

## FORM D – RESIDENTIAL: DAMAGE TO ATTACHED BUILDING

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

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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	<p>FRONT</p> <p>reference level</p> <p>building level 3</p> <p><math>h_2</math></p> <p><math>h_1</math></p> <p><math>h_g</math></p> <p><math>\Delta Q</math></p> <p>building level 2</p> <p>building level 1</p>	
	$\Delta Q$  _ _ _ _  m $h_g$  _ _ _ _  m $h_1$  _ _ _ _  m $h_2$  _ _ _ _  m	

## SECTION 3: Description of the flood event

Aspect	Data	Notes
Duration	Beginning: Hour             _ _ _ _  Date             _ _ _ _ _ _  End: Hour             _ _ _ _  Date             _ _ _ _ _ _  Peak of water depth Hour             _ _ _ _  Date             _ _ _ _ _ _	
Water depth outside the building	<p>FRONT</p> <p>reference point</p> <p>survey</p> <p>building level 3</p> <p><math>h_w</math></p> <p>building level 2</p> <p>building level 1</p>	
	$h_w$  _ _ _ _  m	

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      LLLLlm	

SECTION 5: Damage to affected floor ..... (N.B. the section must be repeated for each damaged floor)		
Aspect	Data	Notes
Surface	_ _ _ _  m <sup>2</sup>	
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 <sup>2</sup> Damaged windows  _ _  °N  _ _ _ _  m <sup>2</sup>	
Damage to pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No  _ _ _ _  m <sup>2</sup>	
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="checkbox"/> motorcycles                          N°  _ _	
Other damage	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:_____	
Lack of usability	<input type="checkbox"/> Yes <input type="checkbox"/> No Duration                                   _ _ _ _ _  days Causes:_____	
Clean-up costs	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> private intervention  _ _ _ _ _ _ _ _ _ _  €  _ _ _ _ _ _  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                           _ _ _ _ _ _  Date                           _ _ _ _ _ _ _	
Motivation:	_____ _____	
Attachments	<input type="checkbox"/> Photos of damaged items	