Neighborhood Rapid Disaster Assessment Location _____

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

Record Family Name, if available.

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						
Damage	, willdows brokell, t	Cililiney Damage,	, Flood Damage), Other Comments			
Addres	ss:					
			Family Name:			
ОК	No	Need	Comments			
	Response	Help	Comments			
Address	s:		- 1 A			
	T T T	T T T	Family Name:			
ОК	No Response	Need Help	Comments			
	Response	Tielp				
Address	s:					
			Family Name:			
ОК	No	Need	Comments			
	Response	Help				
Address	s:					
			Family Name:			
ОК	No	Need	Comments			
	Response	Help				
Address	s:					
			Family Name:			
ОК	No	Need	Comments			
	Response	Help				

		Family Name:
No Response	Need Help	Comments
		Family Name:
No Response	Need Help	Comments
		Family Namo
No	Nood	Family Name:
Response	Help	Comments
		Family Name:
No	Need	Comments
Response	Help	Comments
		Family Name:
No Response	Need Help	Comments
		Family Names
	Need	Family Name: Comments
No		Commonts
	No Response No Response No Response No Response	Response Help No Response Help No Response Help No Response Help No Response Help

Address:			
			Family Name:
ОК	No Response	Need Help	Comments
Address:			
			Family Name:
ОК	No Response	Need Help	Comments
Address:			
	T		Family Name:
ОК	No Response	Need Help	Comments
Address:			
01/	N-	No	Family Name:
ОК	No Response	Need Help	Comments
Report	ed by:		
1			
2			
Date:			
Time:			