

CITY/COUNTY RAPID DISASTER ASSESSMENT PROGRAM

SUMMARY FORM

«Area»

«District»

SECTION: «Section»



rapid disaster assessment

Team Member 1: _____

Time Out: _____

Team Member 2: _____

Time Returned: _____

Residence Address	Last Name	O K	N o R e s p o n s e	N e e d H e l p	A c c e s s I s s u e s
«House_1» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_2» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_3» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_4» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_5» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_6» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
«House_7» _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



«House_8»

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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