

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

Census code Province                   | LLL |  
 Census code Municipality               | LLL |  
 Municipality                          | LLLLLL LLLL |  
 Form A ID                              | LLLL |  
 Form B ID                              | LLLL |  
 Team ID                                | LLL |  
 Date                                    | LLL | LLL | LLL |

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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  <hr/> <hr/> 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                     LLL   L   m Damaged area                          LLL   L   m <sup>2</sup>  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)

<b>Aspect</b>	<b>Data</b>	<b>Notes</b>
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 <sup>2</sup>  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 <sup>2</sup>  Damaged windows  _ _  °N  _ _ _ _  m <sup>2</sup>  Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No  _ _ _ _  m <sup>2</sup>  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	