TO BE PUBLICLY POSTED FOR INFORMATION PURPOSES

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	OK	No Response	Need Help	Access Issues
«House_1»		☐	☐	☐	☐
«House_2»		☐	☐	☐	☐
«House_3»		☐	☐	☐	☐
«House_4»		☐	☐	☐	☐
«House_5»		☐	☐	☐	☐
«House_6»		☐	☐	☐	☐
«House_7»		☐	☐	☐	☐

«House_8»		☐	☐	☐	☐