

DETAILED ASSESSMENT FORM

(Check)

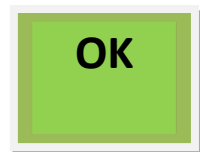
_____ Address

Assigned to Location / Team _____



Occupants' Names

1	7
2	8
3	9
4	10
5	11
6	12



LIFE – SAFETY (check)

- Death _____
- Severe Injury _____
- Moderate Injury _____
- No Death or Injury _____

PROPERTY DAMAGE (check)

- Wall Collapse _____
- Roof Damage _____
- Windows Broken _____
- Chimney Damage _____
- Flood Damage _____
- _____

UTILITIES (check)

- Power Off _____
- Water Off _____
- Gas Off _____
- Phone Inoperable _____

Comments (Use back side too, if needed).

Reported by:

1. _____

Date: _____

2. _____

Time: _____