

Disaster Damage Assessment Field Worksheet - Public Property

COUNTY: _____	DATE: _____
NAME: _____	
ADDRESS: _____	
CITY: _____	PA ZIP: _____
MUNICIPALITY: _____	QUALIFIED NON-PROFIT? Y or N
LONGITUDE: _____	LATITUDE: _____

Damaged Infrastructure		Costs				
Damage Category		Materials	Equipment	Labor	Overtime	Other*
A	Debris removal					
B	Emerg Prot Measures					
C	Roads/Bridge					
D	Water Facilities					
E	Public Bldgs/Contents					
F	Public Utilities					
G	Parks/Rec/Other					

Damage Category (Check one box only)	Estimated Repair Cost
Affected _____	
Damage _____	\$ 0
Destroyed _____	

Detailed Information
Describe the damage:

Describe adverse impact on essential facilities and services:

Name of Assessor: _____	Date: _____
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Once completed, email this form to the ACDES (resenwine@adamscounty.us or tkunkle@adamscounty.us) so the information can be entered in the PEMA Damage Reporter. Remind owners with damage that a report of damage is NOT a guarantee that they will receive assistance.