

Facility Initial Damage Report Form (DA-I-1)

Department	
Department Number (if any)	
Facility Name	
Facility Description or Type	
Damage address / location	
Damage address ZIP code	
Latitude / Longitude	
Damage Reporting District	
Supervisor/Council District	
Disaster Date	
Disaster Name	
Disaster Description	
Damage from a Prior Disaster	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
ATC-20 Status	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> Green
Damage cause(s) (Earthquake, fire, flood, etc.)	
Damage Description	
Hazardous Materials	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Historic Significance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Structural Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Infrastructure Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical Systems Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Exterior Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Interior Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Contents Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Equipment Damage (Rolling Stock)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IT/Phone Damage	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Commercial Tennant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Debris Clearance	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Person Filing Report	Phone #
Date of Report	Email

Facility Initial Damage Report Form (DA-I-1)

Instructions:

Department: Enter the department name.

Department Number: Enter the department number.

Facility Name: Enter if the building has a name other than the department name.

Facility Description or Type: Briefly describe use, i.e., office, assembly, etc.

Damage address / location: Use street number.

Damage address ZIP code: Enter the ZIP code

Latitude / Longitude: Enter the GPS coordinates if available

Reporting District: Enter if known. Specify the department's numbering system.

Supervisor/Council District: Enter if known

Disaster Date: Enter if known

Disaster Name: Enter if known

Disaster Description: Enter a very brief description

Damage from a Prior Disaster: Was the facility damaged in another disaster? Yes / No / Unknown

ATC-20 Status: Enter if known

Damage cause(s) (Earthquake, fire, flood, etc.): Use primary cause of damage

Damage Description: Enter a very brief description

Hazardous Materials: Are hazardous materials present? Yes / No / Unknown

Historic Significance: Is this a historic structure? Yes / No / Unknown

Structural Damage: Is there structural damage? Yes / No / Unknown

Infrastructure Damage: Is this infrastructure damage? Yes / No

Mechanical Systems Damage: Is there mechanical damage to building? Yes / No / Unknown

Exterior Damage: Is there exterior damage? Yes / No / Unknown

Interior Damage: Is there interior damage? Yes / No / Unknown

Contents Damage: Is there contents damage? Yes / No / Unknown

Equipment Damage (Rolling Stock): Is this a vehicle? Yes / No

IT/Phone Damage: Is there damage to computers, phones or radios? Yes / No / Unknown

Commercial Tennant: Are there any businesses in this City building? Yes / No / Unknown

Debris Clearance: Will this facility need debris clearance? Yes / No / Unknown