

# Disaster Assessment Check List

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

Sub-Division \_\_\_\_\_

Nearest Major Intersection \_\_\_\_\_ & \_\_\_\_\_

Time: \_\_\_\_\_

Operator's Name \_\_\_\_\_

Quadrant: 1  2  3  4

- 1) Electricity
  - a. Downed lines Yes  No
  - b. Live Wires Yes  No
  
- 2) Gas
  - a. Smell Yes  No
  - b. Broken Lines Yes  No
  
- 3) Damaged Homes
  - a. Total Number of Homes Damaged \_\_\_\_\_
  - b. Picture #1 Minor Damage \_\_\_\_\_
  - c. Picture #2 Moderate Damage \_\_\_\_\_
  - d. Picture #3 Moderate with Interior Damage \_\_\_\_\_
  - e. Picture #4 Catastrophic Damage \_\_\_\_\_
  
- 4) Injuries Yes  No  Totals \_\_\_\_\_
  
- 5) Deaths Yes  No  Totals \_\_\_\_\_
  
- 6) Debris
  - a. Street/Roads Yes  No
  - b. Right-away Yes  No
  
- 7) Water
  - a. Broken Lines Yes  No
  - b. Running Water Yes  No
  
- 8) Sewer
  - a. Broken Lines Yes  No
  - b. Overflow Yes  No
  
- 9) Fire Hydrants Broken Yes  No  Totals \_\_\_\_\_

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1



2



3



4

