

FORM D – RESIDENTIAL: DAMAGE TO ATTACHED BUILDING

Census code Province | | | |
 Census code Municipality | | | |
 Municipality | | | | | | | | | |
 Form A ID | | | | |
 Form D ID | | | | |
 Team ID | | |
 Date | | | | | | | |

Index

Section 1: General Information

Section 2: Building features

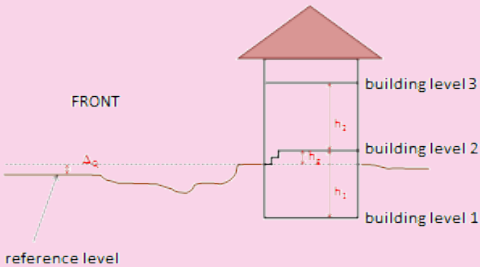
Section 3: Description of the flood event

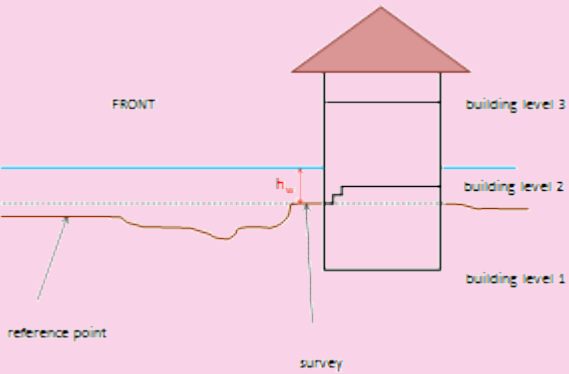
Section 4: Description of the damage

Section 5: Damage to affected floor i

SECTION 1: General Information		
Aspect	Data	Notes
Geographic coordinates (Datum WGS84, Format DMS)	° ' " N ° ' " E	
Attachments	<input type="checkbox"/> Photos of the building (external)	

SECTION 2: Building features		
Aspect	Data	Notes
Period of construction	<input type="checkbox"/> before 1945 <input type="checkbox"/> 1945-1991 <input type="checkbox"/> 1991-2007 <input type="checkbox"/> after 2007 <input type="checkbox"/> renovation in the last 20 years	
Building structure	<input type="checkbox"/> Masonry <input type="checkbox"/> Mixed (masonry + concrete) <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____	
Surface	Width m Length m	
Number of floors	N°	

SECTION 2: Building features		
Building elevation	 <div> ΔQ <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> m </div> <div> h_g <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> m </div> <div> h_1 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> m </div> <div> h_2 <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> m </div>	
Attachments	<input type="checkbox"/> Photo of reference level Description: _____	

SECTION 3: Description of the flood event		
Aspect	Data	Notes
Duration	Beginning: Hour <div><div></div><div></div><div></div><div></div></div> Date <div><div></div><div></div><div></div><div></div><div></div><div></div></div> End: Hour <div><div></div><div></div><div></div><div></div></div> Date <div><div></div><div></div><div></div><div></div><div></div><div></div></div> Peak of water depth Hour <div><div></div><div></div><div></div><div></div></div> Date <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	
Water depth outside the building	 <div> h_w <div> <div></div> <div></div> <div></div> <div></div> <div></div> </div> m </div>	

SECTION 3: Description of the flood event		
Aspect	Data	Notes
Presence of sediments	<input type="checkbox"/> See form A <input type="checkbox"/> Yes <input type="checkbox"/> No Types of sediments <input type="checkbox"/> fine sediments <input type="checkbox"/> garbage <input type="checkbox"/> coarse sediments <input type="checkbox"/> vegetation/wood <input type="checkbox"/> other _____	
Presence of contaminants	<input type="checkbox"/> See form A <input type="checkbox"/> Yes <input type="checkbox"/> No Types of contaminants _____	
Attachments	<input type="checkbox"/> Photos of the survey point Description of the survey point: _____ <input type="checkbox"/> Photos of the reference point Description of the reference point: _____	

SECTION 4: Description of the damage		
Aspect	Data	Notes
Damaged floors	<input type="checkbox"/> building level 1 <input type="checkbox"/> building level 2 <input type="checkbox"/> building level 3 <input type="checkbox"/> other	
Damage to external coating/plaster	<input type="checkbox"/> Yes <input type="checkbox"/> No Damaged perimeter _ _ _ _ m	

SECTION 5: Damage to affected floor (N.B. the section must be repeated for each damaged floor)		
Aspect	Data	Notes
Surface	_ _ _ _ m ²	
Maximum water depth (inside)	_ _ _ m	
Presence of openings at street level	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Level of maintenance	<input type="checkbox"/> good <input type="checkbox"/> regular <input type="checkbox"/> bad	
Use	<input type="checkbox"/> garage <input type="checkbox"/> cellar/basement room <input type="checkbox"/> housing <input type="checkbox"/> storage <input type="checkbox"/> attic/garret <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> other _____	
Technological systems	<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> lift <input type="checkbox"/> other _____	
Damage to internal coating/plaster	<input type="checkbox"/> Yes <input type="checkbox"/> No Damaged perimeter _ _ _ _ m	
Damage to windows and doors	<input type="checkbox"/> Yes <input type="checkbox"/> No Damaged doors _ _ °N _ _ _ _ m ² Damaged windows _ _ °N _ _ _ _ m ²	
Damage to pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ m ²	
Damage to technological systems	<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> lift <input type="checkbox"/> other _____	
Damage to household electrical appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Damage to furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 5: Damage to affected floor (N.B. the section must be repeated for each damaged floor)		
Aspect	Data	Notes
Damage due to high velocity	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____	
Damage to vehicles	<input type="checkbox"/> cars N° <input type="text"/> <input type="text"/> <input type="text"/> <input type="checkbox"/> motorcycles N° <input type="text"/> <input type="text"/> <input type="text"/>	
Other damage	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____	
Lack of usability	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> days Causes: _____	
Clean-up costs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> private intervention <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> € <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> days/person <input type="checkbox"/> public intervention	
Mitigation actions	<input type="checkbox"/> None <input type="checkbox"/> Suction pumps <input type="checkbox"/> Shields <input type="checkbox"/> Moving objects at upper floors <input type="checkbox"/> Power interruption/switching off <input type="checkbox"/> Evacuation <input type="checkbox"/> Other _____ Time of action: Hour <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Motivation: _____ _____	
Attachments	<input type="checkbox"/> Photos of damaged items	