

Neighborhood Rapid Disaster Assessment

Location _____

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
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Family Name:

OK		No Response		Need Help		Comments
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Family Name:

OK		No Response		Need Help		Comments
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Family Name:

OK		No Response		Need Help		Comments
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Address:

Family Name:

OK		No Response		Need Help		Comments
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Reported by:

1. _____

2. _____

Date: _____

Time: _____