

Attachment F: Damage Survey Form for Businesses and Institutions

Usage Note: This tool should be used by businesses and other community institutions (i.e., schools, churches, nursing homes, etc.) to independently assess their own damages and impacts. The completed form should be returned to the local EOC or other designated location for information compilation, analysis and reporting by the requested due date.

The (***jurisdiction name***) emergency management office needs accurate and timely information about this incident in order to determine its overall impacts, and to facilitate appropriate response and recovery efforts. The information you provide will help aid in determining the nature, scope, magnitude, extent of loss, and anticipated duration of the incident. **DIRECTIONS:** Please fill out this form completely and submit it by (***due date***) to the (***jurisdiction name***) Emergency Management Office using the contact information provided at the end of the form. If you have **immediate needs at your facility related to health and safety, please dial 911. Do NOT use this form to mobilize life safety assistance.** Also, this is **NOT** an application for state or federal disaster assistance; rather, it is an information gathering tool that will aid local, state and federal officials in making a determination whether or not such assistance may be required or warranted.

INCIDENT TYPE: _____ **DATE OF INCIDENT:** _____ **FACILITY LATITUDE/LONGITUDE:** _____ **NOTE: ATTACH PHOTOS / VIDEO OF THE DAMAGE, IF POSSIBLE.**

FACILITY INFORMATION:

Facility Name	Facility Contact Person	
Address	City	Zip Code
E-Mail	Phone	Cell Phone

1. Check the type(s) of function(s) that best describe(s) your facility:

Private Business

- | | | | | |
|---|--|--|--|---|
| ☐ Manufacturing | ☐ Warehousing / Distributing | ☐ Transportation (any mode) | ☐ Hospitality | ☐ Entertainment / Recreation |
| ☐ Cultural / Tourism | ☐ Educational | ☐ Retail | ☐ Medical / Health Care | ☐ Office / Financial |
| ☐ Agriculture / Agribusiness | ☐ Science / Technology | ☐ Service / Trade | ☐ Building / Construction | ☐ Utility |
| ☐ School (K-12) | ☐ College / University / Trade School | ☐ Media | ☐ Association | ☐ Other (<i>specify</i>) _____ |

Governmental or Private Non Profit

- | | | | | |
|--|--|--|---|---|
| ☐ School (K-12) | ☐ College / University / Trade School | ☐ Library / Museum / Arts | ☐ Office | ☐ Medical / Health Care |
| ☐ Cultural / Tourism | ☐ Police / Fire / EMS Facility | ☐ Transportation (any mode) | ☐ Water Control Facility | ☐ Park / Recreational |
| ☐ Community Center | ☐ Religious | ☐ Legal / Court | ☐ Military | ☐ Shelter (any type) |
| ☐ Correctional Facility | ☐ Science / Technology | ☐ Zoo / Animal Control | ☐ Service / Trade | ☐ Other (<i>specify</i>) _____ |

SERVICES PROVIDED BY FACILITY:

2. Check the service(s) that your facility provides that contribute(s) to the health, safety, or general well being of the community:

- | | | | | |
|--|---|---|--|---|
| ☐ Shelter / Evacuation Assistance | ☐ Food Service | ☐ Education | ☐ Human Services | ☐ Warning / Communications |
| ☐ Health / Medical | ☐ Transportation | ☐ Legal Services | ☐ Public Safety | ☐ Damage Assessment |
| ☐ Elderly Services | ☐ Child Care / Entertainment | ☐ Donations / Volunteers | ☐ Planning / Regulatory | ☐ Cleaning / Restoration |
| ☐ Utility Services | ☐ Continuity of Government | ☐ Public Works / Engineering | ☐ Financial | ☐ Other (<i>specify</i>) _____ |

3. Do you provide services to any "special needs" populations (those that may require additional assistance in a disaster)? ☐ Yes ☐ No

3a. If yes, check all that apply:

- | | | | | |
|-----------------------------------|--|---|---|---|
| ☐ Elderly | ☐ Disabled | ☐ Homebound | ☐ Persons with Medical Needs | ☐ Non-English Speaking |
| ☐ Tourists | ☐ Prisoners | ☐ Migrant Workers | ☐ Homeless | ☐ Animals |
| ☐ Children | ☐ Supervised / Custodial Care | ☐ Other (<i>specify</i>) _____ | | |

3b. What services do you provide to them? _____

3c. Are you still able to provide the services?

