

**CALIFORNIA ASSOCIATION OF HEALTH FACILITIES
DISASTER PLANNING GUIDE**

FACILITY PROFILE

This facility profile is a document that provides a general overview and listing of relevant information pertaining to operational and property characteristics. This information should be shared with local emergency response agencies and other stakeholders that may benefit from this information in advance of crisis or disasters. A separate profile sheet should be developed for each individual, building that provides healthcare or is a residential services campus.

Facility Name:	_____
Facility Address:	_____
Facility Phone Number:	_____
Facility Website:	_____
Corporate Phone Number:	_____
Corporate Website:	_____
Type of Facility:	<input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Subacute-Care Facilities <input type="checkbox"/> Intermediate-Care Facilities (ICFs) <input type="checkbox"/> ICFs for the Developmentally Disabled (ICF/DDs) <input type="checkbox"/> Institute for Mental Health (SNF/STPs) <input type="checkbox"/> Residential Care Facility for the Elderly (RCFE) <input type="checkbox"/> Adult Residential Facilities (ARFs) <input type="checkbox"/> Residential Care Facilities for the Chronically Ill <input type="checkbox"/> Social Rehabilitation Facilities

Resident Capacity (complete information in the provided fields)			
# of Licensed Beds:	_____	# of independent units:	_____
Total # of Staff Members:	_____		

Administrator/ Executive Director Name:	_____
Business Phone Number:	_____
Emergency Contact Number:	_____
E-mail Address:	_____



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Maintenance Director Name:	_____
Business Phone Number:	_____
Emergency Contact Number:	_____
E-mail Address:	_____

Director of Nursing Name:	_____
Business Phone Number:	_____
Emergency Contact Number:	_____
E-mail Address:	_____

Regional Corporate Contact:	_____
Business Phone Number:	_____
Emergency Contact Number:	_____
E-mail Address:	_____

Year Building Was Constructed:	_____
List Years of Any Additions:	_____

Building Construction Type:	_____		
Number of Floors:	_____		
Number of Exterior Exit Doors:	_____		
Number of Smoke Compartments on Each Floor:	_____		
Basement:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Type of Roof: _____
Location(s) of Hazardous Materials in Building:	_____		



FACILITY PROFILE

FIRE PROTECTION SYSTEMS

		YES	NO
1. Fire Alarm System			
▪ Location of Fire Alarm Control Panel (FACP)		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
▪ Location of Remote Annunciator Panel(s)		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
▪ Name of Fire Alarm Monitoring Service		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
▪ Phone Number to Fire Alarm Monitoring Service		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
2. Fire Sprinkler System - Wet System			
▪ Location of Main Wet System Control Valves		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
▪ Location of Outside Fire Department Connection (FDC)		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
3. Fire Sprinkler System - Dry System			
▪ Location of Main Dry System Control Valves and Air Compressor		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
▪ Location of Outside Fire Department Connection (FDC)		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		



FACILITY PROFILE

FIRE PROTECTION SYSTEMS (CONTINUED)

4. Fire Sprinkler System - Anti-Freeze System		YES	NO
<ul style="list-style-type: none"> ▪ Location of Anti-Freeze System Control Valves 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

5. Fire Pump		YES	NO
<ul style="list-style-type: none"> ▪ Location of Fire Pump Controls 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

6. Wet Standpipe System		YES	NO
<ul style="list-style-type: none"> ▪ Location of Wet Standpipe Control Valves 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> ▪ Location of Outside Fire Department Connection (FDC) 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

7. Dry Standpipe System		YES	NO
<ul style="list-style-type: none"> ▪ Location of Dry Standpipe Control Valves 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> ▪ Location of Outside Fire Department Connection (FDC) to Dry Risers 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

8. Kitchen Fire Suppression System		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

FACILITY PROFILE

FIRE PROTECTION SYSTEMS (CONTINUED)

		YES	NO
9. Computer/Server Room Fire Suppression System		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
10. Fire Hydrant on Property			
<ul style="list-style-type: none"> ▪ Locations of Fire Hydrants on Property 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
11. Fire Hydrant on Public Streets			
<ul style="list-style-type: none"> ▪ Locations of Two Closest Fire Hydrants to Building 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

LIFE SAFETY SYSTEMS AND EQUIPMENT

1. Emergency Generator		YES	NO
<ul style="list-style-type: none"> Location of Emergency Generator 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> Location of Transfer Switch and Controls 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> Type of Fuel Supply for Emergency Generator 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> Location of Remote Annunciator Panel 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> Approximate Percent of the Building Supported Emergency Power 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> List General Areas of the Building Including Building Services Supported by Emergency Power 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

2. Battery Powered Emergency Lighting Units		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

3. Illuminated Exit Signs		YES	NO
<ul style="list-style-type: none"> Powered by Generators 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> Powered by Battery 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

FACILITY PROFILE

LIFE SAFETY SYSTEMS AND EQUIPMENT (CONTINUED)

4. Evacuation Chairs or Sleds		YES	NO
<ul style="list-style-type: none"> Location of Evacuation Equipment 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

5. Disaster Kit		YES	NO
<ul style="list-style-type: none"> Location of Disaster Kit 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

BUILDING PLANS ON SITE

1. Location of Building Plans/Blueprints		YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

UTILITIES

1. Electricity		YES	NO
<ul style="list-style-type: none"> Location of Main Electrical Shut Off 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

2. Natural Gas		YES	NO
<ul style="list-style-type: none"> Location of Main Natural Gas Shut Off 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

FACILITY PROFILE

UTILITIES (CONTINUED)

		YES	NO
3. Water			
▪ Location of Main Water Shut Off		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

EMERGENCY SERVICES

		YES	NO
1. Primary Fire Response Agency			
▪ Non-Emergency/Business Phone Number		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
2. Primary Emergency Medical Service Provider (EMS)			
▪ Non-Emergency/Business Phone Number		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
3. Primary Law Enforcement Agency			
▪ Non-Emergency/Business Phone Number		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

		YES	NO
4. Primary Local / County Emergency Management Agency			
▪ Non-Emergency/Business Phone Number		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

FACILITY PROFILE

MEDEVAC (HELICOPTER LANDING ZONE)

		YES	NO
6. Locations of Pre-Designated Landing Zone			
<ul style="list-style-type: none"> ▪ General Description on Landing Zone 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		
<ul style="list-style-type: none"> ▪ GPS Coordinates for MedEvac Landing Zone 		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

IDENTIFY TOP THREE PROXIMAL HAZARDS LOCATED NEAR FACILITY

1. _____
2. _____
3. _____

COMPLETED BY:	
Name:	_____
Title:	_____
Original Profile Completed On:	_____
Updated Profile Completed On:	_____

