



Damage Assessment



Date:		Person Reporting:													Page #:			
Time Received:		Person Receiving:																
Comments:		Burning	Out	Gas Leak	H2O Leak	Electric	Chemical	Light	Moderate	Heavy	Collapsed	Injured	Trapped	Dead	Access	No Access	Assignment Completed	
Time	Location/Address	Fires	Hazards			Structures			People			Roads		\ X	Additional Notes(Pets, Vehicles, etc)			

Put check mark in the box for Fires, Hazards, Structures and Road Access at each location Write the number people in the box who are injured, trapped or dead at each location.

ALSIP CERT FORMS

Incident Command: choose an incident, put a slash in the assignment completed column, copy the address/location to the incident name section on Incident Briefing, and give Incident Briefing and Assignment Status to incident team leader. Copy address/location to Incident Status and enter start time. When incident is complete, put a backslash in the assignment completed column and the incident end time on the Incident Status Form.