

# 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>				Elevators			
Foundations				Stairs/Exits			
Roof/Floors (vertical load)				Electric/Gas			
Horizontal bracing				Chimney			
Wall (vertical bracing)				Other			
Moments/Frames				Other			
Precast Conditions				<b>4. Geotechnical Hazards</b>			
Other				Slope Failure/Debris			
Other				Ground Movement/Fissures			
Other				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)								