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

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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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