

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 (COST)</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 _____		_____	_____	_____	
Comments:	Other (Overtime) _____		_____	_____	_____	
_____	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)