A. EXTERIOR / GROUNDS

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| --- | --- | --- | --- |
| 1. EXTERIOR | | | Yes / No |
|  |  | Inspect all areas for any loose building materials or fixtures attached to the building. | Yes / No |
|  |  | Look for failed caulking joints, expansion joints or caulk on the windows. | Yes / No |
|  |  | Look for loose furniture, building materials or other debris lying around the facility. | Yes / No |
|  |  | Inspect all drainage grates and runoff areas to ensure none are plugged by debris, excess grounds debris and material or other items. | Yes / No |
|  |  | Inspect all trees to ensure dead limbs are cut back and no limbs overhang the building. | Yes / No |

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|  | 1. ROOF TOP - EQUIPMENT | | Yes / No |
|  |  | Make certain all panels are secured or securable. | Yes / No |
|  |  | Ensure all equipment is physically attached to equipment curbs and attaching hardware has not been removed to accommodate maintenance. | Yes / No |
|  |  | Ensure all disconnects are watertight. Inspect electrical disconnects to ensure they are marked with the panel number and circuit number of the service source. | Yes / No |
|  |  | Ensure all roof top equipment is identified with a distinct number: i.e. RTU-1, EXH-4 (etc.) | Yes / No |
|  |  | Ensure all equipment power enclosures are water tight | Yes / No |
|  |  | Inspect the equipment that operates on three phase loads and verify this equipment is fitted with phase monitors to prevent damage to equipment during periods of time following power problems. | Yes / No |
|  |  | If equipment is gas operated locate gas shutoff valves and close all valves on the rooftop prior to storm condition approaching. | Yes / No |

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|  | 1. ROOF - COMPONENTS | |  |
|  |  | Inspect roof membrane and note any issues. | Yes / No |
|  |  | Clear all debris from the roof, as this will plug roof drains later. | Yes / No |
|  |  | Clean all roof drain caps. | Yes / No |
|  |  | Clear and clean all scuppers on the roof. | Yes / No |
|  |  | Check all gutters and down spouts to be certain they are all clear of any obstructions or debris. | Yes / No |
|  |  | Inspect parapet caps and membranes to ensure all are securely fastened and in place. | Yes / No |
|  |  | Inspect roof ballast to ensure it is spread evenly on the roof (ballasted roofs only). | Yes / No |

B. EMERGENCY SYSTEMS

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| --- | --- | --- | --- |
|  | 1. MEDICAL GASES | |  |
|  |  | Inspect supplies be certain supplier is exchanging all empty tanks and a reasonable supply is in reserve in the event all gasses are expired to start up the facility for cases. | Yes / No |
|  |  | Ensure supplier is identified and place call back number for supplier in the medical gas storage room in the event emergency supplies are needed after a storm and usual supply staff is not available. | Yes / No |
|  |  | Make certain a key for the med room is available to staff opening the facility and that it is clearly marked MEDGAS ROOM. | Yes / No |
|  |  | Ensure instructions to bypass or start up the systems from a shut down are posted for staff to easily follow and find all connections. | Yes / No |
|  | 1. GENERATOR | | Yes / No |
|  |  | Ensure all generator panels secure and are lockable (outside generators). | Yes / No |
|  |  | Ensure the generator radiator is secured and protected (units with separate radiator / cooling). | Yes / No |
|  |  | Ensure that the emergency shunt trip is identified clearly and is not located to be inadvertently tripped by missile debris. | Yes / No |
|  |  | Check the fuel supply and indicators to ensure that they function properly. Fuel should be topped off and attained at ¾ to full for the duration of the hurricane season. | Yes / No |
|  |  | Ensure spare oil is on hand to service the generator in the event of an extended run where additional oil may be required. | Yes / No |
|  |  | Ensure the emergency lighting is functional in the generator and transfer switch room. | Yes / No |
|  |  | Ensure that the generator safety alarm activated in the lobby or monitored station when the generator is in the “off” position. Ensure emergency bypass and operation instructions are posted at the generator and at the transfer switcher areas. | Yes / No |
|  |  | Ensure keys to unlock the generator room or generator panels are available and marked “EMERGENCY GENERATOR”. | Yes / No |
|  |  | Ensure notification signs are available to place in the lobby at the monitoring panels and at the generator to identify the generator are secured if it becomes necessary to shut down the generator for storm preparations.  ***NOTE: The sign helps demonstrate this condition to staff that the generator needs to be turned on in the event the same individual that secured the system is not the person starting systems up following the storm.*** | Yes / No |
|  |  | Ensure keys for the Transfer switch room are available and marked EMERGENCY POWER TRANSFER SWITCH ROOM. | Yes / No |
|  |  | Ensure emergency operating instructions are posted on the transfer switches and that any special devices are available for manual transfer (handles or wrenches). | Yes / No |

