

# Office of Emergency Management TOWNSHIP OF GLOUCESTER

1261 Chewslanding • Clementon Road P.O. Box 8, Blackwood, New Jersey 08012 (856) 228-4500 Fax: (856) 374-3530

November 6, 2012

Superintendent

John Golden

Black Horse Pike Regional School Dist.

560 Erial Road

Blackwood, N.J. 08012

Dear Mr. Golden:

Enclosed are the copies of the shelter agreements between the School District and the Red Cross for both Highland and Timber Creek High Schools. They meet all of the American Red Cross regulations, including what reasonable costs that they will cover for the use of your buildings as shelters. However it does not detail on them if the board approved them at a public meeting as you asked.

I hope you find this paperwork helpful and if you, your staff or any member of the board has any questions or concerns I would be happy to address them. Also, Richard Paul is still the American Red Cross Regional Coordinator and I'm sure would be willing to address any questions or concerns you have.

Thank you for your continued support of our community's emergency preparedness function.

Respectfully,

Raymond Evans

Coordinator, GTOEM

## American Red Cross Shelter Agreement

The American National Red Cross ("Red Cross"), a not-for-profit corporation chartered by the United States Congress, provides services to individuals, families and communities when disaster strikes. The disaster relief activities of the Red Cross are made possible by the American public, as the organization is supported by private donations and facility owners who permit their buildings to be used as a temporary refuge for disaster victims. This agreement is between the Red Cross and a facility owner ("Owner") so the Red Cross can use the facility as an emergency shelter during a disaster.

DR#:	Not Applicable	F	acility:	Highland	Regional High School	
		Pa	arties ar	nd Facility	•	
Owne		IP II - A Danisa		ahaal		
		Highland Regional Camden County (	Chapter	SUUNU		
	Chapter: 24-Hour Poin		Chapter,	30040		
	24-Hour Foin	Name and title:	Frank	Palatucci		
		Work phone:		227-4100	Cell phone/pager:	(856) 728-1013
	Address for L	egal Notices:			***************************************	
		Regional High Scho	ool			
	450 Erial F	Road				
		d, NJ 08012				
	(856) 227-	4100				
Red C	ross:					
		The American Na	ational h	ed Cross		
	Chapter: 24-Hour Poin	Camden County	Chapter	, 30040		
	24-Hour Poin	Name and title:	Richar	d.l Paul	Regional Coordinator, E	Emergency Services
	•	Work phone:		365-7100	Cell phone/pager:	(609) 634-7132
	Address for l	egal Notices:	(000)	303-1100		
		te 70, West				
		en, NJ 08109				
Copies of legal notices must also be sent to:  The American National Red Cross, Office of the General Counsel,  2025 E Street, NW, Washington DC 20006  and						
		n National Red Cro t NW, Washington,			ations,	
Shelte	er Facility:				•	
	Highland I	Regional High Scho	ool	•		
	450 Erial					
	Blackwoo	d, NJ 08012				

