



Kentucky Public Health
Prevent. Promote. Protect.

Kentucky Department for Public Health
Environmental Surveillance Form for Shelters
Fax completed forms to: PHPS Electronic Inbox at 502-696-1882

Immediate Needs Identified?
 Yes No

I. ASSESSING AGENCY

Date: ___/___/___

Name of Inspector: _____ Inspector ID: _____ Phone: (____)-____-____

PERMITTED FOOD FACILITIES:

Number affected due to situation: _____ Estimated time to recovery: _____ Number still in operation: _____

II. FACILITY IDENTIFICATION

Shelter Name: _____ Street Address: _____ City: _____
County Name or Number: _____

Name of Shelter Manager: _____ Phone: (____) _____ - _____

Name of Environmental Manager: _____ Phone: (____) _____ - _____

Name of Medical Station Contact: _____ Phone: (____) _____ - _____

Shelter Sponsoring/Managing Agency: _____

Type of Facility: School ___ Church ___ Convention/Arena/Expo Center ___ Other _____

Food Preparation: On-Site: Off-Site Off-Site Preparation Location _____

Water: Municipal Private Sewage: Municipal Private Refuse Disposal: Municipal Private

If private, type: _____ If private, type: _____

III. CENSUS

≤ 2 yrs _____ 3-17 yrs _____ 18-64 yrs _____ ≥ 65 yrs _____ Total of all age groups _____

Please mark ONLY those items needing correction or immediate attention with an "X" in the center column

IV. FACILITY	X	Immediate Needs	/	Comments
Structural damage (Roof, Walls, Windows, etc)				
Security/Law enforcement adequate				
Identification required for entry				
All outside doors adequately secured				
Adequate ventilation				
HVAC system operational				
Hot water available				
Electricity available				
Adequate space per person (30 ft ² /person)				
Presence of pest /vector issues				
Acceptable level of cleanliness				
Designated smoking area				
Handicap accessibility				
V. FOOD SERVICE DEFICIENCIES				
Approved/Safe food source				
Safe food handling/prep				
Clean kitchen/prep area				
Adequate food holding temperatures (≤41°F or >135°F)				
Refrigeration adequate (≤41°F)				
Food storage separate from chemicals				
Dishwashing facilities available				
Mop sink/utility sink available				
Adequate hand washing station				
Adequate formula preparation & bottle cleaning area				
Clean baby food/bottle prep area				
VI. DRINKING WATER				
Approved/safe water source				
Adequate water supply (15 liters/person/day)				
Ice from approved source, protected from contamination				
Distilled water to prepare baby formula				
VII. WASTE WATER/SEWAGE				
Sewage system accessible & operational				
Portable Units: pumping & cleaning schedule				
Adequate ventilation				

Shelter Name _____

Date ____/____/____

Adequately cleaned		
Handwashing facilities provided for portable units		
VIII. SANITATION	X	Immediate Needs / Comments
One hand washing station /20 persons		
One toilet/ 20 persons		
One shower/ 20 persons		
Acceptable level of cleanliness		
Adequate laundry services		
Covered containers in female toilets		
Adequate supply of toilet supplies		
Adequate hand towels		
Toilets maintained according to schedule		
Adequate diapering areas one per 12 infants, clean)		
Adequate handicap facilities		
Adequate cleaning supplies		
IX. SOLID WASTE		
Approved waste containers		
Adequate number of waste containers		
Approved disposal		
Timely removal of trash and debris		
Adequate storage		
Storage area maintained, debris accumulation prevented		
X. SLEEPING AREA		
Separate area for families		
Adequate number of cots/beds/mats		
Adequate spacing of cots/beds/mats (2ft bed-to-bed, 6ft head-to-head)		
Adequate supply of bedding (one set per cot)		
Bedding changed according to schedule		
Acceptable level of cleanliness		
XI. HEALTH/MEDICAL CARE Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No" skip this section)		
Type of medical services available		
Adequate handwashing station, accessible & nearby		
Medical supplies separate from food & chemicals		
Separate refrigeration for medicine		
Adequate security for medical supplies		
Biohazard bags & sharps containers available		
Acceptable level of cleanliness		
Adequate security for entry to patient areas		
XII. CHILDREN'S AREA Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No" skip this section)		
Hand washing required for children & adults before entering & after leaving play area		
Provided toys easily cleaned, do not pose a choking hazard		
Toys cleaned/disinfected 3X daily		
Adequate child/caregiver ratio		
Adequate monitoring for security		
Acceptable level of cleanliness		
XIII. COMPANION ANIMALS PRESENT Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No" skip this section)		
Animal care available		
Designated animal area		
Acceptable level of cleanliness		
Adequate food and water		
Adequate security for safety of animals		

For questions, please contact:

Division of Public Health Protection & Safety
Phone # on Weekends: (502) 564-5459
Mon-Fri: (502)-564-7398