

**Annex X Sample Damage Assessment Form**

**GENERAL DAMAGE ASSESSMENT INFORMATION**

**Respondent Information**

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

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Background Information**

Location: \_\_\_\_\_

(City)

(County)

Type of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

\_\_\_\_\_

**Demographics**

Ethnic Makeup of Affected Population: \_\_\_\_\_

Income Levels of Affected Population (Including Sources of Income): \_\_\_\_\_

Age of Affected Population: \_\_\_\_\_

**Statistical Information**

Number of Injuries: \_\_\_\_\_

Deaths: \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

Missing: \_\_\_\_\_

Evacuated: \_\_\_\_\_

Displaced: \_\_\_\_\_

Special Issues (Housing Shortages, Illnesses, etc.) \_\_\_\_\_

**Housing Information**

Number of emergency shelters: \_\_\_\_\_

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### GENERAL DAMAGE ASSESSMENT INFORMATION

Capacity of emergency shelters: \_\_\_\_\_

Number of people in emergency shelters: \_\_\_\_\_

Number of meals served at meal sites: \_\_\_\_\_

Number of rental housing units available: \_\_\_\_\_

### Public Facilities Information

Total local government expenditure for response: \_\_\_\_\_

**Annex X Sample Damage Assessment Form**

**DAMAGE ASSESSMENT – Residential**

**Respondent Information**

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

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location: \_\_\_\_\_

(City)

(County)

**Resident Information**

Name: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Number of Occupants by Age: \_\_\_\_\_ Under 21

\_\_\_\_\_ 21 – 64

\_\_\_\_\_ 65 +

Income Level of Residents (check one): \_\_\_\_\_ Under \$12,320

\_\_\_\_\_ \$12,320 – \$57,680

\_\_\_\_\_ Over \$57,680

**Property Information**

Damaged Property Location: \_\_\_\_\_

Is home inaccessible? Yes No

Is property habitable? Yes No

Is the property (circle): a) Urban Rural

b) Single-family Multiple-family Mobile Home

c) Owned Rented

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**DAMAGE ASSESSMENT – Residential**

If property is rented: Name of owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**Damage Assessment**

FEMA Designation (check one): \_\_\_\_\_ Destroyed  
\_\_\_\_\_ Major Damage  
\_\_\_\_\_ Minor Damage  
\_\_\_\_\_ Affected Habitable

Is residence insured: Yes No

Does residence have flood insurance? Yes No

Dollar damage of residence: \$ \_\_\_\_\_

Dollar estimate of insurance recovery: \$ \_\_\_\_\_

Dollar damage to personal property: \$ \_\_\_\_\_

Dollar estimate of personal property insurance recovery: \$ \_\_\_\_\_

**Insurance Information**

Name of insurance company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_

**Other Information**

Is residence a primary or secondary home? Primary Secondary

Will residence be repaired or rebuilt? Yes No

Will residence be repaired/rebuilt in same community? Yes No



**Annex X Sample Damage Assessment Form**

<b>DAMAGE ASSESSMENT – Business</b>		
	<input type="checkbox"/> Minor Damage	
	<input type="checkbox"/> Affected Habitable	
Is business insured:	Yes	No
Does business have flood insurance?	Yes	No
Dollar damage to business:		\$ _____
Dollar estimate of insurance recovery:		\$ _____
Estimated loss of sales:		\$ _____
Dollar damage to inventory:		\$ _____
Dollar estimate of insurance recovery for inventory:		\$ _____
Dollar damage to equipment:		\$ _____
Dollar estimate of insurance recovery for equipment:		\$ _____
Did the business experience indirect damage (i.e., utility outage, roads blocked so customers could not reach business, etc.)?	Yes	No
Estimated dollar value of indirect damage:		\$ _____
<b>Insurance Information</b>		
Name of insurance company:	_____	
Insurance Agent:	_____	Phone: _____
<b>Other Information</b>		
Type of Business (check one):	<input type="checkbox"/> Manufacturing	
	<input type="checkbox"/> Service	
	<input type="checkbox"/> Retail	
Number of:	a) Manufacturing jobs	_____
	b) Retail/service/clerical jobs	_____
	c) Professional jobs	_____
Number of people unemployed for:	a) 1–7 days	_____
	b) 1–4 weeks	_____
	c) Over 4 weeks	_____
	d) Permanent	_____
Will this business be repaired or rebuilt?	Yes	No
Will this business be repaired/rebuilt in same community?	Yes	No

## Annex X Sample Damage Assessment Form

### DAMAGE ASSESSMENT – Public Facilities

Collect information for each facility on a separate form.

The categories for damage to public facilities are listed below. When asked for the damage category, simply list the appropriate letters.

- A. Debris Clearance
- B. Protective Measures
- C. Roads Systems
- D. Water Control Facilities
- E. Public Building and Equipment
- F. Public Utility Systems

(Do not include privately-owned utilities)

- G. Parks/Recreation/Other

#### Respondent Information

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

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location: \_\_\_\_\_

(City)

(County)

#### Infrastructure

Answer this section for damages to infrastructure (roads, bridges, parks, etc.)

