NEIGHBORHOOD DAMAGE ASSESSMENT FORM

SURVEY SIDE

Use multiple sheets; total each sheet; total all sheets on Side 2

1. Event Date/Time ___/___/___; ___:___ 2. Event Type/Name _____

3. Report Date/Time ___/___/___; ___:___ 4. SAFE Team ___ or Neighborhood _____

5. Survey (Type: H-House; A-Apartment; B-Business; P-Public Building)

Time	Type/Street Address	People Dead/Injur/Trap'd	Structures Damaged/Burning	Hazards Gas/Elec/Water/Chem
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
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____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
____	_____	____/____/____	____/____	____/____/____/____
6. Totals		____/____/____	____/____	____/____/____/____

7. Prepared By _____