

## Initial Damage Report Worksheet - Municipal

Name of Event:					Date:			
County:			Municipality:			Time of Report:		
Disaster Declared:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Date:			
EOC Activated:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Time:			
Level of Activation	Full	<input type="checkbox"/>	Partial	<input type="checkbox"/>		Time Activated:		
Person Completing Report:					Telephone #			

<b>Casualties</b>		<b>Damages</b>					
		<b>IA</b>	<i>Destroyed</i>	<i>Major</i>	<i>Minor</i>	<i>Affected</i>	<i>Inaccessible</i>
Fatalities		Single Family					
Major injuries		Multi-Family					
Minor Injuries		Mobile Homes					
Missing		Business					

<b>Human Impact</b>		<b>PA</b>	<i>Destroyed</i>	<i>Damaged</i>	<i>Affected</i>
Hospitals		Bridges & Culverts			
No. Evacuated		Debris Removal			
No. Sheltered		Emergency Protective Measures			
No. Hospitalized		Fire/EMS Facility			
		Hospital			
		Nursing Home			
		Other			
		Park			
		Power Supply			
		Public Building			
		Roads			
		Sanitary Sewer			
		School			
		Sewer Treatment			
		Storm Sewer			
		Water Control Facility			
		Water Supply			
		Water Treatment			

Comments:

Note: If you left click on most blocks a discription of that item will appear next to the office assistant.