

**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.

<b>Facility Name:</b>	_____
<b>Facility Address:</b>	_____
<b>Facility Phone Number:</b>	_____
<b>Facility Website:</b>	_____
<b>Corporate Phone Number:</b>	_____
<b>Corporate Website:</b>	_____
<b>Type of Facility:</b>	<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

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

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



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<b>Maintenance Director Name:</b>	_____
<b>Business Phone Number:</b>	_____
<b>Emergency Contact Number:</b>	_____
<b>E-mail Address:</b>	_____

<b>Director of Nursing Name:</b>	_____
<b>Business Phone Number:</b>	_____
<b>Emergency Contact Number:</b>	_____
<b>E-mail Address:</b>	_____

<b>Regional Corporate Contact:</b>	_____
<b>Business Phone Number:</b>	_____
<b>Emergency Contact Number:</b>	_____
<b>E-mail Address:</b>	_____

<b>Year Building Was Constructed:</b>	_____
<b>List Years of Any Additions:</b>	_____

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



**FACILITY PROFILE**

**FIRE PROTECTION SYSTEMS**

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

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

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



**FACILITY PROFILE**

**FIRE PROTECTION SYSTEMS (CONTINUED)**

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

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

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

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

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



**FACILITY PROFILE**

**FIRE PROTECTION SYSTEMS (CONTINUED)**

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

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

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

**LIFE SAFETY SYSTEMS AND EQUIPMENT**

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

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

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

**FACILITY PROFILE**

**LIFE SAFETY SYSTEMS AND EQUIPMENT (CONTINUED)**

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

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

**BUILDING PLANS ON SITE**

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

**UTILITIES**

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

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

**FACILITY PROFILE**

**UTILITIES (CONTINUED)**

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

**EMERGENCY SERVICES**

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

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

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

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





**FACILITY PROFILE**

**MEDEVAC (HELICOPTER LANDING ZONE)**

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

**IDENTIFY TOP THREE PROXIMAL HAZARDS LOCATED NEAR FACILITY**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<b>COMPLETED BY:</b>	
Name:	_____
Title:	_____
Original Profile Completed On:	_____
Updated Profile Completed On:	_____

