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

This report organizes key information about your building.

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| --- |
| **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.