

APPENDIX C

SUMMARY SHEETS, COST ESTIMATES
OF RECOMMENDED REPAIRS & MODIFICATIONS
FOR HOSPITALS

NOTE: Cost estimates are consolidated at the end of the appendix.

S U M M A R Y S H E E T

E C C H U R R I C A N E S H E L T E R S

COUNTRY: _____

DATE: _____

ADDRESS: C. GEORGETOWN HOSPITAL

INSPECTED BY: _____

DESCRIPTION OF SITE

Exposure: S₁ 1.0 S₂ 2.0

Relatively flat site;

ACCESSIBILITY

Pre Disaster: Good

Post Disaster:

Good

DESCRIPTION OF BUILDINGS

(1) Number1..... (2) Age ...2..... (3) Value

(4) Materials: Load bearing blocks + timber roof (rafters)

(5) Condition:Good.....

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Flood Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12) Survey Sheet(s) attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

SUMMARY SHEET

ECC HURRICANE SHELTERS

COUNTRY: _____

DATE: _____

ADDRESS: LOUIS PUNNET HOME FOR THE AGED
VILLA

INSPECTED BY: _____

DESCRIPTION OF SITE

Exposure: s₁ 10 s₂ 2
Flat site, sheltered area, space for tents.

ACCESSIBILITY

Pre Disaster: GOOD

Post Disaster: GOOD

DESCRIPTION OF BUILDINGS

- (1) Number!..... (2) Age (3) Value
(4) Materials:
(5) Condition:

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Flood Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Small</u>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12) Survey Sheet(s) attached	<input type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

SUMMARY SHEET

ECC HURRICANE SHELTERS

COUNTRY: _____ DATE: _____

ADDRESS: MENTAL HOSPITAL INSPECTED BY: _____

VILLA _____

DESCRIPTION OF SITE

Exposure: s₁ 1.0 s₂ 2
 Flat site; sheltered, space for tents

ACCESSIBILITY

Pre Disaster: GOOD

Post Disaster: GOOD

DESCRIPTION OF BUILDINGS

- (1) Number (2) Age (3) Value
- (4) Materials: STONE WALLS, TIMBER ROOF
- (5) Condition: GOOD

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Flood Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Small</u>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12) Survey Sheet(s) attached	<input type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

S U M M A R Y S H E E T

E C C H U R R I C A N E S H E L T E R S

COUNTRY: _____

DATE: _____

ADDRESS: KINGSTOWN GENERAL HOSPITAL

INSPECTED BY: _____

KINGSTOWN

DESCRIPTION OF SITE

Exposure: S₁ 1-0 S₂ 2

Site on sloping ground, in built-up area

ACCESSIBILITY

Pre Disaster: GOOD

Post Disaster: GOOD

DESCRIPTION OF BUILDINGS

(1) Number 3 (2) Age ¹³³₂₃ 1 (3) Value

(4) Materials: STONE + Timber, RC

(5) Condition: GOOD

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>24 hours (only) supply</u>
(8) Flood Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>75KV for Entire facility</u>
(12) Survey Sheet(s) attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

S U M M A R Y S H E E T

E C C H U R R I C A N E S H E L T E R S

COUNTRY: _____

DATE: _____

ADDRESS: CHATEAUBELAIR HOSPITAL

INSPECTED BY: _____

DESCRIPTION OF SITE

Exposure: s_1 1.0 s_2 2

Hilly site

ACCESSIBILITY

Pre Disaster: *GOOD*

Post Disaster: *GOOD*

DESCRIPTION OF BUILDINGS

(1) Number *1* (2) Age *40+* (3) Value

(4) Materials: *Timber Construction (RC gnd. flr. cols.)*

(5) Condition: *Poor*

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Poor condition</i>
(7) Water Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(8) Flood Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>from police station</i>
(12) Survey Sheet(s) attached (if not state reason):-	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(13) Building suitable for shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<i>Facility should be rebuilt</i>
(14) With Modifications (if yes to 14, give brief description of modifications):-	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY SHEET

ECC HURRICANE SHELTERS

COUNTRY: _____

DATE: _____

ADDRESS: BEQUIA HOSPITAL

INSPECTED BY: _____

DESCRIPTION OF SITE

Exposure: S₁ 1.0 S₂ 2

Fairly level area. Adjacent site ~~may~~ susceptible to flooding. Well enclosing hospital compound prevents flooding of this site.

ACCESSIBILITY

Pre Disaster: GOOD

Post Disaster: GOOD

DESCRIPTION OF BUILDINGS

(1) Number 1 (2) Age (3) Value \$500,000

(4) Materials: Stone walls, timber roof

(5) Condition: Fair

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Flood Risk	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>From adjacent site</u>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Erratic</u>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12) Survey Sheet(s) attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

SUMMARY SHEET

ECC HURRICANE SHELTERS

COUNTRY: _____

DATE: _____

ADDRESS: UNION ISLANDS HEALTH CENTRE
UNION ISLANDS

INSPECTED BY: _____

DESCRIPTION OF SITE

Exposure: s_1 101 s_2 1
Very exposed site on hill close to sea.

ACCESSIBILITY

Pre Disaster: GOOD

Post Disaster: GOOD

DESCRIPTION OF BUILDINGS

- (1) Number 1 (2) Age 2 (3) Value \$1,000,000
- (4) Materials: R.C.; load bearing blocks, Timber
- (5) Condition: GOOD

	YES	NO	Comments
(6) Sanitation Facilities	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7) Water Storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8) Flood Risk	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(9) Risk of falling trees/utility poles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(10) Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(11) Standby Power	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(12) Survey Sheet(s) attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(if not state reason):-			
(13) Building suitable for shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(14) With Modifications	<input type="checkbox"/>	<input type="checkbox"/>
(if yes to 14, give brief description of modifications):-			

COST ESTIMATES OF RECOMMENDED REPAIRS & MODIFICATIONS FOR HOSPITALS

V-H1 Georgetown Hospital

Shutters	5 000.00	
Doors	800.00	
Standby Power	<u>50 000.00</u>	
	\$55 800.00	55 800.00

V-H2 Louis Punnet Home for the Aged

Sheeting	72 800.00	
Doors	1 500.00	
Shutters	3 000.00	
Eave Ties	<u>600.00</u>	
	\$77 900.00	77 900.00

V-H3 Mental Hospital

Sheeting	112 000.00	112 000.00
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V-H4 Kingstown General Hospital

Sheeting	60 000.00	
Doors	1 500.00	
Shutters	10 000.00	
telecommunications	<u>50 000.00</u>	
	\$112 500.00	112 500.00

V-H5 Chateaubelair Hospital

Replace superstructure		570 000.00
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V-H6 Bequia Hospital

Sheeting	34 000.00	
Doors	3 500.00	
Shutters	8 000.00	
Standby Power	<u>50 000.00</u>	
	\$95 500.00	95 500.00

V-H7 Union Island Health Centre

Shutters	4 000.00	
Doors	500.00	
Standby Power	<u>50 000.00</u>	
	\$54 500.00	54 500.00
	TOTAL	<u>\$1 078 200.00</u>