

FORM A - INDUSTRY/COMMERCE: GENERAL INFORMATION

Census code Province | LLL|
 Census code Municipality | LLL|
 Municipality | LLLLLL|
 Hamlet | LLLL|
 Form ID | LLLL|
 Team ID | L|
 Date | L| L| L| L|

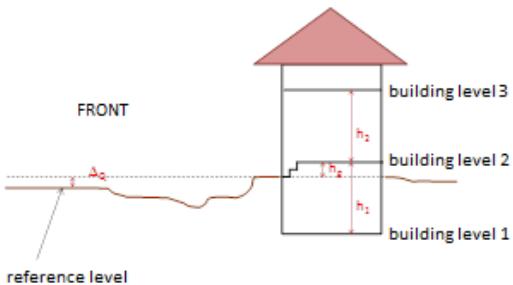
Index

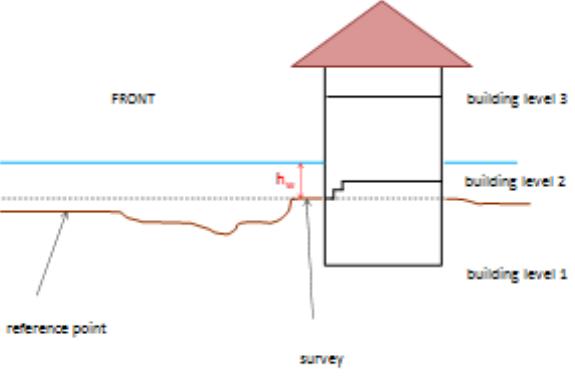
- Section 1: General Information
- Section 2: Premise feature
- Section 3: Building features
- Section 4: Description of the flood event
- Section 5: Description of the damage

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

SECTION 2: Premise feature		
Aspect	Data	Notes
Type of activity	<input type="checkbox"/> commercial <input type="checkbox"/> shop (family run) <input type="checkbox"/> shop <input type="checkbox"/> franchise <input type="checkbox"/> variety shop/supermarket <input type="checkbox"/> large retailer <input type="checkbox"/> industrial <input type="checkbox"/> artisan business <input type="checkbox"/> small business <input type="checkbox"/> medium scale business <input type="checkbox"/> large business	

SECTION 2: Premise feature		
Aspect	Data	Notes
Commercial sector	<input type="checkbox"/> Food _____ <input type="checkbox"/> Clothing _____ <input type="checkbox"/> Service (professional) _____ <input type="checkbox"/> Technology _____ <input type="checkbox"/> Fuel _____ <input type="checkbox"/> Leisure _____ <input type="checkbox"/> Other _____	
Industrial sector	<input type="checkbox"/> Food _____ <input type="checkbox"/> Textile _____ <input type="checkbox"/> Mechanics _____ <input type="checkbox"/> Chemistry _____ <input type="checkbox"/> ICT _____ <input type="checkbox"/> Furniture _____ <input type="checkbox"/> Construction _____ <input type="checkbox"/> Other _____	
Employees	_____ °N	
Seasonal criticalities	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify for what: <input type="checkbox"/> production _____ <input type="checkbox"/> stock _____ <input type="checkbox"/> products _____	
Special Plant/ Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seveso (Chemical) Authorization <input type="checkbox"/> Environmental Authorization <input type="checkbox"/> Sanitary Authorization (biomedical products) <input type="checkbox"/> Sanitary Authorization (agro-food products)	

SECTION 3: Building features		
Aspect	Data	Notes
Building typology	<input type="checkbox"/> Single building <input type="checkbox"/> Single warehouse <input type="checkbox"/> Multiple warehouse <input type="checkbox"/> Building portion <input type="checkbox"/> Warehouse portion Attached buildings Specify _____ _ _ _ N°	
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"/> Prefabricated <input type="checkbox"/> Other _____	
Surface	Width _ _ _ _ m Length _ _ _ _ m	
External areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yard <input type="checkbox"/> Service area <input type="checkbox"/> Other _____	
Level of maintenance	<input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad	
Building elevation	 ΔQ _ _ _ _ m h_g _ _ _ _ m h_1 _ _ _ _ m h_2 _ _ _ _ m	
Attachments	<input type="checkbox"/> Photo of reference level Description: _____	

SECTION 4: Description of the flood event														
Aspect	Data	Notes												
Duration	<p>Start:</p> <table style="margin-left: 40px;"> <tr><td>Hour</td><td> _ _ _</td></tr> <tr><td>Date</td><td> _ _ _</td></tr> </table> <p>End:</p> <table style="margin-left: 40px;"> <tr><td>Hour</td><td> _ _ _</td></tr> <tr><td>Date</td><td> _ _ _</td></tr> </table> <p>Peak of water depth:</p> <table style="margin-left: 40px;"> <tr><td>Hour</td><td> _ _ _</td></tr> <tr><td>Date</td><td> _ _ _</td></tr> </table>	Hour	_ _ _	Date	_ _ _	Hour	_ _ _	Date	_ _ _	Hour	_ _ _	Date	_ _ _	
Hour	_ _ _													
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Hour	_ _ _													
Date	_ _ _													
Water depth outside the building	 <p>h_w _ _ _ _ m</p>													
Presence of sediments	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Types of sediments</p> <ul style="list-style-type: none"> <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	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Types of contaminants</p> <p>_____</p>													
Attachments	<p><input type="checkbox"/> Photos of the survey point</p> <p>Description of the survey point:</p> <p>_____</p> <p><input type="checkbox"/> Photos of the reference point</p> <p>Description of the reference point:</p> <p>_____</p>													

SECTION 5: Description of the damage		
Aspect	Data	Notes
Observed damage	<input type="checkbox"/> damage to building structure and plants <input type="checkbox"/> damage to machinery, production plants, equipment and furniture <input type="checkbox"/> damage to store and archives <input type="checkbox"/> damage to mobile goods <input type="checkbox"/> recovery and mitigation costs <input type="checkbox"/> indirect damage: usability, activity disruption	
Damage to employees	<input type="checkbox"/> Yes <input type="checkbox"/> No Affected people °N <input type="checkbox"/> inside the premise <input type="checkbox"/> elsewhere _____ Causes: _____	
Attached forms	<input type="checkbox"/> Form B (light blue): damage to building structure and plants <input type="checkbox"/> Form C (yellow): damage to machinery, production plants, equipment and furniture, store and archives, mobile goods <input type="checkbox"/> Form D (gray): recovery and mitigation costs <input type="checkbox"/> Form E (pink): indirect damage: usability, activity disruption	