Type of Facility: \_\_\_\_\_

Site #: \_\_\_\_\_

Address/Map Location/Directions: \_\_\_\_\_

Name of Local Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Damage Category (circle one):      A      B      C      G

Description of Damage: \_\_\_\_\_

## Annex X Sample Damage Assessment Form

DAMAGE ASSESSMENT – Public Facilities			
Impact of Damage: _____			
Percent of repairs completed:	_____	%	
Estimated cost of repairs	\$ _____		
Damages covered by	insurance:	\$ _____	
	federal assistance:	\$ _____	
	state assistance:	\$ _____	
<b>Public &amp; Non-Profit Structures</b>			
Answer this section for damages to structures (schools, hospitals, non-profits, etc.)			
Facility Name: _____			
Permanent Mailing Address: _____			
_____			
Permanent Phone Number: _____			
Current Mailing Address: _____			
Current Phone Number: _____			
Damaged Property Location: _____			
Damage Category (circle one):	D	E	F
Is the facility inaccessible?		Yes	No
Is the facility insured?		Yes	No
Does the facility have flood insurance?		Yes	No
Name of insurance company: _____			
Insurance Agent: _____		Phone: _____	
1. Dollar damage to the facility:		\$ _____	
Dollar estimate of insurance recovery:		\$ _____	
Dollar damage to equipment:		\$ _____	
Dollar estimate of insurance recovery for equipment:		\$ _____	
Did the facility experience any indirect damage (i.e., utility outage, roads blocked so customers could not reach business)?			Yes      No

## Annex X Sample Damage Assessment Form

DAMAGE ASSESSMENT – Public Facilities	
Estimated dollar loss due to indirect damage:	\$ _____
Number of people unemployed for:	a) 1–7 days _____ b) 1–4 weeks _____ c) Over 4 weeks _____ d) Permanent _____
Number of:	a) Manufacturing jobs _____ b) Retail/service/clerical jobs _____ c) Professional jobs _____

**For Public Facilities**

**Debris Clearance**

Debris clearance is the removal of damaged objects such as tree limbs, building parts, signs, and other materials from public roads and streets, public property, and private property.

**Protective Measures**

These are measures to prevent further damage when the event is occurring. For example, sandbagging a riverbank, evacuating, controlling traffic, and erecting barricades are such measures. You take them to protect life and safety, property and health.

**Road Systems**

This category includes roads, streets, bridges, culverts, and other similar transportation-related features. You might subdivide the damage assessment into state highways, county roads, and city or village roads if this is useful. Damage might range from some minor damage fixable immediately with local resources to more extensive damage from complete washout or road destruction requiring more substantial resources and time.

**Water Control Facilities**

This category covers damages to dikes, levees, dams, drainage channels, irrigation works, and other similar facilities. Obviously, it is mostly flood-related emergencies that will involve these and require an assessment of damage.

**Public Buildings and Equipment**

Damage assessment in this area should include the number of buildings affected, the estimate for their restoration, cost of supplies or inventory lost or damaged, and vehicles or equipment that were damaged or destroyed. This kind of damage assessment occurs rather frequently, since most major disasters affect buildings one way or another.

## Annex X Sample Damage Assessment Form

### Public Utility Systems

Facilities in your political jurisdiction that sustain damage could include the water system, sanitary sewer systems, storm drains, and other publicly owned utilities. Since they are critical to modern-day living, it is important to get an accurate and early assessment of the damage they may have sustained. Often, they are high on the priority list of services to restore.

### Parks, Recreational, and Other

Structures that fall in this category may be eligible for special disaster assistance. Therefore, make sure your damage assessment includes any damage to these facilities. You are better off to file for assistance than to decide that the damage sustained is not worth the filing.

These facilities include educational, emergency, medical, and custodial facilities but exclude churches or places used exclusively for worship.

This last group includes parks and recreational facilities such as bike and jogging paths, sports fields, and community centers.

### Summary

In brief, these are some of the major duties your emergency management team will be responsible for during response. As you can see, there will be a lot to do. The more of this you can anticipate and plan for, the better off you and your jurisdiction will be when something happens.

The secret is playing your stage manager role well and making sure that all of the other actors and performers know their roles and are ready to respond.

## Annex X Sample Damage Assessment Form

### DAMAGE ASSESSMENT – Agriculture

Collect information for each farm on a separate form.

#### Respondent Information

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

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Location: \_\_\_\_\_

(City)

(County)

#### Farm Information

Name of Farmer: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Permanent Phone Number: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Current Phone Number: \_\_\_\_\_

Damaged Property Location: \_\_\_\_\_

Is farm inaccessible?                      Yes              No

Is property habitable?                      Yes              No

Is property insured?                      Yes              No

Does property have flood insurance?              Yes              No

#### Crop Damage

Crops	# Acres Lost	Total Acres Planted	% Loss	% Uninsured
Corn				
Soybeans				
Hay				
Other				

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**DAMAGE ASSESSMENT – Agriculture**

**Livestock Damage**

Livestock	# Killed or Injured	Value (at time of loss)
Cattle		
Hogs		
Sheep		
Poultry		
Other		

**Farm Damage**

2. Dollar damage to farm outbuildings: \$ \_\_\_\_\_
- Dollar estimate of farm outbuilding insurance recovery: \$ \_\_\_\_\_
- Dollar damage to farm machinery & equipment: \$ \_\_\_\_\_
- Dollar estimate of farm machinery & equipment insurance recovery: \$ \_\_\_\_\_
- Dollar damage to other structures (dams, silos, etc.): \$ \_\_\_\_\_
- Dollar estimate of other structures insurance recovery: \$ \_\_\_\_\_
- Dollar damage to land (waterways, terraces, etc.): \$ \_\_\_\_\_
- Dollar estimate for land insurance recovery \$ \_\_\_\_\_

**Insurance Information**

Name of insurance company: \_\_\_\_\_

Insurance Agent: \_\_\_\_\_ Phone: \_\_\_\_\_