☐ Yes ☐ No

3d. If you are unable to provide services, how many individuals will be affected? _____

FACILITY DAMAGE:

4. Did your facility receive damage in the event?

☐ Yes ☐ No

Attachment F: Damage Survey Form for Businesses and Institutions (cont.)

4a. If yes, indicate the degree of damage:

☐ "0" Affected (mostly cosmetic) ☐ "1" Minor Damage (needs repair but safe to use) ☐ "2" Major Damage (not safe to use until repaired) ☐ "3" Destroyed (total loss)

5. Type of damage (check all that apply):

☐ Building ☐ Contents ☐ Critical Systems / Infrastructure ☐ Other (specify) _____

5a. If critical systems / infrastructure were affected, indicate those that are currently inoperable (check all that apply):

☐ Electric ☐ Water ☐ Sanitary Sewer ☐ Communications ☐ Data / Computer
☐ Natural Gas ☐ Roads / Bridges ☐ Storm Drainage ☐ Other (specify) _____

6. Injuries / casualties at facility (indicate number for each category, as applicable; **DO NOT** double count!):

Injured _____ Of the Injured, number that required hospital treatment _____ Still missing _____ Deaths _____

7. Other impacts to facility (indicate number for each category, as applicable):

Staff evacuated from facility _____ Staff sheltered at facility _____ Other impacts (specify) _____

8. Is the facility listed on state / national registers of historic places?

☐ Yes ☐ No

9. Were there any cultural, historical or archeological artifacts on your property that were damaged?

☐ Yes ☐ No

9a. If yes, check all that apply:

☐ Furniture / Other Property ☐ Structures ☐ Documents / Records ☐ Artwork ☐ Vehicles
☐ Clothing / Garments ☐ Religious / Tribal Artifacts ☐ Other (specify) _____

ASSISTANCE REQUIRED:

10. Do you require assistance from the local government as a result of the incident?

☐ Yes ☐ No

10a. If yes, indicate the type(s) of assistance that might be required (check all that apply):

☐ Missing Person Assistance ☐ Traffic Control / Barricading ☐ Security ☐ Flood Fighting ☐ Animal Care / Control
☐ Transportation ☐ Fire Investigation ☐ Debris Clearance / Removal ☐ Shelter / Food / Water / Clothing ☐ Emergency Power
☐ Financial Assistance ☐ Medical Services ☐ Engineering Advice / Assistance ☐ Damage Assessment ☐ Artifacts Preservation
☐ Hazardous Material Removal ☐ Emergency Information ☐ Volunteers ☐ Temporary Facilities ☐ Technical Advice
☐ Materials (tarps, plywood, sheeting) ☐ Language Translation ☐ Continuity of Government ☐ Other (specify) _____

OPERATIONAL STATUS:

11. How "operational" is your facility at this time?

☐ Full (no service reduction) ☐ Partial (some service reduction) ☐ Closed (due to incident)

11a. If closed, who else in the community / area will be significantly affected? (check all that apply)

☐ Other Businesses (specify) _____ ☐ Government Agencies (specify) _____ ☐ Community Groups (specify) _____ ☐ Children ☐ Tourists
☐ Surrounding Communities ☐ Other (specify) _____

12. Have you relocated to another facility?

☐ Yes ☐ No

12a. If yes, where? _____

13. Number of persons employed at your facility (prior to the incident) _____

13a. Number of persons employed at your facility (after the incident) _____

14. What is your insurance status relative to the damage / impacts caused by this incident? (indicate which insurances your facility carries)

☐ Property / Casualty (full coverage) ☐ Property / Casualty (partial coverage) ☐ Business Interruption ☐ Flood (if applicable) ☐ Other (specify) _____
☐ None (uninsured – no coverage)

15. As a result of this incident, have any upcoming scheduled events at your facility been cancelled, postponed, altered or relocated? ☐ Yes ☐ No

15a. If yes, provide specific details: _____

16. What is the estimated revenue loss for your facility due to this incident? _____

SUBMIT TO: Name / Title _____

Phone / Cell _____

E-Mail _____

Facsimile _____

Mailing Address _____