#### **Terms and Conditions**

- 1. <u>Use of Facility</u>: Upon request and if feasible, the Owner will permit the Red Cross to use the Facility on a temporary basis as an emergency public shelter.
- 2. <u>Shelter Management</u>: The Red Cross will have primary responsibility for the operation of the shelter and will designate a Red Cross official, the Shelter Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the Facility by the Red Cross.
- 3. <u>Condition of Facility</u>: The Facility Coordinator and Shelter Manager (or designee) will jointly conduct a pre-occupancy survey of the Facility before it is turned over to the Red Cross. They will use the first page of the <u>Facility/Shelter Opening/Closing Form</u>, available on CrossNet, to record any existing damage or conditions. The Facility Coordinator will identify and secure all equipment that the Red Cross should not use while sheltering in the Facility. The Red Cross will exercise reasonable care while using the Facility as a shelter and will make no modifications to the Facility without the express written approval of the Owner.
- 4. <u>Food Services</u>: Upon request by the Red Cross, and if such resources exist and are available, the Owner will make the food service resources of the Facility, including food, supplies, equipment and food service workers, available to feed the shelter occupants. The Facility Coordinator will designate a Food Service Manager to coordinate the provision of meals at the direction of and in cooperation with the Shelter Manager. The Food Service Manager will establish a feeding schedule, determine food service inventory and needs, and supervise meal planning and preparation. The Food Service Manager and Shelter Manager will jointly conduct a pre-occupancy inventory of the food and food service supplies in the Facility before it is turned over to the Red Cross.
- 5. <u>Custodial Services</u>: Upon request by the Red Cross and if such resources exist and are available, the Owner will make its custodial resources, including supplies and custodial workers, available to provide cleaning and sanitation services at the shelter. The Facility Coordinator will designate a Facility Custodian to coordinate the provision of cleaning and sanitation services at the direction of and in cooperation with the Shelter Manager.
- 6. <u>Security</u>: In coordination with the Facility Coordinator, the Shelter Manager, as he or she deems necessary and appropriate, will coordinate with law enforcement regarding any public safety issues at the Shelter.
- 7. <u>Signage and Publicity</u>: The Red Cross may post signs identifying the shelter as a Red Cross shelter in locations approved by the Facility Coordinator and will remove such signs when the shelter is closed. The Owner will not issue press releases or other publicity concerning the shelter without the express written consent of the Shelter Manager. The Owner will refer all media questions about the shelter to the Shelter Manager.
- 8. <u>Closing the Shelter</u>: The Red Cross will notify the Owner or Facility Coordinator of the closing date for the shelter. Before the Red Cross vacates the Facility, the Shelter Manager and Facility Coordinator will jointly conduct a post-occupancy survey, using the second page of the Shelter/Facility Opening/Closing Form to record any damage or conditions. The Shelter Manager and Facility Coordinator or Food Service Manager will conduct a post-occupancy inventory of the food and supplies used during the shelter operation.
- 9. Reimbursement: The Red Cross will reimburse the Owner for the following:
  - a. Damage to the Facility or other property of Owner, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross will select from among

2

bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.

- b. Reasonable costs associated with custodial and food service personnel which would not have been incurred but for the Red Cross's use of the Facility for sheltering. The Red Cross will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.
- c. Reasonable, actual, out-of-pocket operational costs, including the costs of the utilities indicated below, to the extent that such costs would not have been incurred but for the Red Cross's use of the Premises (both parties must initial all utilities to be reimbursed by the Red Cross):

	Owner initials	Red Cross initials
Water	49	RJP
Gas .	J.Co	RJP
Electricity	100	RJP
Waste Disposal	- UCO	RJP
	. 100	

The Owner will submit any request for reimbursement to the Red Cross within 60 days after the shelter closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

- 10. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.
- 11. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Red Cross during the use of the Premises.
- 12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

Black Horse tike Regional Gleucester Township Board of Education Owner (legal name)

Name (printed)

John C. Oberg **Board Secretary** 

**Business Administrator** 

11-24-10

Title

Regional Coordinator, Emergency Services

Richard J. Paul

Name (printed)

THE AMERICAN NATIONAL RED CROSS

(lega) name) Camden County Chapter, 30040

November 1, 2010

Date

Title

Date

Hilliam HS

# SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).	
Site Name: High Land Regional High School  Street Address: 450 Erial Road  Town/City: Blackwood County/Parish: Canden State: NJ Zip Code: 08017  Mailing Address (if different):  Phone: (356) 227 - 4100 Fax: (356) 227 - 3619  Email address (if applicable):	
EMERGENCY CONTACT INFORMATION:	
To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts  FRANK PALATULE: 856-357-4100 (×4001) HOME! 856-735-10  THOMAS STORER 856-357-4100 (×4004)  BILL COLLINS 856-357-4100 (×4009)  To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts	2/3 -
SAME AS ABOVE	
Directions to the facility from the nearest major highway evacuation route. Use major landmarks (e.g highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS)	
Latitude: 39, 707187 Longitude: 74, 904785	_
CAPACITY  Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.	
Capacity Evacuation = $\frac{2900}{300}$ at $\frac{20}{300}$ square feet  General = $\frac{300}{300}$ at $\frac{60}{300}$ square feet	
THE STATE OF THE S	
LIMITATIONS ON FACILITY USE	ei ei
Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available.	ţ
This facility will be available for use at any time during the year.	
This facility is only available for use during the following time periods.	
From: JULY to Auc-	
From: to	
This facility is not available for use during the following time periods:	
From: SOFT to JUNE	
From: to	
Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.	

