

FORM B – INDUSTRY/COMMERCE: DAMAGE TO BUILDING STRUCTURE AND PLANTS

Census code Province |_|_|_|
 Census code Municipality |_|_|_|
 Municipality |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Form A ID |_|_|_|_|
 Form B ID |_|_|_|_|
 Team ID |_|_|
 Date |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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Section 1: Direct damage to building structure

Section 2: Direct damage to affected floor i

| SECTION 1: Direct damage to building structure | | |
|--|--|-------|
| 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"/> _____ | |
| Structural damage | <input type="checkbox"/> Yes <input type="checkbox"/> No Specify: <input type="checkbox"/> Foundation <input type="checkbox"/> Main structure <input type="checkbox"/> Floors <input type="checkbox"/> Cladding <input type="checkbox"/> Other _____ _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |
| Damage to external coating/plaster | <input type="checkbox"/> Yes <input type="checkbox"/> No Damaged perimeter _ _ _ _ m Damaged area _ _ _ _ m ² Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |
| Attachments | <input type="checkbox"/> Photos of damaged items | |

| SECTION 2: Damage to affected floor (N.B. the section must be repeated for each damaged floor) | | |
|---|--|-------|
| Aspect | Data | Notes |
| Maximum water depth (inside) | _ _ _ m | |
| Surface | Width _ _ _ m Length _ _ _ m | |
| Use | <input type="checkbox"/> storage <input type="checkbox"/> production <input type="checkbox"/> exhibition/shop <input type="checkbox"/> office <input type="checkbox"/> other _____ | |
| Damage to internal coating/plaster | <input type="checkbox"/> Yes <input type="checkbox"/> No Damaged perimeter _ _ _ m Damaged area _ _ _ m ² Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |
| Damage to windows and doors | <input type="checkbox"/> Yes <input type="checkbox"/> No Damaged doors _ _ °N _ _ _ m ² Damaged windows _ _ °N _ _ _ m ² Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |
| Damage to pavement | <input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ m ² Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |

| SECTION 2: | | |
|---|--|-------|
| Damage to affected floor (N.B. the section must be repeated for each damaged floor) | | |
| Aspect | Data | Notes |
| Damage to technological systems | <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> video surveillance system <input type="checkbox"/> telephone system <input type="checkbox"/> fire system <input type="checkbox"/> other _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair | |