

**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**

<b>Status of people, animals, and assets in area assessed</b>		<i>Tick as applicable</i>	
		<b>People</b>	<b>Animals</b>
Well, no assistance required			
Well, but some assistance required			
Injured			
Deceased			
Displaced			

		<i>Tick as applicable</i>	
Immediate deployment of welfare services and/or information is needed in this location			
More detailed welfare needs assessment is needed in this location			

<b>Status of assets (infrastructure and buildings) in survey area</b>		<i>Tick as applicable</i>	
Unknown			
Fully operational/open			
Operational (but at capacity)			
Operational (partially damaged or incapacitated)			
Destroyed or totally incapacitated			

**Other notes**

<b>Administration only</b>			
Injured	Yes / No	Date/time confirmed	
Deceased	Yes / No	Assigned to	
Displaced	Yes / No		