DS Storage - Debbie Lupton Revised 03-09 mma - Lotus Notes\Senior Living\Countrywide.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ELDERLY APARTMENT SURVEY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Insured: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Date: |  | | | |
| Facility Representative: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Position: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone Number: | | | | | | |  | | | | | | | | | | | | Web Site Address: | | | | | | | |  | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is this a HUD Project? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
|  | | If yes, secure bid specifications. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MANAGEMENT ISSUES** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager on premises? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | | | | Office | | | Tenant | | | | | | | | | | | | | | | | | | |  |  |
| Is there an emergency contact person? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
|  | | Is contact person on premises 24 hours per day? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
|  | | If no, explain contact procedures. | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How long has manager/management firm been involved? | | | | | | | | | | | | | | | | | | | | |  | | | | | Years | | |  | | | | Months | | |
| What percentage of the population are elderly tenants? | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | |
| What percentage of the population is other than elderly tenants? | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | |
|  | | Provide details on acuity/diagnosis of other than elderly tenants. | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What types of services do you offer tenants? | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What types of activities do you have on premises? | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What is your gross monthly rent including any subsidized funding? | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| What are the number of tenants in each building? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| What is the total number of units in each building? | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| Do you have congregate areas available? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
| What are their usage? | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are any of these areas open to the general public for usage? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No |
|  | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIFE SAFETY ISSUES** | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are policies for burning candles/incense, etc.? | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What are the smoking policies for tenants smoking in apartments? | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Is there a fire evacuation plan with the fire department? | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Is the fire department aware of tenants needing evacuation assistance? | | | | | | | | | | | | | | | | | | | Yes | | | | No | |
| Please explain. | | | | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| What means of emergency notification do tenants have? | | | | | | | | | | | | | | | | | | |  | | | |  | |
| Call Bells | | | | | | | Pull Cords | | | | | Pendants | | | | Other | | | | | None | | | |
|  | | | If other or none, explain. | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | |
| What are the security procedures for access to building? | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| MAINTENANCE ISSUES | | | | | | | |  | | | | | | | | | | | | | | | | |
| Who is performing everyday maintenance? | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | Does he/she live on premises? | | | | | | | | | | | | | | | | Yes | | | | No | |
|  | | | What type of maintenance work is being performed (heating, wiring, plumbing)? | | | | | | | | | | | | | | |  | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |
| How is maintenance notified of problems? | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| Who is responsible for snow and ice removal? | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | What are the procedures for when to shovel/plow? | | | | | | | | | | |  | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | Is a log being used for snow removal records? | | | | | | | | | | | | | | | | Yes | | | | No | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **OBSERVATION** | | | | | | | |  | | | | | | | |
| **GENERAL** | | | | |  | | | | | | | | | | | | | | | | | | | |
| Overall maintenance/housekeeping is good | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Exit doors unobstructed/egress outward | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Two means of egress from each floor | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Corridors are unobstructed | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Does apartment have balconies | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
|  | | If yes, are railings secure | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
|  | | Is grilling allowed on balconies | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Handrails present and secure in hallways | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Floors and carpeting even and maintained | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Garbage properly stored and disposed | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |
| Is garbage chute sprinklered | | | | | | | | | | | | | | | | | | | | Yes | | No | | N/A | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pets are appropriately cared for and managed - Type | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | Yes | No | | | N/A | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| Any evidence of water damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
| Is underground parking sprinklered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
| If parking sprinklered, is there a fire division | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
