





## Residential Facilities Questionnaire

**F. Residents**

Number of residents: _____	Are there any non-ambulatory residents?	Yes	No
If yes, what percentage? _____	# of residents physically disabled? _____		
# of residents mentally disabled: _____	Average length of stay? _____		
Average age: _____	Are there any athletic activities?	Yes	No

Please explain the Emergency Evacuation Procedures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**G. Employees**

Number of employees on duty: \_\_\_\_\_

Ratio of employees to residents: \_\_\_\_\_

Hours of operation: from \_\_\_\_\_ to \_\_\_\_\_

Please provide a brief description of operations, including the following:

- Employee selection process
- Training
- Supervision
- Security procedures.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please provide five years loss history.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_