

## Chelsea Special Needs Evacuation Questionnaire

1. Facility Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. County \_\_\_\_\_ Type of Operation: \_\_\_\_\_
5. Nearest Cross Street:(intersection) \_\_\_\_\_
6. Alternate Street Address: \_\_\_\_\_
7. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
8. Facility Owner/Manager: \_\_\_\_\_
9. Phone #: \_\_\_\_\_
10. Emergency Contacts: \_\_\_\_\_
11. Emergency Phone Number(s): \_\_\_\_\_
12. Fax Number: \_\_\_\_\_
13. E-Mail: \_\_\_\_\_
14. 24 Hour Emergency Contacts: \_\_\_\_\_
15. 24 Hour Emergency Phone Number(s): \_\_\_\_\_
16. Building Type: \_\_\_\_\_ # of Stories: \_\_\_\_\_
17. Hours of Operation: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
18. Average Population: \_\_\_\_\_ Average Age: \_\_\_\_\_
19. Daily Population: Min: \_\_\_\_\_ Max: \_\_\_\_\_
20. Seasonal Population: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_
21. Peak Season: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

22. **Facility Floor Plans and Attachments Included:** \_\_\_\_\_  
A.) \_\_\_\_\_ Floor Plan B.) \_\_\_\_\_ Site Coordinate Abbreviations  
C.) \_\_\_\_\_ Evacuation/Relocation Plan D.) \_\_\_\_\_ Description  
of duties and other safeguard measures attached
23. **Do You Have the Requirements to Shelter Someone?** YES \_\_\_\_\_ NO \_\_\_\_\_
24. **Do You Have a Relocation Facility in or Outside of Chelsea?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes How Many? \_\_\_\_\_
25. **Do you have a plan to provide transportation to the relocated facility?**  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, What Means? \_\_\_\_\_
26. **Do you have a backup generator?** \_\_\_\_\_
27. **Is your facility in need of any special materials such as medicine or tools?**  
If yes what are they? \_\_\_\_\_
28. **Where are the host facilities that the population will be relocated to?**  
A. \_\_\_\_\_  
B. \_\_\_\_\_  
C. \_\_\_\_\_  
D. \_\_\_\_\_
29. **Does the population require specialized transportation? If yes, state type.**  
\_\_\_\_\_  
\_\_\_\_\_
30. **Are any members of the population unable to leave the location by his/her  
Own means?** \_\_\_\_\_

**31. If yes please describe where person(s) can be found under normal circumstances.**\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please Submit To:**

**Director Allan I. Alpert  
Chelsea Emergency Management  
City Hall – 500 Broadway  
Chelsea, MA 02150  
Fax # 1617 466 4663**