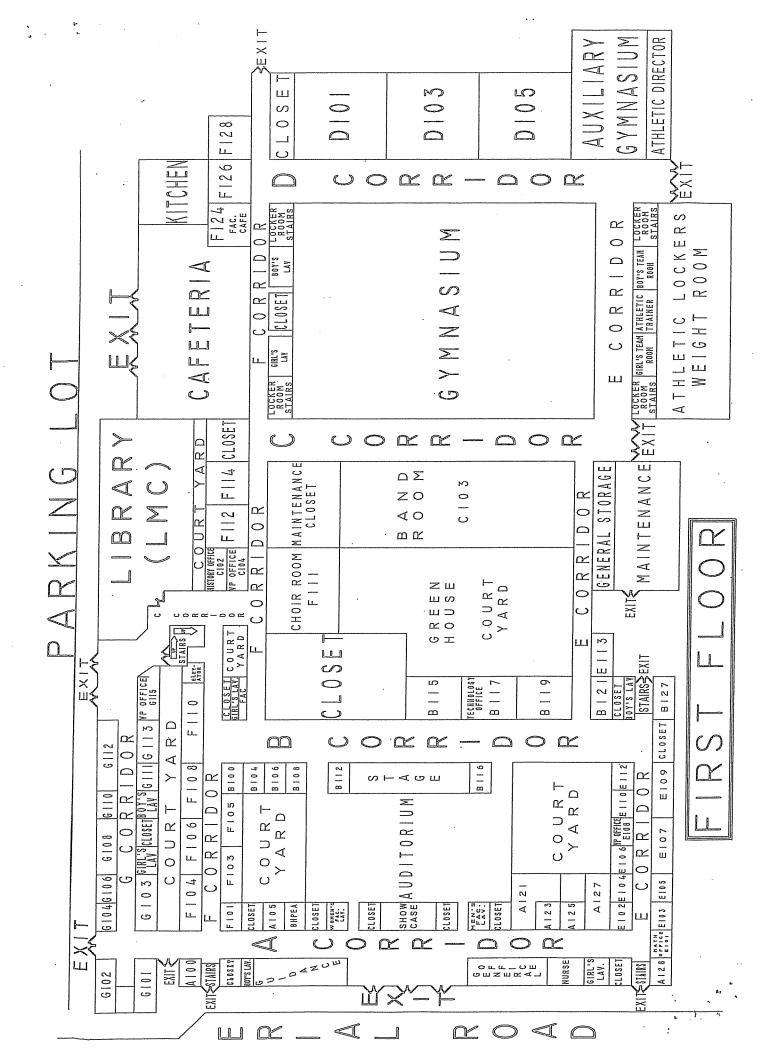
Utility/Vendor	r name: ATLANTIC	City ElecTRIC	
Contact name:		Emergency phone number: 656 753 - 2808	•
Repair contact	-	Emergency phone number: ()	
See the Food F	Preparation section b		
Telephones	Business phones av	ailable to shelter staff? 🔲 Yes 🗹 No	
	Phones available to	shelter residents? 🛛 Yes 🗌 No	
Number of pho	ones: <u>2</u>	Locations: MAINTENANCE OFFICE	
Utility/vendor			
Contact name:	**************************************	Emergency phone number: ()	
Repair contact:	*	Emergency phone number: ()	
Water	Municipal	Well(s) Trapped water	•
If trapped: Pota	ble (drinkable) stora	ge capacity in gallons:	
	ndrinkable) storage	•	
Utility/vendor n	name: GARden STA	Te WATER	•
Contact name:		Emergency phone number: ()	
Repair contact:	And the second s	Emergency phone number: ()	
that existing wat the shelter opens Projected popul	ter supplies remain a s, you should strive	e water to have on hand per evacuee is one gallon per day. Pre vailable, and that the goal for resources on hand is for three day o have three gallons on hand for each projected shelter resident number of gallons of water needed.	ys after
,	-Total available		
Gallons	of Water Needed		
WATERIAL S	SUPPORT		
s desirable to ha esidents who cou lanning target fo rojected populat	on sheltering, it is of we some cots and be uld, for a variety of or the quantity of co tion. Generally, it is	en impractical to have cots and bedding for all evacuees. How dding on hand to be provided on a case by case basis to shelter easons, experience hardship by sleeping on the floor. A good is to have on hand for evacuation sheltering is enough for 10% recommended to have two blankets per person in the shelter. I number of cots needed.	•
Projected	d population ÷10 _	Projected population ÷ 5	
	- Total available	- Total available O	
	Cots needed	Blankets needed	

