

**NEIGHBORHOOD DISASTER ASSESSMENT
LOCATION/TEAM A**

Time Out

Time Back

Team Member: _____

Team Member: _____

RESIDENCE ADDRESSES:

LAST NAME

CHECK STATUS

OK

NR

NH

RESIDENCE ADDRESSES:	LAST NAME	OK	NR	NH
135 N Main St	Beck			
155 N Main St	Mangum			
165 N Main St	Johansen			
179 N Main St	Joy			
195 N Main St	Kuhlmann			
24 W 100 N	Cullen			
36 W 100 N	White			
142 N Barley Grass LN	Wilson			
145 N 50 W	Wilson			
80 W 100 N	Gubler			
170 N 100 W	Gubler			
190 N 100 W	Gubler			
43 W 200 N	Sellers			
33 W 200 N	Winkler			

DAMAGE ASSESSMENT TEAM INSTRUCTION

1. Work together as a team. Do not separate and work individually.
2. Wear protective equipment if available (Hard hat, gloves, goggles or safety glasses, dust mask, sturdy boots or shoes.)
3. Use caution while traveling through damaged areas. Be alert for:
 - a. Sharp objects
 - b. Unstable ground or buildings
 - c. Downed power lines (all should be treated as live and should be avoided keeping at least 10-15 feet away)
 - d. Downed power lines in water or on fences, cars or houses.
 - e. Unstable stream banks, flowing water or flooded areas.
 - f. Unstable buildings (collapse area is 1 ½ time the height of the building)
 - g. Fires
 - h. Hazardous material leaks (fuel, broken gas lines, transport vehicle leaks)
 - i. Displaced animals
 - j. Other potential hazards
4. Upon arrival at their assigned neighborhood location, attempt to talk to the residents living at each home and do the following:
 - a. Confirm the names of those living at the residence.
 - b. Ask about or check for Life-Safety, Property Damage, or Utilities issues.
 - c. Check the appropriate Box (Need Help / No Response / OK).
 - d. Record obtained information on the Detailed Assessment Form.
 - e. Make any additional comments.
 - f. Sign and date the Assessment form.
 - g. Tie a colored ribbon or place a door hanger so it can be seen from the street, indicating the assessment status:
 - i. Red - Need Help
 - ii. Green – OK (No major damage or injuries)
 - iii. No door hanger or a yellow ribbon (No contact made)
5. After completing the individual assessment form for all residences in the location, report back to the assembly place and give the completed packet(s) back to the scribe.

THANK YOU FOR YOUR HELP

Evening Star Dr

Two Moons Way

Yanfa Ct

Wicasa Way

Talasi Way

Shinava Dr

Cajaha Trl

Chusi Way

Shinava Dr N

Shinava Ct

Kanavi Way

Shinava Dr S

Shinob Kai Way

Paiute Dr

Morningstar Way

Tanawk Dr

Tearasinab Way

Cliffrose Way

Agave Way

Mallow Way

600 W

450 N

Kwawasa Dr

Bur Sage Trl

550 N

325 W

505 N

300 W

400 W

200 N

Talon Ct

325 N

200 W

300 N

350 N

400 N

Tuscan Grove Ln

Firerock Trl

Tenaya Dr

Cortez Trl

Madera Trl

Cantera Ct

Redstone Ct

115 N

100 N

Main St





H

G

200 N

190 N 100 W

43 W 200 N

33 W 200 N

195 N MAIN ST

179 N MAIN ST

170 N 100 W

165 N MAIN ST

B

100 W

A

Main St

145 N 50 W

155 N MAIN ST

142 N BARLEY GRASS LN

135 N MAIN ST

80 W 100 N

Barley Grass Ln

36 W 100 N

24 W 100 N

100 N

Neighborhood Rapid Disaster Assessment Section

Record Family Name, if available.

Check appropriate status box for each address: (OK / No Response / Need Help)

Note in Comments: (Death, Severe Injury, Power Off, Water Off, Gas Off, Phone Off, Wall Collapse, Roof Damage, Windows Broken, Chimney Damage, Flood Damage), Other Comments

Address:

			Family Name:			
OK		No Response		Need Help		Comments

Address:

			Family Name:			
OK		No Response		Need Help		Comments

Address:

			Family Name:			
OK		No Response		Need Help		Comments

Address:

			Family Name:			
OK		No Response		Need Help		Comments

Address:

			Family Name:			
OK		No Response		Need Help		Comments

Address:

Family Name:

OK	No Response	Need Help	Comments

Address:

Family Name:

OK	No Response	Need Help	Comments

Address:

Family Name:

OK	No Response	Need Help	Comments

Address:

Family Name:

OK	No Response	Need Help	Comments

Reported by:

1. _____

2. _____

Date: _____

Time: _____

(Check)

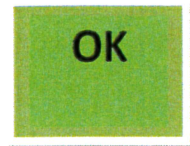
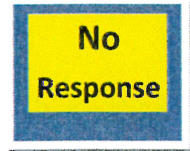
_____ Address

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: _____