
FACILITY SUITABILITY ASSESSMENT FORM

INSTRUCTIONS: FILL OUT THE BELOW ASSESSMENT FORM AND THE BUSINESS RULES CHECKLIST (ATTACHED) THAT IS APPROPRIATE FOR THE FACILITY BEING ASSESSED.

FACILITY TYPE:

- HOTEL
- BARRACKS
- ARENA/OPEN SPACE

LEVEL OF CARE:

- ACUTE CARE
- NON-ACUTE CARE

SITE LOCATION

STATE	
COUNTY	
CITY	
ADDRESS	
COORDINATES	
SITE AREA (SF)	
FLOOD ZONE	
POC INFO	

SITE DESCRIPTION:

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SITE INGRESS/EGRESS:

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AVAILABLE UTILITIES

DOMESTIC WATER	
SANITARY SEWER	
ELECTRIC	
FIRE HYDRANT PROXIMITY	
NATURAL GAS	
TELE/COMM.	

EVALUATOR NOTES (PRIMARY ADVANTAGES AND DISADVANTAGES OF SITE)

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REPORT SUMMARY:

ASSESSMENT DATE:	
ASSESSMENT TEAM LEAD:	
SITE RECOMMENDED FOR FURTHER CONSIDERATION?	<input type="checkbox"/> YES <input type="checkbox"/> NOT AT THIS TIME
RECOMMENDATION REVIEWED BY:	