

Rapid Damage Assessment Form

Block # / Area _____ Block Captain(s) _____

Note in Comments: Death, Injuries, Unattended Children, Power Off, Water Off, Gas Off, Phone Off, Wall Collapse, Roof Damage, Windows Broken, Chimney Damage, Flood Damage, Fire, Access Issues, Other Comments. ASSSIST SPECIAL NEEDS RESIDENTS FIRST
Record family name, Next-of-Kin, phone number if available.

DATE / TIME	FAMILY NAME / PHONE # (If Operational)	ADDRESS
☐ OK ☐ NO RESPONSE ☐ NEEDS HELP What kind of help is needed (in Remarks) ☐ DOOR MARKED ☐ ERC NOTIFIED CALL STATUS:	REMARKS 	

DATE / TIME	FAMILY NAME / PHONE # (If Operational)	ADDRESS
☐ OK ☐ NO RESPONSE ☐ NEEDS HELP What kind of help is needed (in Remarks) ☐ DOOR MARKED ☐ ERC NOTIFIED CALL STATUS:	REMARKS 	

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DATE / TIME	FAMILY NAME / PHONE # (If Operational)	ADDRESS
OK NO RESPONSE NEEDS HELP What kind of help is needed (in Remarks) DOOR MARKED ERC NOTIFIED CALL STATUS:	REMARKS	

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