DAMAGE ASSESSMENT REPORT

DATE:	PERSON REPORTING:	PAGE #:
TIME RECEIVED:	PERSON RECEIVING:	

TIME	LOCATION/ADDRESS	FIRES		HAZARDS				STRUCTURES		PEOPLE			ROADS		/ X
		BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED*	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED

(* for structure damage: h=heavy, m=moderate, l=light)