

## Damage Report Survey Form

County/Municipality of: \_\_\_\_\_

Date: \_\_\_\_\_

Declaration of Emergency and Declaration of Disasters are based on the number of damaged structures, bridges, roadways, etc., report. Therefore, prompt survey/inspection will expedite these declarations and/or State and Federal Assistance. Please complete one (1) form for each structural location/caller.

### Type of Disaster (check one)

Fire	Flood	High Winds	Hurricane	Snow/Ice	
Tornado	Other (Explain) _____				
Location _____			Municipality _____		

### Reported By:

Name _____	Telephone # _____
Address _____	
City _____	Municipality _____
Owner _____	Manager _____
Tenant _____	Other _____
Other Explained _____	
Type Damage: _____	
Priority: _____	Urgent _____
General _____	
Received _____	By: _____
Date: _____	Time: _____

### Building:

Construction Type:					
Wood	Concrete	Steel	Masonry	Other (Explain) _____	
<b>Primary Occupancy:</b>					
Amusement	Apt/Condo	Church	Gas Station	Hospital	
Hotel/Motel	Pvt Garage	Restaurant	Office	Retail Store	
Public Garage	Residence	Warehouse	Utility	Manufacture	
Theater	Other (Explain) _____				
<b>Building Information:</b>					
Home		Mobile Home		Modular Home	
No Stories _____	No of Basements _____	No of Living Units _____	No of Units Vacated _____		
Vacant _____	Yes _____	No _____	Partially Vacant _____	Yes _____	No _____

### Overall Conditions

Condition	Yes	No	Unk	Condition	Yes	No	Unk
<b>1. Structure Hazard Overall</b>				<b>3. Nonstructural Hazards</b>			
Collapse or partial collapse				Parapets/ornamentation			
Building or story leaning				Chadding/Glazing			
Other _____				Ceiling/Light Fixture			
Other _____				Internal Walls/Partitions			
<b>2. Hazardous Elements</b>				<b>4. Geotechnical Hazards</b>			
Foundations				Elevators			
Roof/Floors (vertical load)				Stairs/Exits			
Horizontal bracing				Electric/Gas			
Wall (vertical bracing)				Chimney			
Moments/Frames				Other _____			
Precast Conditions				Other _____			
Other _____				<b>4. Geotechnical Hazards</b>			
Other _____				Slope Failure/Debris			
Other _____				Ground Movement/Fissures			
				Other _____			

### Condition of Structures/Injuries

General	Yes	No	Utilities Disconnected:								
Has the structure been evacuated						Yes	No	N/A			
Is the structure usable for intended purpose			Gas						Water		
Are there any injuries			Electric						TV		
Enter Comments below: (use additional sheets if necessary)			Telephone						Computer		
			Oil						Propane		
			Other (Explain) _____								