**READY TO RESPOND** DISASTER STAFFING TOOLKIT **Building Readiness** Report

This report organizes key information about your building.

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Protection Team Leader** | | | |
| Name |  | | |
| Phone |  | Email |  |
|  | | Payment card limit | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Building Information** | | | |
| Building name |  | | |
| Address |  | Evacuation zone |  |

Permission to use payment card Yes No

|  |  |  |  |
| --- | --- | --- | --- |
| **Facility Superintendent or Property Manager** | | | |
| Name |  | | |
| Phone |  | Email |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Residential / Commercial Use** | | | | | | | | |
| Number of floors |  | | Residential units | |  | Vacant units | |  |
| Number of residents | |  | | Commercial units | | |  | |
| Primary contact for commercial space (Agency) | | | |  | | | | |

**Building Critical Systems**

Number of Elevators On-site generators available Yes No Boiler hookup available Yes No Generator hookup available Yes No Sufficient fuel stored for 3 days Yes No Sump pumps on site Yes No

**Post Event**

Emergency Kit available and in place Yes No

Damage assessment

Notes

Enterprise Community Partners, Inc.