Fill Out This Box Completely, it is necessary to track the cost-match

Name(s): _____

Title: _____

Jurisdiction: _____

Date: _____

Time spent on exercise: _____

Please use this space to correct any **street addresses,** include the facility name

Continue to page 2

If there is any additional information you can provide, please do so here:

Facility Name: _____

Does this facility have backup power?　　☐ yes　　　☐ no

Does this facility have a kitchen? ☐ yes, commercial　☐ yes, small　☐ no

How many beds are available (hospitals)? _____

How many persons can this facility house during an emergency situation?

What trucks and other rescue equipment are available at this facility (Fire station)?

If this facility was built before 1973, has it been upgraded to meet seismic building codes?　☐ yes　　　☐ no

Does this facility have a basement?　☐ yes　　　☐ no

How many stories does this facility have? _____

What is this facility's square footage? _____

What is this facility's replacement value? _____

If there is any additional information you can provide, please do so here:

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