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|  | 1. FIRE ALARM SYSTEMS | | Yes / No |
|  |  | Fire alarm system is functional and emergency procedures to secure or reset the system are clear and posted by the alarm panel. | Yes / No |
|  |  | The call in number and account number for the fire alarm system is posted near the system in the event staff needs to call in to take this system off line or restore alarm monitoring after the storm. | Yes / No |
|  |  | The power source by circuit and panel number are written on the panel or near the panel for reference by staff when restoring services if needed. | Yes / No |

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|  | 1. TELEPHONE SYSTEMS | | Yes / No |
|  |  | Ensure that the line service provider and equipment provider call back and emergency numbers are available if needed. | Yes / No |
|  |  | The telephone system should be on emergency power, ensure the circuit and panel number are identified to be available to staff in the event of a power problem. | Yes / No |
|  |  | The telephone system should be on a UPS or battery backup system. This would include any utility service equipment such as routers, channel banks and breakout panels. | Yes / No |
|  |  | Ensure there is a current backup of your telephone system either in a paper format to facilitate reprogramming or a CD or electronic backup to facilitate reloading as needed. | Yes / No |

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|  | 1. REFRIGERATORS AND FREEZERS | | Yes / No |
|  |  | Ensure all medication refrigerators and freezers are on emergency circuits. | Yes / No |
|  |  | Have all refrigerators for keeping medications are fitted with a max – min thermometer or a temperature-recording device that records the highest temperature reached in any given period of time. | Yes / No |
|  |  | Make certain five day coolers of sufficient size are available for making cold packs in the event medications and other material that must be chilled or kept cold need to be packed up packed if shutting down the facility.  ***NOTE To make a cold pack install ice blocks on the bottom put all meditations in plastic bags (to protect from water) and pack tightly. Cover with dry ice or ice as available. Include a max- min thermometer in the pack out. Seal lid and using a portable suction connected to the drain valve suck all air out of the cooler sealing it tightly. Items should remain cold in this pack out for up to five days.*** | Yes / No |

C. INTERIOR

|  |  |  |  |
| --- | --- | --- | --- |
|  | 1. INTERIOR | | Yes / No |
|  |  | Make certain there is adequate emergency supplies on hand to secure the building.   * Plastic * Tape * Temporary signs | Yes / No |
|  |  | Identify places to store equipment away from exterior walls and windows. | Yes / No |
|  |  | Make provisions to protect and secure records event if this means covering records with plastic prior to departure. | Yes / No |
|  |  | Identify what equipment to unplug and secure and cover when departing the facility. | Yes / No |
|  |  | Provide location for cold packs for medications if so planned and have procedures written to restore meds (etc.) into refrigerators after restoring services. | Yes / No |
|  |  | Inspect weather seals on exterior doors and be certain they are all in good condition. | Yes / No |
|  |  | Inspect Windows and ensure that all are protected or secure and properly caulked. If equipped with screens the screens are securely attached. | Yes / No |
|  |  | If in a coastal location where high winds are likely consider hurricane shutters for primary exposures. Include storefront sections in this assessment. | Yes / No |
|  |  | Implementation procedures to place collections containers and water interment prevention measures at the point of:   * Previous leaks * Exterior door thresholds * Under locations for roof drains | Yes / No |
|  |  | Secure linen inside of the facility and consider temporarily moving in Biomedical waste stored out side. | Yes / No |

D. OPERATIONS

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| --- | --- | --- | --- |
|  | 1. STAFF – PHYSICIANS - SCHEDULES | | Yes / No |
|  |  | Update staff recalls. Review staff availability and location to update emergency response staff (closest to the center) and make certain access packets are made available prior to storm preparations. Access only would be provided if storm preparations mandated such access.  ***NOTE: Some ideas for what to place in emergency packets: Call back numbers for utilities, staff, keys to facilitate access to the facility and security emergency access code. Only issue packets if needed, otherwise operate normally.*** | Yes / No |
|  |  | Update physician recalls. Include office numbers, home numbers for partners and cell phone numbers. Make this available in the CEMP. | Yes / No |
|  |  | When storm warnings begin coming through make provisions to run additional schedules and include recall numbers for physicians and patients. If the facility needs to be shut down after working hours commence the recall as provided to key staff selected as emergency coordinator during the event. | Yes / No |
|  |  | Update call back numbers for labs, couriers, general suppliers and local services. Be certain you have emergency numbers for these companies on hand. The main numbers may not be functional and since these companies offered services that may be warehoused other than in the primary office location their availability may determine whether or not you are able to see patients and perform cases. | Yes / No |
|  |  | Have emergency call back numbers available for patient billing, insurance verification and internet connections. Establish protocol to do manual insurance verification if necessary should internet or other connections are temporarily down. | Yes / No |