## SHOWERS

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

Number of showers av	railable: Men <u>10</u>	Women	10	Unisex	0	People wit	h Disabilities	0
Number of showers ne	eded: Men	Women		Unisex			h Disabilities	
Are there any limitation	ns on the availability	y of showe	ers (tir	ne of day,	etc.)?	Yes [	□No	
Alternatives for shower								
Alternatives for shower	rs off-site:							
<b>FOOD PREPARATIO</b> ☐ None on site  ☑ V	ON Varming oven kitche	en						
☑ Full-service kitchen			•					
(If full-service	meals, "per meal" n	umber tha	ıt can	be produc	ed):			
Facility uses central				•				
Central kitchen contact:	Phone Num	ber: (	)					
Planning for shelter fee. While people coming to reasons this doesn't always purposes, it is helpful to the possibility of widespersely prepared food at meals (military-style Memeals worth of food in its Projected population x 5	evacuation shelters ays occur. Therefore think in terms of the read damage to come shelter facilities that als Ready to Eat [Markettory for each property of the read property of the read property of the ready to each property of the ready to each property of the ready of the re	e, it pays to ree to five amercial fo t have ade [REs], Hea ojected sh	o be p days ood so quate iter M	repared to of meals vources and kitchen fa leals, etc.) resident.	feed s vith no infrast cilities	shelter reside o outside ass fructure. M s to prepack	ents. For plan sistance. This cleans can range	from
Projected need	1		<i>3</i> *					
- Total available	; <u> </u>							
Meals Needed	-							
Equipment (Indicate qua Refrigerators	antity and size [sq. ft Walk-in refrigerate	c] as approors	opriat	e). Ice mac	hines _			
Freezers	Walk-in freezers _	1		Braising				
Burners	Griddles _/_			Warmer	_			
Ovens <u>2</u>	Convection ovens	1_		Microwa	ave ov	ens /		
Steamers	Steam kettles							
Sinks <u>3</u>	Dishwashers							
FEEDING AREAS  None on site Snac	ck Bar (seating capa	city:	_)	Cafeteria	ı (seati	ng capacity	:420)	
Other indoor seating (d								
Total estimated seating cap								
Comments related to feeding	ıg:							

ADDITIONAL INFORMATION  Does the entity that plans to manage the	shelter own the building?	∐Yes ⊠No	
If NO- is there a current written	agreement to use this site	? Yes No	-
Is this facility within five miles of an eva	cuation route?	⊠Yes □No	
Is this facility within ten miles of a nucle	ar power plant?	☐Yes ☒No	•
Groups associated with this facility Facility staff required when using facility	r? ⊠Yes ∏h	Jo	
Paid feeding staff required when using fac			
Church auxiliary required when using fac	-	•	
Fire auxiliary required when using facility			
Other: Required \[ \subseteq Y \]		,,,	
Other: Required Ye	<del>_</del> /		
Will any of the above groups be trained or		nanagement?	
IF YES, please list:		unagomoni.	
RECOMMENDATIONS/OTHER INFO	ORMATION (Be specifi	ic):	
		· <b>)</b> -	
••••• Attach a sketch or copy of the facil	ity floor plan •••••		
Survey completed/updated by			
THOMAS STORER Printed Name	Thom CS Signature	State C/	///O pleted
NICLIAN LOLLIOS Printed Name	William Consideration	lli G/1/	/O
CHAMES WARMOTON	Charle Wo	miney	9/20/10
John C. Oberg	ACC	9-2	1.10
John C. Oberg Board Secretary Business Administrator		J	



## American Red Cross Shelter Agreement

The American National Red Cross ("Red Cross"), a not-for-profit corporation chartered by the United States Congress, provides services to individuals, families and communities when disaster strikes. The disaster relief activities of the Red Cross are made possible by the American public, as the organization is supported by private donations and facility owners who permit their buildings to be used as a temporary refuge for disaster victims. This agreement is between the Red Cross and a facility owner ("Owner") so the Red Cross can use the facility as an emergency shelter during a disaster.

