

Detailed Information

Name Field: In the name field, the corresponding company name and/or owner of the infrastructure damage, the owner of the business or residence should be entered. If the residence is occupied by a business, renter, or leaser please annotate that information in the name field and then enter the owner's information in the "describe impact on citizens or business field."

Location Field: The location field is one of the most important fields that is on the detail form and is the sole source for ensuring the property or structure is correctly accounted for. This field should be filled with the exact street address if one can be obtained. If an address can not be obtained the reporting individual should use all means to annotate as much information as possible so the property or structure can later be identified. This can be accomplished by several means; some examples are to obtain a street intersection, or know distance from a street/route intersection, a known mile marker, or even a known land mark.

Describe the Damage Field: In the describe the damage field a general synopsis of all damages should be given, to include as much relative information to the property as possible. This could include the loss of a bridge, public buildings damaged, roadway washed out, or even underground utility pipes that have been damaged.

Describe adverse impacts on essential facilities or services field: This field should capture any additional information that has not previously been received in one of the other fields. Some examples of information to be entered into this field is if emergency equipment could no longer gain access into a location due to a roadway or bridge being destroyed or if municipal owned buildings are damaged to include schools, libraries, utility garages, court houses, etc. If traffic must be diverted to another street or route, then the alternate route should be provided.

Damage Categories - Definitions

Functional with Light Damage: The infrastructure item can still be used for its intended purpose, however, some minor repairs must be accomplished to restore it to full service or original use.

Not Functional, But Repairable: This category would be used when the infrastructure item cannot be used at this time but will be usable within a short period of time (days) after restoration or repair to its original condition.

Not Functional, Not Repairable: Use of this category would indicate that the infrastructure item cannot be used and will require extensive repair (months) or replacement prior to future use.

**Disaster Damage Assessment
(Infrastructure Damage – Public Property)**

COUNTY: _____ MUNICIPALITY _____

NAME: _____

STREET ADDRESS (Location): _____

CITY: _____, PA, ZIP _____, MUNICIPAL CODE: _____

Damaged Infrastructure			
Bridge/Culvert	<input type="checkbox"/>	Public Building	<input type="checkbox"/>
Fire/EMS Facility	<input type="checkbox"/>	Road	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Sanitary Sewer	<input type="checkbox"/>
Nursing Home	<input type="checkbox"/>	School	<input type="checkbox"/>
Park/Recreational Area	<input type="checkbox"/>	Sewer Treatment	<input type="checkbox"/>
Utility (Type)		Storm Sewer	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	Water Control Facility	<input type="checkbox"/>
Electric	<input type="checkbox"/>	Water Supply	<input type="checkbox"/>
Gas	<input type="checkbox"/>	Water Treatment	<input type="checkbox"/>
Water	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	Other _____	<input type="checkbox"/>

Damage Category	
(Check one box only)	
Not Functional, Not Repairable (Destroyed)	<input type="checkbox"/>
Not Functional, But Repairable (Major Damage)	<input type="checkbox"/>
Functional with Light Damage (Minor Damage)	<input type="checkbox"/>

Detailed Information	
Describe the damage:	_____

Describe adverse impact on essential facilities and services:	_____

Name of Assessor: _____ Date: _____

COUNTY: Franklin County MUNICIPALITY: _____

NAME: _____

STREET ADDRESS: _____

CITY: _____, PA, ZIP: _____

CODE: _____

	Yes	No
Primary Home	<input type="checkbox"/>	<input type="checkbox"/>
Renter	<input type="checkbox"/>	<input type="checkbox"/>

DISASTER DAMAGE ASSESSMENT
FIELD WORKSHEET

<u>SYSTEM</u>	<u>DAMAGED</u>	<u>%R.C.</u>	
		Home	Mobile Home
Foundation	<input type="checkbox"/>	7	
Floor/(Frame)	<input type="checkbox"/>	16	20
Exterior Walls	<input type="checkbox"/>	14	35
Roof	<input type="checkbox"/>	9	20
Interior Walls	<input type="checkbox"/>	28	25
Plumbing	<input type="checkbox"/>	10	
Heating/A.C.	<input type="checkbox"/>	10	
Electrical	<input type="checkbox"/>	6	

<u>DAMAGE CATEGORY</u>	
Destroyed	<input type="checkbox"/>
Major	<input type="checkbox"/>
Minor	<input type="checkbox"/>
Affected	<input type="checkbox"/>

Total % Damaged	
X Estimated Replacement Cost	= _____
= Estimated Structural Damage	\$ _____
+ Estimated Damage to Contents	\$ _____
= Total Estimated Damage	\$ _____

COMMENTS:	Flood Insurance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	Basement Water**	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	First Floor Water**	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	** (Height Water (Inches):	_____			

NAME OF ASSESSOR: _____ DATE: _____

