

Complete this preliminary resilience checklist to begin identifying opportunities to improve a building’s resilience to common hazards in the Connecticut region. This checklist was developed as part of the Stamford Resilience Opportunity Assessment project funded through the CIRCA Municipal Resilience Grant Program. More information about the project can be found at circa.uconn.edu/stamford-resilience/.

PRELIMINARY RESILIENCE CHECKLIST

Property Name:	Number of Buildings:
Property Address:	Building Uses:
Contact Name:	Number of Residential Units (if applicable):
Contact Phone:	Building Type(s):
Contact Email:	Year Built:
Property Details:	Total Square Footage (combined):

Building History—Has the property experienced any of the following within the past 3 years?:

Flooding		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Power Loss		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Equipment Failure		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Wind Damage		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Evacuation/Other Emergencies		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Other Storm-Related Damage (please specify):		<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Stormwater Flooding	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Coastal Flooding	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Sewer Backup	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Ice and Snow Damage	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Gas Leak	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Power Loss Event (>5 hours)	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
<input type="checkbox"/> Flood <input type="checkbox"/> Brown-out <input type="checkbox"/> Other:			
Wind Damage	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:
Equipment Failure	Dates:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notes:

PRELIMINARY RESILIENCE CHECKLIST

Resilience Planning—Resilience Goals:

Evacuate Yes No *Notes*

Shelter in Place Temporarily Yes No *Notes:*

Shelter in Place Indefinitely Yes No *Notes:*

Emergency Management

Do you have an Emergency Management Plan? Yes No *Notes:*
Date Updated:

Do you have an Emergency Communications Plan? Yes No *Notes:*

Do you have an Emergency Repair/Reserve Fund? Yes No *Notes:*

Insurance

Insurance Information Location:

Do you have the following insurance policies?:

Flood Yes No *Notes:*

Fire Yes No *Notes:*

Law & Ordinance Yes No *Notes:*

Mold Yes No *Notes:*

What is the timing for insurance reassessment?:

Backup Systems

Backup Power Source (If Present):

Vendor Identified for Temporary Backup Power:

Vendor Identified for Temporary Backup Heat:

Do you have a Critical Electrical Load Panel? Yes No *Notes:*

Is Elevator Power Tied to Backup Power Source? Yes No *Notes:*

PRELIMINARY RESILIENCE CHECKLIST

Critical Electrical Loads for Which Power is Needed:

Heating Systems

Yes No

Notes:

Cooling Systems

Yes No

Notes:

Water Pump

Yes No

Notes:

Elevator

Yes No

Notes:

Medical Equipment

Yes No

Notes:

Refrigeration

Yes No

Notes:

Telecommunications

Yes No

Notes:

Commercial Spaces

Yes No

Notes:

Other

Yes No

Notes:

Potable Water Supply/Storage?

Yes No

Notes:

What is the general condition of the roof(s) at this property?

Does the property have one or more existing solar PV systems?

If yes, approximate size and location of systems:

Does the property have one or more existing solar thermal systems?

If yes, approximate size and location of systems:

Has a solar feasibility analysis been conducted for the property in the last three years?