DR#: Not Applicable F	acility: Timber Creek Regional High School
<b>p</b> .	arties and Facility
Owner:	and i demey
Legal name: Timber Creek Re	gional High School
Chapter: Camden County	Chapter, 30040
24-Hour Point of Contact:	
Name and title:	Mark McMaster
Work phone:	(856) 228-8521 Cell phone/pager:
Address for Legal Notices:	
Timber Creek Regional High	School
501 Jarvis Road Erial, NJ 08081	
(856) 232-9703	
(000) 202-0100	
Red Cross:	·
Legal name: The American No	ational Red Cross
Chapter: Camden County	
24-Hour Point of Contact:	
Name and title:	Richard J. Paul, Regional Coordinator, Emergency Services
Work phone:	(856) 365-7100 Cell phone/pager: (609) 634-7132
Address for Legal Notices:	
5425 Route 70, West	
Pennsauken, NJ 08109	
Copies of legal notices must also l	pe sent to:
	ss, Office of the General Counsel,
2025 E Street, NW, Washington	DC 20006
and	
The American National Red Cro	
2025 E Street NW, Washington,	DC 20006.
Shelter Facility:	
Timber Creek Regional High	SCN00I
501 Jarvis Road	
Erial, NJ 08081	

#### **Terms and Conditions**

- 1. <u>Use of Facility</u>: Upon request and if feasible, the Owner will permit the Red Cross to use the Facility on a temporary basis as an emergency public shelter.
- 2. <u>Shelter Management</u>: The Red Cross will have primary responsibility for the operation of the shelter and will designate a Red Cross official, the Shelter Manager, to manage the sheltering activities. The Owner will designate a Facility Coordinator to coordinate with the Shelter Manager regarding the use of the Facility by the Red Cross.
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  - Damage to the Facility or other property of Owner, reasonable wear and tear excepted, resulting from the operations of the Red Cross. Reimbursement for facility damage will be based on replacement at actual cash value. The Red Cross will select from among

bids from at least three reputable contractors. The Red Cross is not responsible for storm damage or other damage caused by the disaster.

- b. Reasonable costs associated with custodial and food service personnel which would not have been incurred but for the Red Cross's use of the Facility for sheltering. The Red Cross will reimburse at per-hour, straight-time rate for wages actually incurred but will not reimburse for (i) overtime or (ii) costs of salaried staff.
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<sub>(</sub> Ownger,initials	Red Cross initials
466	RJP
Lea	RJP
JOCO	RJP
102	RJP
	Jen Jen Jen

The Owner will submit any request for reimbursement to the Red Cross within 60 days after the shelter closes. Any request for reimbursement for food, supplies or operational costs must be accompanied by supporting invoices. Any request for reimbursement for personnel costs must be accompanied by a list of the personnel with the dates and hours worked at the shelter.

- 10. Insurance: The Red Cross shall carry insurance coverage in the amounts of at least \$1,000,000 per occurrence for Commercial General Liability and Automobile Liability. The Red Cross shall also carry Workers' Compensation coverage with statutory limits for the jurisdiction within which the facility is located and \$1,000,000 in Employers' Liability.
- 11. Indemnification: The Red Cross shall defend, hold harmless, and indemnify Owner against any legal liability, including reasonable attorney fees, in respect to bodily injury, death and property damage arising from the negligence of the Red Cross during the use of the Premises.
- 12. Term: The term of this agreement begins on the date of the last signature below and ends 30 days after written notice by either party.

Black Horse like Regional Gloucester Township Board of Education Owner (legal name)

By (signature)

Name (printed)

John C. Oberg **Board Secretary** 

Title

**Business Administrator** 

November 1, 2010

(signature)

Richard J. Paul Name (printed)

THE AMERICAN NATIONAL RED CROSS (legal-name) Camden County Chapter, 30040

Regional Coordinator, Emergency Services

Date

11-24-10 Date

Timson Creek LS.

