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| Initial damage assessment form |
| **Assessment area** *[descriptive title]* |  |
| *[Insert or sketch map here]* |
| Assessor’s details |
| Name |  |
| Phone number |  | Date *[yyyy/mm/dd]* |  |
| Organisation/ agency |  |
| Address or location of survey area |
| Street number |  | Street name |  |
| City |  | Post code |  |
| Coordinates (if applicable) | X |  | Y |  |
| Common place name (if applicable) |  |
| Description of survey area |
|  |

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| --- | --- |
| Status of people, animals, and assets in area assessed | Tick as applicable  |
|  | People | Animals |
| Well, no assistance required |  |  |
| Well, but some assistance required |  |  |
| Injured |  |  |
| Deceased |  |  |
| Displaced |  |  |
|  | Tick as applicable |
| Immediate deployment of welfare services and/or information is needed in this location |  |
| More detailed welfare needs assessment is needed in this location |  |
| Status of assets (infrastructure and buildings) in survey area | Tick as applicable |
| Unknown |  |
| Fully operational/open |  |
| Operational (but at capacity) |  |
| Operational (partially damaged or incapacitated) |  |
| Destroyed or totally incapacitated |  |
| Other notes |
|  |

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| **Administration only** |
| Injured | Yes / No | Date/time confirmed |  |
| Deceased | Yes / No | Assigned to |  |
| Displaced | Yes / No |  |  |