CITY/COUNTY
RAPID DISASTER ASSESSMENT PROGRAM

rapid disaster assessment

ASSESSMENT FORM

«Area»
«District»

SECTION: «Section»

Instructions:

- Record Family Name if available.
- Check appropriate status box for each address: (OK | No Response | Needs Help)

Note in Comments:

- Death
- Injuries
- Unattended Children
- Power Off
- Water Off
- Gas Off
- Phone Off
- Wall Collapse
- Roof Damage
- Windows Broken
- Chimney Damage
- Flood Damage
- Fire
- Access Issues
- Other Comments

Access Issues: _____

_____

_____

House #: **«House_1»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_2»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_3»** Name: _____

OK	No Response	Need Help	Comments:

t

rda
rapid disaster assessment

House #: **«House_4»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_5»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_6»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_7»** Name: _____

OK	No Response	Need Help	Comments:

House #: **«House_8»** Name: _____

OK	No Response	Need Help	Comments:

Misc. Notes:

_____

_____

_____

_____

_____

Reported by:

1: _____ Date: _____

2: _____ Date: _____

t