# SHELTER FACILITY SURVEY

Please print all information. This form is generic to many types of shelters; some of the questions on this form might not apply to every site. In such cases, answer N/A (not applicable).
Site Name: Timber Creek Regional High School Street Address: 501 Jarvis Road Town/City: Erial County/ParishCamderstate: NJ Zip Code: 08081
Mailing Address (if different):  Phone: (856) 232 - 9703 Fax: (856) 232 - 5267  Email address (if applicable):
EMERGENCY CONTACT INFORMATION:
To authorize facility use, contact (Name[s], phone number[s], cell number[s]); include secondary contacts:  Mrs. Mae Robinson (856)232-9703  Mr. Robert Milavsky (856)232-9703
To open the facility 24/7, contact (Name[s], phone number[s], cell number[s]); include secondary contacts  Mr. Mark McMaster (856) 228-8521
Mr. Steve McCorry (856)401-1939
Directions to the facility from the nearest major highway evacuation route. Use major landmarks (e.g. highways, intersections, rivers, railroad crossings, etc.). Do not use landmarks likely to be destroyed or unrecognizable after the disaster. Include latitude and longitude if available (they can be obtained via GPS)
Latitude: <u>39.</u> 761477 Longitude: <u>75.</u> 017327
CAPACITY  Capacity for all shelters should be calculated using any space that could feasibly be used as sleeping space for an event. In an evacuation shelter, capacity should be calculated using 15 to 20 square feet per person. In a general shelter, use 40 to 60 square feet per person to determine capacity.  1,800 27,000  Capacity  Evacuation =
540 27,000
LIMITATIONS ON FACILITY USE
Some facilities are only available during certain times due to other activities. Please indicate the dates that the facility is available. "To be determined by nature of emergency"
This facility will be available for use at any time during the year.
☐ This facility is only available for use during the following time periods.
From: to
From: to
This facility is not available for use during the following time periods:
From:to
From: to

Some facilities have specific areas that can be used as an emergency shelter. Please indicate restrictions on use of certain areas of the building or if the entire facility is available for use.

# GENERAL FACILITY INFORMATION

## FIRE SAFETY

Some facilities that appear to be suitable for sheltering might not meet fire codes based on building capacity. This list of questions is not meant to be exhaustive. It is recommended that local codes be examined to determine if the facility meets them. In addition, contact can be made with the fire department to ensure compliance.

Does the faci	lity have inspected fire extinguishers? \( \bigsize \text{Yes} \subseteq \text{No}
	lity have functional fire sprinklers?
	ity have a fire alarm?
If yes,	choose one:  Manual (pull-down)  Automatic
	ne fire alarm directly alert the fire department? X Yes No
	m fire department, if available:
UTILITIES	
A major concestorm. This se	orn in running an emergency shelter is whether or not utilities can continue to run after a cotion is designed to evaluate the capabilities of the facility and to list the appropriate contacts ities fail.
Emergency ge	nerator on site? X Yes No
IF YES- Capa	Power for entire shelter? X Yes No If no, what will it operate?
	ting time, in hours, without refueling, at rated capacity: 24
	to start
	company name:
	ct name: Emergency phone number: ()
Gener	ator fuel vendor: Pedroni Emergency phone number: (856) 642 - 9191
Genera	ator repair contact: Emergency phone number: ()
there are no app consideration sh generators. In ac	ency generators do not have to be present in order to use the facility as a shelter. However, ten to evaluate the appropriateness of the facility in emergency situations. For example, if ropriate facilities in the area available for sheltering that have emergency generators, ould be made to use those facilities. Most pre-identified emergency shelters do not have addition, if a shelter does not have a generator on site, it is appropriate to pre-identify a generator could be brought in if necessary.
Heating	☐ Electric ☒ Natural gas ☐ Propane ☐ Fuel ☐ Oil
Utility/vendor na	mme:South Jersey Gas Co.
Contact name:	Emergency phone number: (800) 582 - 7060
Repair contact:	Emergency phone number: ()
Cooling	⊠ Electric
Utility/vendor na	me: Atlantic City Electric
Contact name:	Emergency phone number: (800) 642 - 3780
Repair contact:	Emergency phone number: ()
Cooking	☐ Electric X Natural Gas ☐ Propane ☐ No cooking facilities on site

