Check any of the following areas that have been damaged in the incident.

SITE INFORMATION	DATE OF INCIDENT:		Date of BDA:	
	NAME/TITLE OF PERSON CONDUCTING BDA:		Phone Number:	
	FACILITY NAME:			
	FACILITY ADDRESS:			
	ADMINISTRATOR/ EXECUTIVE DIRECTOR:			
	MAINTENANCE DIRECTOR:			
	GENERAL IMPRESSION OF DAMAGE TO LOCATION:	<input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Total Loss		

TYPE OF INCIDENT	TYPE OF INCIDENT:	<input type="checkbox"/> Fire <input type="checkbox"/> Power Failure <input type="checkbox"/> Vandalism <input type="checkbox"/> Explosion Without Fire <input type="checkbox"/> Natural Gas Failure <input type="checkbox"/> Incident of Workplace Violence <input checked="" type="checkbox"/> Severe Weather	<input type="checkbox"/> HVAC Failure <input type="checkbox"/> Civil Disturbance/Riot <input type="checkbox"/> Internal Flooding <input type="checkbox"/> Technology Failure <input type="checkbox"/> Vehicle Striking Building <input type="checkbox"/> External Flooding <input type="checkbox"/> Criminal Activity
	<input type="checkbox"/> OTHER MECHANICAL SYSTEM FAILURE:		
	<input type="checkbox"/> OBJECT STRIKING THE BUILDING:		
	<input type="checkbox"/> OTHER:		
	DESCRIBE THE INCIDENT IN DETAIL:		

SURROUNDING PROPERTY	<input type="checkbox"/> Landscaping <input type="checkbox"/> Outside Water Pipe Rupture <input type="checkbox"/> Patios <input type="checkbox"/> Flagpole <input type="checkbox"/> Damage to Entire Area <input type="checkbox"/> Downed Utility Transmission Lines <input type="checkbox"/> Bio-Hazards (Blood, Body Fluids, etc.) Present <input type="checkbox"/> Fire Hydrants	<input type="checkbox"/> Freestanding Signs <input type="checkbox"/> Out-Buildings (Security/Mail Booths, etc) <input type="checkbox"/> Downed Trees or Tree Limbs <input type="checkbox"/> Driveways <input type="checkbox"/> Fences/Gates <input type="checkbox"/> Gazebo/Courtyard Structures <input type="checkbox"/> Damage to Neighboring Buildings <input type="checkbox"/> Hazardous Material Spill	<input type="checkbox"/> Parking Lot <input type="checkbox"/> Light Poles <input type="checkbox"/> Broken Glass on Ground <input type="checkbox"/> Outside Gas Leaks <input type="checkbox"/> Vehicles <input type="checkbox"/> Mailboxes <input type="checkbox"/> Graffiti
	DESCRIBE DAMAGE TO THE SURROUNDING PROPERTY IN DETAIL:		

EXTERIOR OF BUILDING	<input type="checkbox"/> Windows <input type="checkbox"/> Roof Structure <input type="checkbox"/> Gutters <input type="checkbox"/> Balconies <input type="checkbox"/> Utility Meters <input type="checkbox"/> Exterior Structural Damage <input type="checkbox"/> Roof Covering (Shingles, Tiles, Gravel, etc.) <input type="checkbox"/> Soffits <input type="checkbox"/> Porches	<input type="checkbox"/> Emergency Generator Enclosure <input type="checkbox"/> Partial Structural Collapse <input type="checkbox"/> Steeple <input type="checkbox"/> Light Fixture on Building <input type="checkbox"/> Exterior Walls - Structural Integrity <input type="checkbox"/> Utility Control Boxes <input type="checkbox"/> Exterior Walls-Siding/Veneer Damage <input type="checkbox"/> Fire Department Connection (Exterior Hose)	<input type="checkbox"/> Doors <input type="checkbox"/> Pipes on Building <input type="checkbox"/> Utility Transformers <input type="checkbox"/> Foundation <input type="checkbox"/> Railings <input type="checkbox"/> Canopies <input type="checkbox"/> Wiring on Building <input type="checkbox"/> Complete Structural Collapse
	DAMAGE CAUSED BY OBJECT(S) STRIKING EXTERIOR OF BUILDING:		
	DESCRIBE DAMAGE TO THE EXTERIOR OF THE PROPERTY IN DETAIL:		

INTERIOR OF BUILDING	<input type="checkbox"/> Fire Damage <input type="checkbox"/> Smoke Damage <input type="checkbox"/> Interior Contents Damage <input type="checkbox"/> Interior Structural Damage <input type="checkbox"/> Water Damage <input type="checkbox"/> Presence of Mold or Mildew <input type="checkbox"/> Hazardous Materials Spill, Leak or Exposure <input type="checkbox"/> Blood, Body Fluids or Other Bio-Hazards Present	<input type="checkbox"/> Electrical Damage <input type="checkbox"/> IT Infrastructure Damage <input type="checkbox"/> CCTV/Security Monitoring System Damage <input type="checkbox"/> Fire Alarm System Damage <input type="checkbox"/> Electronic Access Control System Damage <input type="checkbox"/> RMS/CAD Servers Damage <input type="checkbox"/> BWC/In-Car Camera Servers Damage <input type="checkbox"/> Other:

DAMAGED INTERIOR BUILDING ELEMENTS	<input type="checkbox"/> Ceilings <input type="checkbox"/> Floor Boards <input type="checkbox"/> Exit Doors <input type="checkbox"/> Windows <input type="checkbox"/> Attic <input type="checkbox"/> Wall Structure (Studs, Framing, etc.) <input type="checkbox"/> Carpeting <input type="checkbox"/> Interior Doors <input type="checkbox"/> Window Latches <input type="checkbox"/> Stairs	<input type="checkbox"/> Wall Covering (Drywall, Plaster, etc.) <input type="checkbox"/> Floor Tile <input type="checkbox"/> Screen Doors <input type="checkbox"/> Window Screens <input type="checkbox"/> Stairwells <input type="checkbox"/> Foyer/Entry Way/Vestibule <input type="checkbox"/> Other Floor Coverings <input type="checkbox"/> Door Handles <input type="checkbox"/> Basement <input type="checkbox"/> Elevator Cars	<input type="checkbox"/> Graffiti <input type="checkbox"/> Ramps <input type="checkbox"/> Door Locks <input type="checkbox"/> Crawlspace <input type="checkbox"/> Elevator Shafts <input type="checkbox"/> Dumbwaiters <input type="checkbox"/> Dumbwaiter Shafts <input type="checkbox"/> Electrical Outlets <input type="checkbox"/> P.A. System <input type="checkbox"/> Circuit Breaker Boxes	<input type="checkbox"/> Computer System/Server <input type="checkbox"/> Railings <input type="checkbox"/> Fuse Boxes <input type="checkbox"/> Security System <input type="checkbox"/> Light Fixtures <input type="checkbox"/> Open/Exposed Wiring <input type="checkbox"/> Fire Extinguishers <input type="checkbox"/> Electrical Switches
	COMMENTS:			

DAMAGED FIRE ALARM SYSTEM COMPONENTS	<input type="checkbox"/> Control Panel <input type="checkbox"/> Horn/Strobe Devices <input type="checkbox"/> Annunciator Panels <input type="checkbox"/> Battery Cabinet	<input type="checkbox"/> Smoke Detectors <input type="checkbox"/> Heat Detectors <input type="checkbox"/> Pull Stations
	COMMENTS:	

DAMAGED FIRE SPRINKLER AND STANDPIPE SYSTEMS	<input type="checkbox"/> Control Valves <input type="checkbox"/> Fire Hose Cabinets <input type="checkbox"/> Flow Switches <input type="checkbox"/> Interior Standpipe Connections	<input type="checkbox"/> Tamper Switches <input type="checkbox"/> Sprinkler Piping <input type="checkbox"/> Sprinkler Heads
	COMMENTS:	

DAMAGED MECHANICAL EQUIPMENT	<input type="checkbox"/> Boilers <input type="checkbox"/> Sump Pumps <input type="checkbox"/> Elevator Equipment <input type="checkbox"/> Sewer Pipes <input type="checkbox"/> Emergency Generator <input type="checkbox"/> Hot Water Tanks <input type="checkbox"/> Furnaces	<input type="checkbox"/> Dumbwaiter Equipment <input type="checkbox"/> Soil Stacks <input type="checkbox"/> Hot Water Heaters <input type="checkbox"/> Return Air Units <input type="checkbox"/> Gas Pipes <input type="checkbox"/> Trash Chute <input type="checkbox"/> Condensers	<input type="checkbox"/> Air Conditioning Units <input type="checkbox"/> Water Pipes <input type="checkbox"/> Incinerator <input type="checkbox"/> Pumps <input type="checkbox"/> Pneumatic Environmental Control System <input type="checkbox"/> Water Meter <input type="checkbox"/> Compactor
	COMMENTS:		

DAMAGED OFFICES	<input type="checkbox"/> Desks <input type="checkbox"/> Fax Machines <input type="checkbox"/> Office Furniture <input type="checkbox"/> Paper Shredders <input type="checkbox"/> Filing Cabinets	<input type="checkbox"/> Computers <input type="checkbox"/> Shelving <input type="checkbox"/> Copy Machines <input type="checkbox"/> Other Office Equipment
	COMMENTS:	

DAMAGED TRAINING ROOMS	<input type="checkbox"/> Desks <input type="checkbox"/> Classroom Furniture <input type="checkbox"/> Shelving <input type="checkbox"/> Classroom Equipment <input type="checkbox"/> AV Equipment <input type="checkbox"/> Televisions	<input type="checkbox"/> Projectors <input type="checkbox"/> AV Equipment <input type="checkbox"/> Less-Lethal Training Aids
	COMMENTS:	

DAMAGED COMMON AREAS	<input type="checkbox"/> Furniture <input type="checkbox"/> Flooring <input type="checkbox"/> Ceiling <input type="checkbox"/> Entertainment Equipment
	COMMENTS:

ADDITIONAL NARRATIVE