

## Shelter Facility Owner Pre-Survey Form

This form must be completed by the facility owner/operator. It records basic details about the site and contact information. Once completed, send it to the Red Cross representative.

Red Cross Representative:Viviana Cristian		Red Cross Contact Info:		
Date Completed:7/14/25		Contact Info: Person Completing Form: Kelly Koernig		
Site Name: Warrenton Aquatic and Recreation Facility				
Address: 800 Waterloo Rd			County: Fauquier	
City: Warrenton		State: VA	Zip: <sup>20186</sup>	
Site Information				
Year Built: 2007		Site Meets Current Occup	ancy Codes: ■ Y □ N	
Functional Fire Su	uppression System (fire alarms, sprinkle	er system, fire department d	irect alert): ■ Y □ N	
Smoke Alarms: ■ Y □ N		Fire Extinguishers: ■ Y □ N		
Functioning Emer	gency Exits: ■ Y □ N	AEDs: ■ Y □ N		
Water Source:	■ Municipal □ Well	☐ Trapped Water Other	<del>.</del>	
Plumbing Source:	■ Municipal □ Septic Tank	☐ Water-less Other	<del>:</del>	
Emergency Gene	rator: ■ Y □ N What is powered by	generator? Lights and outlets		
Cooling System:	■ Electric □ Natural Gas □ P	ropane	Other:	
Heating System:	■ Electric □ Natural Gas □ P	ropane	Other:	
Wireless Internet:	■Y □N	Pets Allowed: ■ Y □ N		
Are there outside areas for pet relief? Yes				
Facility Accessibility: ☐ 1984 UFAS ☐ 1991 ADA Standards ☐ 2004 ADAAG ☐ 2010 ADA Standards chose all that apply ☑ Unknown ☐ Other				
Contact Information				
The Red Cross needs to know who to contact for additional information during disaster readiness and all potential points of contact during disaster. The "Primary" contact is the individual who serves as the main point of contact to the Red Cross during disaster readiness. It is helpful to provide alternate points of contact who may be actively involved when opening the shelter and who can be reached after-hours. Contacts can be updated with the Red Cross as necessary.				
SITE CONTACT I	INFORMATION:		mary	
First Name: Kelly		Last Name: Koernig		
Agency: Town of Warrenton		Title: Parks and Recreation Director		
Phone #:		Alternative Phone #:		
Email Address: kkoernig@warrentonva.gov				

To Be Used by Facility Owner/Operator

SITE CONTACT INFORMATION:	CONTACT TYPE: Alternative	
First Name: <sup>Johnny</sup>	Last Name: Switzer	
Agency: Town of Warrenton	Title: Emergency Management Coordinator	
Phone #:	Alternative Phone #:	
Email Address: jswitzer@warrentonva.gov		

<b>SITE CONTACT INFORMATION:</b> First Name: Kathy	CONTACT TYPE: Alternative  Last Name: Harju
Agency: Town of Warrenton	Title: Facility Operations Manager
Phone #:	Alternative Phone #:
Email Address: kharju@warrentonva.gov	

SITE CONTACT INFORMATION:	CONTACT TYPE: Alternative
First Name: Lauren	Last Name: Kruck
Agency: Town of Warrenton	Title: Special Events and Recreation Program Coordinator
Phone #:	Alternative Phone #:
Email Address: lkruck@warrentonva.gov	

SITE CONTACT INFORMATION:	CONTACT TYPE: Alternative
First Name: Jeffrey	Last Name: Bruck
Agency: Town of Warrenton	Title: Recreation Building Engineer
Phone #:	Alternative Phone #:
Email Address: jbruck@warrentonva.gov	

SITE CONTACT INFORMATION:	CONTACT TYPE: Alternative
First Name: Maria	Last Name: Spitz
Agency: Town of Warrenton	Title: Operations and Contracts Technician
Phone #:	Alternative Phone #:
Email Address: mspitz@warrentonva.gov	

SITE CONTACT INFORMATION:	CONTACT TYPE: Alternative
First Name:	Last Name:
Agency:	Title:
Phone #:	Alternative Phone #:
Email Address:	

Print additional pages to share additional contact information if needed.

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