



Ohio Medical Countermeasures (MCM) Site Survey For Points of Dispensing (POD) and Drop Site Facilities

POD Facility Site Survey - Facility Information

Facility Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

Facility Owned By: _____

Contact Name: _____ Contact Phone: _____

Local Health District (LHD): _____

Public Health Region: _____

Type of POD Facility: Primary Backup

Signed MOA/MOU: Yes No In Progress

POD Facility Site Survey - Contact Information

Primary		Alternate	
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Cell:	_____	Cell:	_____
Email:	_____	Email:	_____

POD Facility Site Survey - Emergency Contact 24/7 After Hours

Primary		Alternate	
Name:	_____	Name:	_____
Phone:	_____	Phone:	_____
Cell:	_____	Cell:	_____
Email:	_____	Email:	_____

POD Facility Site Survey - Building Features

Does a security barrier limit or control vehicle or pedestrian access to the facility? Yes No

Has at least one entrance and exit been identified for emergency vehicle use only? Yes No

Are signs, cones or barriers available to identify emergency vehicle entrance and exit routes? Yes No

Is there a gate to secure the facility?
Can it be locked? Yes No

Can the gate be locked: _____

Do landscape features provide places for potential intruders to hide? Yes No

Is there sufficient lighting on the exterior of the building in accordance with local codes? Yes No

Is exterior lighting used during periods of low visibility and at night? Yes No

Are exterior light fixtures weather and tamper resistant in accordance with local codes? Yes No

Are exterior lights controlled automatically (or have the capability for automatic control)? Yes No

Are exterior light control switches inaccessible to unauthorized persons? Yes No

Do you have a backup plan for providing lighting if existing systems fail? Yes No

How many entrance/exit points are there? _____ Entrance _____ Exit

How many square feet is the facility? _____ Square Feet

Is the usable square footage all under one roof? Yes No

POD Facility Site Survey - Building Features Cont'd

Can this facility be utilized intermittently during an event of longer duration, over several weeks or months? Yes No

Is there a separate area suitable for triage? Yes No
 Square feet? Square Feet: _____

Is there a separate entrance for staff (indicate door number, if known) and private space for check-in and orientation? Yes No
 Door #: _____

How many linear feet of space are available for public to wait in line indoors? _____ Linear Feet Allow width of at least 3 ft. for queue lines.

Is there a lockable or secure space that can be utilized to store supplies? How many square feet? Yes No
 Square Feet: _____

How many bathroom stalls/urinals are available in the portion of the building being used? _____ Male _____ Female

Number of working smoke detectors? _____ Smoke detectors

Number of working fire extinguishers? _____ Fire extinguishers

Does the facility have a working sprinkler system? Yes No

Is the facility handicap accessible, including bathrooms? Yes No

How many levels does the building have? _____ Levels

Does an elevator connect all levels? Yes No

Does the facility have loading docks? How many? Yes No
 # of Docks: _____

If loading docks are not present can the driveway/parking lot accommodate a tractor-trailer? Yes No

POD Facility Site Survey - Building Features Cont'd

Does this facility have equipment necessary to move pallets (i.e. pallet jacks, fork lift)?

Yes

No

of Fork Lift: _____

of Pallet Jacks: _____

Is there a Lift Gate Available?

Yes

No

Can the facility accommodate a 53-foot trailer?

Yes

No

Maximum Truck Size? (If previous 53ft question is yes please disregard)

> 20 ft.

36 ft.

28 ft.

40 ft.

34 ft.

48 ft.

Is there adequate space available for trucks to stage outside and proximate to the facility?

Yes

No

Is there a back up generator capability?

Yes

No

If applicable: How is the generator powered?

_____ powered

_____ hours

How long can generator run?

Is this facility temperature controlled (i.e. heating and cooling)?

Heating

Yes

No

Cooling

Yes

No

What is the source of the water supply? How long will supply last if the water is shut off?

_____ Source

_____ hours

How many water fountains are available at the facility?

_____ Fountains

Does the facility have a telephone system in place that is operational?

Yes

No

How many phone lines are there?

of phone lines _____

How many phone jacks?

of phone jacks _____

Will cell phones work in all areas of the facility?

Yes

No

Does the facility have Internet connectivity? Who is the Internet Provider?

Yes

No

Provider: _____

POD Facility Site Survey - Building Features Cont'd

Does the facility have a public address system? What type?

Yes No

Type of System: _____

Does the facility have 2 way radios? What type? How many?

Yes No

Type: _____ # of Radios: _____

Are MARCS radios available and operable at the facility?

Yes No

Are fax machines accessible? How many?

Yes No

of fax machines: _____

Are copy machines available? How many?

Yes No

of copy machines: _____

POD Facility Site Survey - Equipment

Is there access to tables? How many?

Yes No

of tables _____

Are tables portable with wheels?

Yes No

Is there access to chairs? How many?