Utility/Vendor	r name: <u>Sout</u> h J	ersey Gas Co.	
Contact name:	Processing and Control of the Contro	Emergency phone number	: ( <u>800</u> )582 -7060
Repair contact	•	Emergency phone number	
See the Food P	reparation section b		•
Telephones	Business phones av	railable to shelter staff? 🗵	Voc DN-
~		shelter residents? Yes	
Number of pho		Locations:	V IAÓ
Utility/vendor r	<del></del>	Doontions	•
Contact name:		Emergency phone number:	
Repair contact:	The state of the s		
1	and the state of t	Emergency phone number:	
Water	X Municipal	Well(s) Trapped wat	er
If trapped: Potal		ge capacity in gallons:	
	idrinkable) storage o		0
	ame: <u>Aqu</u> a Wat		
Contact name:	•	Emergency phone number:	(856) 784 - 3322
Repair contact:		Emergency phone number:	
the shelter opens Projected popula	or supplies remain a , you should strive to	vallable, and that the goal f o have three gallons on han number of gallons of water	evacuee is one gallon per day. Presuming or resources on hand is for three days after d for each projected shelter resident. needed.
	-Total available	0	
Gallons	of Water Needed _	The Continue of the Continue o	
MATERIAL S			·
residents who cou planning target for projected populati	n sheltering, it is often we some cots and becould, for a variety of real of the quantity of cots on. Generally, it is r	iding on hand to be provide easons, experience hardship s to have on hand for evacu	and bedding for all evacuees. However, is and on a case by case basis to shelter by sleeping on the floor. A good ation sheltering is enough for 10% of the plankets per person in the shelter.
Projected	population +10	Pr	ojected population ÷ 5
=	· Total available	0	- Total available 0
(	Cots needed	-	Blankets needed

# ACCESSIBILITY FOR PEOPLE WITH DISABILITIES

Many people with disabilities can be accommodated in general shelters. It is important to evaluate a building to determine if it is accessible to people with disabilities. No single deficiency in the following list makes a facility "out of compliance" or unfit for consideration. There are many acceptable temporary mechanisms that can make a facility accessible. For guidance in this area, contact your local building or safety department, an assisted living center or a disability advocacy organization.

Access to building  Curb cuts (minimum 3	5 inches w	vide)			
X Accessible doorways (			, 1	•	
X Automatic doors or ap			•	•	
X Ramps (minimum 35 i			mps: Fixed	Portable	
X Level Landings	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		mps. [] Fixed	ronable	
Accessible and accommo  Grab bars (33-36 inche	dating res s wide) [2	<b>trooms</b> ∑ Sinks @ 34 i	nches in height		
X Stall (38 inches wide)			nser @ 39 inches	in height	
Showers  X Shower stall (minimum				33-36 inches in height)	
☐ Shower seat (17-19 incl		•		spray unit with hose	
Fixed shower head (48		1)		-pray and wall hopo	
Accessible and accommod Tables (28-34 inches hi	lating cafe			,	
X Serving line [counter] (2		es high)			
X Aisles (minimum 38 inc		<b>5</b> ,,,,,			
Accessible telephones  X Maximum 48 inches hig	h	] TDD availabl	e 🗌 Ear	rpiece (volume adjustable)	
SANITATION					
Projected population ÷ 40 =	aat will be projected	accessible to sl needed numbe	relter residents a	ninimum of 1 restroom for 40 pe nd shelter staff. ies.	ople
Number of toilets available:	Men	4 Women	6 Unisex	O People with Disabilities	2
Projected need:		Women	Unisex	People with Disabilities	
- Total available:	Men	Women	Unisex	People with Disabilities	
Portable toilets needed:	Men	Women	Unisex	People with Disabilities	
SINKS The recommended ratio of si	nks is one	sink for every	two toilets.		
Number of sinks available:	Men	3 Women	3 Unisex	O People with Disabilities	1
Projected need	Men	Women	Unisex	People with Disabilities	
Total available:	Men	Women	Unisex	People with Disabilities	
Portable sinks needed:	Men	Women	Unisex	People with Disabilities	

## SHOWERS

The best case scenario for showers is 1 shower for every 40 residents. In the case of evacuation shelters, the ratio can be higher. However, if it is determined that an evacuation shelter will be open longer term, alternative arrangements will have to be made. There might be a nearby facility that, while it couldn't be used a shelter, might have showers available. Consider requesting transportation through partner agencies; when a Disaster Relief Operation (DRO) has been set up, requests can go through Partner Services at the DRO. Portable showers might need to be acquired.

