

Initial Damage Report Worksheet

Name of Event: _____ **Date:** _____

County: _____ **Municipality:** _____ **Time of Report:** _____

Disaster Declared: Yes/No _____ **Date & Time:** _____ **EOC Activated: Full/Partial/None** _____ **Time:** _____

Person Completing This Report: _____ **Phone No:** _____

<u>Casualties</u>	<u>Damages</u>					
	<u>IA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	<u>Affected</u>	<u>Inaccessible</u>
Fatalities _____	Single Family _____	_____	_____	_____	_____	_____
Major Injuries _____	Multi-Family _____	_____	_____	_____	_____	_____
Minor Injuries _____	Mobile Homes _____	_____	_____	_____	_____	_____
Missing _____	Businesses _____	_____	_____	_____	_____	_____
<u>Human Impact</u>	<u>PA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>		
Hospitals _____	Bridges & Culverts _____	_____	_____	_____		
No. Evacuated _____	Debris Removal _____	_____	_____	_____		
No. Sheltered _____	Emergency Protective Measures _____	_____	_____	_____		
No. Hospitalized _____	Fire/EMS Facility _____	_____	_____	_____		
	Hospital _____	_____	_____	_____		
	Nursing Home _____	_____	_____	_____		
<i>Comments:</i>	Other _____	_____	_____	_____		
_____	Park _____	_____	_____	_____		
_____	Power Supply _____	_____	_____	_____		
_____	Public Building _____	_____	_____	_____		
_____	Roads _____	_____	_____	_____		
_____	Sanitary Sewer _____	_____	_____	_____		
_____	School _____	_____	_____	_____		
_____	Sewer treatment _____	_____	_____	_____		
_____	Storm Sewer _____	_____	_____	_____		
_____	Water Control Facility _____	_____	_____	_____		
_____	Water Supply _____	_____	_____	_____		
_____	Water Treatment _____	_____	_____	_____		

(Map attached – and/or Addresses and/or GIS Coordinates)