ACTS Disaster Response

Initial Damage Assessment Form:
Summary of all hazards in area

Date:	Incident	Page #:____of ____
Operational Period		

Operational Area (grid, neighborhood street)		Burning	Out	Gas	H2O	Electric	Chemical	Damage*	Collapsed	Injured	Trapped	Dead	Vehicle Access	No Vehicle Access	Building Cleared **
Time	**Location/Address**	**Fires**		**Hazards**				**Structures**		**People**			**Roads**		**/X**

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*For structure damage: h=heavy, m=moderate, l=light, U=unaffected

Incident Command: For each Address, put a slash in the Building cleared column when team dispatched, when inspection is completed and building is cleared put a backslash in the column.