| Swimming pool? If yes, provide pool survey. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUIPMENT** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Building sprinklered | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
|  | | | | | | | Full | | | | | | | Partial | | | | | | | | | | Date Inspected | | | | | | |  | | | | | | | | | | |  | | | | | | |
| If partial, what areas are sprinklered? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire alarm on premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | | |
|  | | | | | | | Central | | | | | | | | | | | | Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire divisions (show all fire divisions and breaks on building diagrams) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | No | | | N/A | | |
| Number of divisions | | | | |  | | | | Rating of fire doors: | | | | | | | | | | | | | | | | Hours | | | |  | Minutes | | | | |  | | |  | | | | | | | | | | |
| Automatic fire closure | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | | |
| Do fire divisions go through attic | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | No | | | N/A | |
|  | | | | | | | | Fire Curtain | | | | | | | | | | Firewall | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire extinguishers on premises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | |  | |
|  | | Fire extinguishers tagged | | | | | | | | | | | | | Yes | | | | | | | No | | | | | | Date Inspected | | | | | | | | | | | | | |  | | | | | |
| Location of smoke detectors | | | | | | | | | Common Areas | | | | | | | | | | | | Resident Rooms | | | | | | | | | | | | Hallways | | | | | | | | | | | | | | |
| Type of smoke detectors | | | | | | | | | Hard-wired | | | | | | | | | | | | Battery | | | | | | | | | | | | | | | |  | | | | | |  | | |  | |
| Unit exit doors, hallway doors, and stairwell doors have automatic door closing apparatus on them | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
| Emergency lighting available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
| Exit lights operable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
| Burglar Alarm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
|  | | | | | | Central | | | | | | | | | | | Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Standpipes (internal hydrants) in stairways or hallways | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
|  | | | | | | Number | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Elevator serviced annually | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | No | | | N/A | |
| Wiring Type | | | | CB | | | | | | Fuse | | | | | | | | | | | | | | | | Age of Wiring | | | | | | | |  | |  | | | | | | | | | | | |
| Heating Type | | | | GFA | | | | | | Steam Boiler | | | | | | | | | | | | | | | | Electric | | | | | | | | Hot Water | | | | | Age of Heating | | | | | |  | | |
| If steam boiler, provide building numbers: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of contact person for inspection purposes: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone number of contact person: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Roof Type | | | | Tar/Gravel | | | | | | Shingle | | | | | | | | | | | | | | | | Metal | | | | | | | | Rubber | | | | | Age of Roof | | | | | |  | | |
| Air Conditioning | | | | Central | | | | | | Window | | | | | | | | | | | | | | | | Combination | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| STORAGE/UTILITY/HOUSEKEEPING/LAUNDRY | | | | | | | | | | |  | | | | | | | | |
| Laundry area and equipment are clean and serviced periodically | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Accessible 24 hours | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Where located (basement) | | | | | |  | | | | | | | | | | | | | |
| Front and back lint traps are cleaned routinely | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Housekeeping/cleaning products kept in locked cabinet/room | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Sprinkler heads open and unobstructed | | | | | | | | | | | | | | Yes | | No | | | N/A |
|  | | | | | | | | | | | | | | | | | | | |
| BASEMENT | | | |  | | | | | | | | | | | | | | | |
| Access from outside | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Storage areas for tenants | | | | | | | | | | | | | | Yes | | No | | | N/A |
|  | | If yes, clean/low clutter | | | | | | | | | | | | Yes | | No | | | N/A |
| Are combustible materials stored in basement | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Is there evidence of water in basement that would damage property | | | | | | | | | | | | | | Yes | | No | | | N/A |
|  | | | | | | | | | | | | | | | | | | | |
| FURNACE ROOM | | | | |  | | | | | | | | |  | | |  | | |
| Furnace room free of clutter | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Enclosed fireproof room | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Door closed at all times | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Free of combustibles | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Serviced periodically | | | | | | | | | | | | | | Yes | | No | | | N/A |
|  | | | | | | | | | | | | | | | | | | | |
| OUTSIDE | | |  | | | | | | | | | | | | | | | | |
| Does water drain over walk areas | | | | | | | | | | | | | | Yes | | No | | | N/A |
| Are walkways and parking lots in good condition | | | | | | | | | | | | | | Yes | | No | | | N/A |
| What are surrounding exposures to building | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **KITCHEN (if commercial kitchen)** | | | | | | |  | | | | | | | | | | | | |
| Does building have a commercial kitchen | | | | | | | | | | | | | Yes | | No | | | N/A | |
| Kitchen area is clean | | | | | | | | | | | | | Yes | | No | | | N/A | |
| Refrigerators/freezers are clean and operable | | | | | | | | | | | | | Yes | | No | | | N/A | |
| Fire suppression system fully covers cooking area | | | | | | | | | | | | | Yes | | No | | | N/A | |
|  | | Date inspected by professional service | | | | | |  | | | |  | | | | | | | |
| Ducts are cleaned annually | | | | | | | | | | | | | Yes | | No | | | N/A | |
| Is pest control done on a regular basis by a professional service | | | | | | | | | | | | | Yes | | No | | | N/A | |
|  | | | | | | | | | | | | | | | | | | | |
| **Provide your comments on the apartment building.** | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | |