

Date: _____ Location: _____

Person(s) Conducting the Survey: _____

Earthquake Preparedness		
Condition		Recommendation/Additional Info
Are all freestanding furniture (bookcases, vending machines, etc.) securely attached to the wall?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are water heaters secured for seismic event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are escape routes identified and mapped?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

First Aid Supplies		
Condition		Recommendation/Additional Info
Are first aid supplies current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do first aid kits have appropriate supplies?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are first aid kits placed in enough appropriate locations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Elevators		
Condition		Recommendation/Additional Info
Does the elevator emergency phone work?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are elevator doors working properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all elevator lights working properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all inspections current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Restrooms		
Condition		Recommendation/Additional Info
Are restrooms ADA accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the restrooms free from leaks?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do the toilets flush properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there adequate paper and supplies available?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do electric hand dryers' function well?	Yes <input type="checkbox"/> No <input type="checkbox"/>	