Number of showers as	vailable: Men <u>8</u>	Women	8	Unisex	People with Disabilities 2
Number of showers ne	eeded: Men	Women		Unisex	People with Disabilities
Are there any limitation	ons on the availabilit	of shower	s (tir	ne of day,	etc.)? Tyes TNo
Alternatives for showe	ers on-site:				,
Alternatives for showe	rs off-site:				
FOOD PREPARATION None on site	<b>ON</b> Warming oven kitche	en			
X Full-service kitcher					
(If full-service	e meals, "per meal" r	umber that	can	be produce	ed):
Facility uses central				<u></u>	
Central kitchen contact				-	
purposes, it is helpful to the possibility of wides freshly prepared food at	o evacuation shelters vays occur. Therefore think in terms of the oread damage to constant shelter facilities that eals Ready to Eat [Manuentory for each property of the content of the c	e, it pays to ree to five o imercial foo t have adeq [REs], Heat piected she	be p lays od so uate er M	repared to of meals wources and i kitchen facteals, etc.).	nod with them, for a variety of feed shelter residents. For planning with no outside assistance. This covers infrastructure. Meals can range from cilities to prepackaged shelf-stable. The planning target should be 5
Projected nee					
- Total availabl	e 0				
Meals Neede	1				
<b>Equipment</b> (Indicate qu Refrigerators <u>2</u>	antity and size [sq. f Walk-in refrigerat	t.] as appro	priat	e). Ice macl	nines2
Freezers 2	Walk-in freezers	1			pans0
Burners 3	Griddles	1			· 2
Ovens4	Convection ovens	4			ve ovens 0
Steamers1	Steam kettles	1			WATER AND ADDRESS OF THE PROPERTY OF THE PROPE
Sinks 8	Dishwashers	_ 1			
FEEDING AREAS  None on site Sna	ick Bar (seating capa	.city:	)	Cafeteria	(seating capacity: 400)
Other indoor seating (	describe, including s	ize and cap	acity	/ estimate):	
Total estimated seating ca			-	·	
Comments related to feed	ing:				

## OTHER CONSIDERATIONS

#### **ARC 4496**

HEALTH SERVICES

"Standards for Selection of Hurricane Evacuation Shelters," or ARC4496, is a document published by the American Red Cross. Planning considerations for hurricane evacuation shelters involve a number of factors and require close coordination with local officials responsible for public safety. Technical information contained in hurricane evacuation studies, storm surge mapping, flood mapping and other data can now be used to make informed decisions about the suitability of shelters. Anyone considering using a facility as a hurricane evacuation shelters should carefully review ARC 4496 and consult with local officials to ensure safety of the facility is considered.

Number of rooms available: N	umber of beds or cots available:2_
Number of rooms needed: N	umber of beds or cots needed:
Total square footage of available health care sp	ace: <u>900</u> SF
BABY AND INFANT SUPPORT SUPPLIES Diaper changing tables are extremely important recommended number of tables by population, changing, it is helpful to know in advance what	due to health safety considerations. While there is not a there should be changing tables available. Beyond diager
# of diaper changing tables: 2	·
# of diapers available: 0	
Cans of formula available:0	
LAUNDRY FACILITIES Generally, shelters do not have access to laundr considered an extra and not a necessity. These f than a week.	y facilities. Availability of such facilities would be acilities would be especially useful for a shelter open longer
Number of clothes washers: 2 Nu	mber of clothes dryers:2_
Will the shelter worker or shelter residents have	access to these machines? XYes No
Are laundry facilities coin operated? Yes	☑No
Special conditions or restrictions:	

ADDITIONAL INFORMATION  Does the entity that plans to manage	the shelter own the building?	XYes □No	
If NO- is there a current writ			
Is this facility within five miles of an	Yes No		
Is this facility within ten miles of a nu		∐Yes ∏No ∏Yes ∏No	
Groups associated with this facility Facility staff required when using faci	lity? ∑Yes □No		
Paid feeding staff required when using		•	
Church auxiliary required when using			
Fire auxiliary required when using fac		,	
0.7	Yes No		
	]Yes □No		
Will any of the above groups be trained		gement?	
IF YES, please list:	1 manual of the state of the st	20110H11	
RECOMMENDATIONS/OTHER IN	WORMATION (Be specific).		
Paris of the second			
**** Attach a sketch or copy of the fa	cility floor plan •••••		
Survey completed/updated by			
	Mag 3		
Mae Robinson, Principal Printed Name		Coffee and	9
	Signature	Date completed	
Mark McMaster, Maintenance Supervisor	Challen -	F /01 /10	
Printed Name	Signature Signature	5/21/10  Date completed	
	<u></u>	Date completed	
WARRINGEN	Charles to	) sung to	$\overline{\mathcal{L}}$
	C	7/21/16	
John COberg		$\bigcirc$ 0	
	7th (1' (	1 9-21.10	
John C. Oberg Board Secretary			
Business Administrator		ン	