Yes No

of chairs _____

Are there cots available? How many?

Yes No

of cots _____

Does the facility have refrigeration? How many Cubic Feet?

Yes No

Cubic Feet _____

Does the facility have a freezer? How many Cubic Feet?

Yes No

Cubic Feet _____

POD Facility Site Survey - Equipment Cont'd

Tensabarriers or other crowd management equipment, length in feet. Length in feet: _____

What kind of signage resources are available? Easels
Customizable boards

Would the facility provide access to computers? How many? Yes No
of Computers _____

How many accessible printers does the facility have? # of printers: _____

Do the printers have network capabilities? Yes No

Does the facility have barriers/privacy screens? How many? Yes No
of barriers/screens _____

How many portable TVs does the facility have available? # of TVs _____

Do the TVs have a cable or satellite connection? Yes No

Is there a closed circuit video feed system? Yes No

Are any wheel chairs available at the facility? How many? Yes No
wheelchairs _____

POD Facility Site Survey - Safety, Security and Access

Is this facility a Red Cross Emergency Shelter: Yes No

Is this facility a Community Reception Center: Yes No

Is this facility designated for other emergency services? Describe: Yes No
Describe: _____

POD Facility Site Survey - Safety, Security and Access Cont'd

Has the building been inspected for structural integrity and safety by the local building official and/or fire marshal?

Yes

No

Date: _____

Are maximum occupancy loads posted on rooms that will accommodate the public?

Yes

No

Is there a plan for how pedestrian traffic will move through the POD site?

Yes

No

Based on a county or local Law Enforcement (LE) assessment is the facility capable of securely receiving, storing and staging state and federal MCM assets?

Yes

No

What is the name, address and phone number for the point of contact for the local law enforcement agency that completed the security assessment?

Name: _____

Address: _____

Phone: _____

Are there facilities nearby that may pose a security or safety threat (example: prisons, halfway houses and chemical refineries)?

Yes

No

Is the facility located in a high crime area?

Yes

No

Total number of LE personnel required at facility working 12 hour shifts to include: Crowd control, detaining unruly citizens, roaming patrol, etc.

_____ # per shift

Is there an area for LE to hold detainees, unruly citizens, etc.?

Yes

No

Does local traffic pattern indicate potential vehicular traffic congestion in the area that would affect POD operations?

Yes

No

Describe the type of neighborhood

Industrial

Residential

Commercial

Other (Describe)

POD Facility Site Survey - Safety, Security and Access Cont'd

What is the distance to the nearest local law enforcement station? _____ Miles	What is the name, address and phone number of the nearest local law enforcement station? Name: _____ Address: _____ Phone: _____
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What is the distance to the nearest fire station? _____ Miles	What is the fire station name, address and phone number? Name: _____ Address: _____ Phone: _____
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What is the distance to the nearest hospital? _____ Miles	What is name, address and phone number of the hospital? Name: _____ Address: _____ Phone: _____
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What kind of facility security is currently in place?	<input type="checkbox"/> Alarm	<input type="checkbox"/> Cameras	<input type="checkbox"/> Motion Detectors <input type="checkbox"/> On Site Personnel
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If the facility has a working security camera system, will law enforcement have access to it?	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	<input type="checkbox"/> No
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Is the building (all entrances and exits) capable of being secured? If not, please indicate any deficiencies.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Deficiencies: _____
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Is the facility a designated stop on a bus route? If No, how far is the closest stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Distance? _____
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Is there a traffic flow planned for all vehicles including bus drop-offs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
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How many parking spaces are at the facility? _____ parking spaces

POD Facility Site Survey - Safety, Security and Access Cont'd

Are there any overflow or adjacent lots for parking or staging? If so, how many spaces?

Yes

No

_____ parking spaces

Does this facility have a dedicated parking area for responders and law enforcement? If so, how many spaces?

Yes

No

_____ parking spaces

Does this facility have an evacuation plan that is in compliance with local fire ordinances.

Yes

No

Are evacuation plans visible throughout the facility?

Yes

No

Is there a procedure in place to process, credential and badge authorized staff and responders at this facility?

Yes

No

Describe: _____

Does this facility have dedicated personnel/staff to assist individuals with special needs?

Yes

No

Describe: _____

POD Facility Site Survey - Items to attach

Primary Route Map Last Printed: _____

Backup Route Map Last Printed: _____

Traffic Flow Map Last Printed: _____

Evacuation Map Last Printed: _____

POD Facility Site Survey - Facility Information

Facility Name: _____

Street Address: _____

City: _____ Zip: _____ County: _____

POD Facility Site Survey - Signature

Signature: _____

Law enforcement personnel who conducted the security assessment:

Name: _____

Agency/Department: _____

Date: _____

Jurisdictional Authority (i.e. Health Commissioner, Director of Nursing, etc.):

Signature: _____

Name: _____

Agency/Department: _____

Date: _____