様式２

避難所等⇒情報集約先

施設・避難所等ラピッドアセスメントシート

□の欄は、使用可能・該当・対応済であれば、✓ を入れてください

＊ A: 充足 B: 改善の余地あり C: 不足 D: 不全

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| 避難所コード |  |  |  |  |  |  |  |  |  |  |

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#A-D 選択式の項目が全てA 評価になるまで連日記入

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| 調査日 | 2 | ０ |  |  | 年 |  |  | 月 |  |  | 日 |
| A M | P M |  |  | 時 |  |  | 分 |

# 人数は概算可

|  |  |  |  |
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| 調査者氏名 |  | 調査者所属 |  |
| 電話連絡先 |  |  |  |  |  |  |  |  |  |  |  |  |

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| 施設名 |  | 固定電話 |  |  |  |  |  |  |  |  |  |  |  |
| 所在地 |  | 携帯電話 |  |  |  |  |  |  |  |  |  |  |  |

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| 避難所運営組織 | [ ]  | 代表者名 |  |

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| 避難者数（人） |  |  |  |  | 内訳 男性（人） |  |  |  |  | 内訳 女性（人） |  |  |  |  |

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| 避難者数（再掲） | 昼間人数（人） |  |  |  |  | 夜間人数（人） |  |  |  |  | 車中泊人数(人) |  |  |  |  |
| 75 歳以上（人） |  |  |  |  | 未就学児（人） |  |  |  |  | 乳児（人） |  |  |  |  |

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| ライフライン/ 通信 | 飲料水 | A ～ D |  | 食事 | A ～ D |  | 使用可能トイレ | A ～ D |  |
| 電気 | A ～ D |  | 生活用水 | A ～ D |  |
| 固定電話 | [ ]  | 携帯電話 | [ ]  | データ通信 | [ ]  |
| 医療支援 | 救護所設置 | [ ]  | 医療チームの巡回 | [ ]  |

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| 避難所の環境 | 過密度 | A ～ D |  | 毛布等寝具 | A ～ D |  | 湿温度管理 | A ～ D |  | 手洗い環境 | A ～ D |  |
| 感染予防・清掃用物品 | A ～ D |  | パーティションによる区切り | A ～ D |  | 簡易ベッド等 | A ～ D |  |  |  |  |
| トイレ掃除 | [ ]  | 土足禁止 | [ ]  | 下水 | [ ]  | ごみ集積場所 | [ ]  | 館内禁煙 | [ ]  | ペット収容所 | [ ]  |
| 男女別更衣室 | [ ]  | 男女別トイレ | [ ]  | 男女別居住スペース | [ ]  | 授乳室等母子専用スペース | [ ]  | 障害者用トイレ | [ ]  |
| バリアフリー | [ ]  |  |

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| 要配慮者（人） |  |  |  | うち医療的要配慮者 |  |  |  | うち福祉的要配慮者 |  |  |  |
|  |  |  |  | うち外国人 |  |  |  | うち要配慮妊婦 |  |  |  |

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| 要医療サポート（人） | 人工呼吸器 |  |  | 在宅酸素 |  |  | 透析 |  |  |
| 要インスリン治療糖尿病 |  |  | 緊急性のある精神疾患 |  |  | 要緊急治療歯科疾患 |  |  |

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| 有症状者（人） | 発熱 |  |  |  | 咳・痰 |  |  |  | 下痢 |  |  |  | 嘔吐 |  |  |  |
| 有症状者専用スペース | [ ]  |

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| 傷病者数（人） | 呼吸器感染症 |  |  |  | 感染性胃腸炎 |  |  |  |

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| その他緊急事項 |  |
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