

Census code province	_ _ _
Census code Municipality	_ _ _
Municipality	_ _ _ _ _ _ _ _ _
Form A ID	_ _ _ _ _
Form E1 ID	_ _ _ _ _
Date	_ _ _ _ _ _ _

## Section 1: Damage identification

SECTION 1: Damage identification											
Aspect	Data									Notes	
Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No										
		Light damage			Medium damage			Severe damage			
		<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3		>2/3
	Pillars										
	Cladding										
	Floors										
	Stairs										
	Roof										
	Partitions										
	Foundations										
Causes of collapse	Evidence of: <input type="checkbox"/> collapse of external cladding without damage to structural elements  <input type="checkbox"/> severe damage to structural elements (pillars and girders) without building collapse with formation of plastic hinges at the top, base, or mid-height  <input type="checkbox"/> severe damage/collapse to/of building structure with formation of plastic hinges at the top and base of multiple pillars  <input type="checkbox"/> damage to foundations without building collapse  <input type="checkbox"/> damage to foundations and building collapse  <input type="checkbox"/> building displacement  <input type="checkbox"/> building rotation										
Attachments	<input type="checkbox"/> Photos of damaged items										

## FORM E2 – RESIDENTIAL: DAMAGE TO STRUCTURE – Masonry/Wood buildings

Census code province	_ _ _
Census code Municipality	_ _ _
Municipality	_ _ _ _ _ _ _ _ _
Form A ID	_ _ _ _ _
Form E2 ID	_ _ _ _ _
Date	_ _ _ _ _ _ _

## Index

## Section 1: Damage identification

SECTION 1: Damage identification											
Aspect	Data									Notes	
Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No										
		Light damage			Medium damage			Severe damage			
		<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3		>2/3
	Vertical structures										
	Floors										
	Stairs										
	Roof										
	Partitions										
	Foundations										
	Causes of collapse	Evidence of: <ul style="list-style-type: none"> <li><input type="checkbox"/> severe damage/collapse of ground wall because of flood wave without building collapse</li> <li><input type="checkbox"/> severe damage/collapse to/of building structure</li> <li><input type="checkbox"/> damage to foundations without building collapse</li> <li><input type="checkbox"/> erosion/damage to foundations and building collapse</li> <li><input type="checkbox"/> building displacement</li> <li><input type="checkbox"/> building rotation</li> </ul>									
Attachments	<input type="checkbox"/> Photos of damaged items										