

Initial Damage Report Worksheet

Name of Event: _____ **Date:** _____

County: _____ **Municipality:** _____ **Time of Report:** _____

Disaster Declared: Yes/No **Date & Time:** _____ **EOC Activated: Full/Partial/None** **Time:** _____

Person Completing This Report: _____ **Phone No:** _____

<u>Casualties</u>	<u>IA</u>	<u>Damages</u>				
		<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	<u>Affected</u>	<u>Inaccessible</u>
Fatalities _____	Single Family _____	_____	_____	_____	_____	_____
Major Injuries _____	Multi-Family _____	_____	_____	_____	_____	_____
Minor Injuries _____	Mobile Homes _____	_____	_____	_____	_____	_____
Missing _____	Businesses _____	_____	_____	_____	_____	_____

<u>Human Impact</u>	<u>PA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	
No. Hospitalized _____	Fire/EMS Facility	_____	_____	_____	
Evacuated _____	Hospital	_____	_____	_____	
No. Sheltered _____	Nursing Home	_____	_____	_____	
<i>Comments:</i> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Park	_____	_____	_____	
	Power Supply	_____	_____	_____	
	Public Building	_____	_____	_____	
	Road	_____	_____	_____	
	Sanitary Sewer	_____	_____	_____	
	School	_____	_____	_____	
	Sewer Treatment Plant	_____	_____	_____	
	Storm Sewer	_____	_____	_____	
	Water Control Facility	_____	_____	_____	
	Water Supply	_____	_____	_____	
	Water Treatment	_____	_____	_____	
	Bridges & Culverts	_____	_____	_____	
	Other _____	_____	_____	_____	
	Debris Removal				<i>Yes/No</i>
	Emergency Protective Measures				<i>Yes/No</i>

(Map attached – and/or Addresses and/or GPS Coordinates)