

DAMAGE ASSESSMENT FORM	CERT _____	DATE _____
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LOCATION _____

SIZE UP
(check if applicable)

FIRES		HAZARDS				STRUCTURE		PEOPLE			ROADS		ANIMALS			
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING	

OBSERVATIONS

CERT MEMBER _____	PAGE ____ OF ____
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ASSIGNMENT TRACKING LOG		CERT		DATE	
ASSIGNMENT		ASSIGNMENT		ASSIGNMENT	
LOCATION		LOCATION		LOCATION	
TEAM		TEAM		TEAM	
TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #		TEAM LEADER/CONTACT #	
START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
1		1		1	
2		2		2	
3		3		3	
4		4		4	
5		5		5	
OBJECTIVES		OBJECTIVES		OBJECTIVES	
RESULTS		RESULTS		RESULTS	
CERT LEADER/ INCIDENT COMMANDER				PAGE ___ OF ___	
SCRIBE(S)					

BRIEFING ASSIGNMENT	CERT	DATE													
COMMAND POST CONTACT #		TIME OUT	TIME BACK												
INSTRUCTIONS TO TEAM															
TEAM NAME	LOCATION														
OBJECTIVES															
EQUIPMENT ALLOCATED															
REPORT FROM RESPONSE TEAM															
FIRES		HAZARDS			STRUCTURE		PEOPLE			ROADS		ANIMALS			
BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	INJURED	TRAPPED	ROAMING

TEAM ACTION LOG
(time stamp each action; draw map if needed)

SCRIBE

EQUIPMENT INVENTORY		CERT				DATE		
ASSET #	ITEM DESCRIPTION	OWNER	ISSUED TO		QTY	TIME	INITIALS	COMMENTS
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
				ISSUED				
				RETURNED				
SCRIBE(S)						PAGE ___ OF ___		

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
MESSAGE		
SIGNATURE	POSITION	
REPLY		
DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

GENERAL MESSAGE		
TO	POSITION	
FROM	POSITION	
SUBJECT	DAT	TIME
MESSAGE		
SIGNATURE	POSITION	
REPLY		
DATE	TIME	SIGNATURE/POSITION

CERT FORM #8 (ICS 213)

Lealman Special Fire Control District
Damage Assessment Field Work Sheet

General Information

Property Address:					
Owner's Name:				Contact #:	
Owner's Address, if Different:					
Renter's Name:				Contact #:	
Type of Structure:			Construction Type:		
<input type="checkbox"/>	Residential (R)	<input type="checkbox"/>	Commercial (C)	<input type="checkbox"/>	Wood Frame (W)
<input type="checkbox"/>	Multi-Family (M)	<input type="checkbox"/>	Industrial (I)	<input type="checkbox"/>	Masonry (B)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Metal Building (M)
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Mobile Home (MH)
Primary Residence:					
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Don't Know
Insurance:					
<input type="checkbox"/>	Owner Insured:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Renter Insured:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Don't Know

Damage Level

Level		Conditions Present in Residential & Business Assessment
10	D	Structured leveled, foundation damaged, water above the eaves
9	D	Structure leveled above foundation, Second floor is gone
8	D	Water above first floor, Moved off foundation, Walls collapsed
7	MA	Exterior frame damaged, Roof off or collapsed, Accessory/service/outbuildings damaged
6	MA	Foundation damaged, Insulation damage, Exterior wall damage, Production equipment/office equipment
5	MA	One room destroyed, Exits blocked, Utilities damage, i.e., AC, water heater
4	MI	Interior floor, walls; Minor damage to exterior walls, Business inventory destroyed, Trees fallen on structure
3	MI	Smoke damage, Fire escape is not useable, Shingles/roofing removed or missing, or portions of roof, Fleet/vehicle damage
2	A	Chimney damage, porch/deck damage, parking lot damage, carpets soaked on first floor
1	A	Broken windows, business signs damaged, damage to landscaping

Questionnaire

Should power remain off?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Undetermined
Is the building uninhabitable?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Undetermined
Is engineering needed for repair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Undetermined
Should structure be demolished?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Undetermined
Is (was) there water in the structure?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Water Depth

Remarks:

Damage Assessment by: 1200_____

Date:_____/_____/_____

Time:_____