

FORM A – RESIDENTIAL: GENERAL INFORMATION

Census code Province |_|_|_|
 Census code Municipality |_|_|_|
 Municipality |_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Hamlet |_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Form ID |_|_|_|_|_|_|_|_|
 Team ID |_|_|_|
 Date |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

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Section 1: General Information

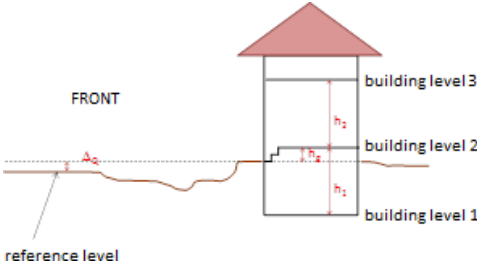
Section 2: Building features

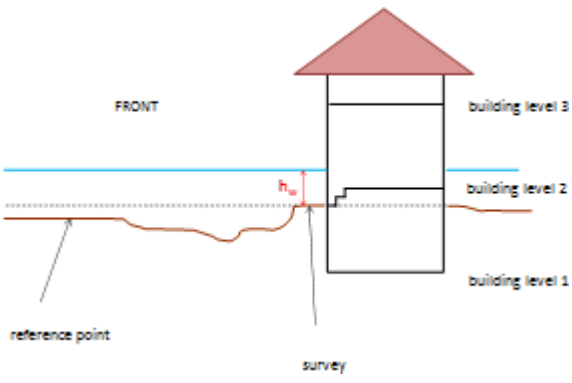
Section 3: Description of the flood event

Section 4: Description of the damage

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
Building typology	<input type="checkbox"/> Detached house <input type="checkbox"/> Apartment house/semi-detached house Number of housing units _ _ _ N° Presence of attached buildings _ _ _ 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	<div><input type="checkbox"/> Masonry</div> <div><input type="checkbox"/> Mixed (masonry + concrete)</div> <div><input type="checkbox"/> Concrete</div> <div><input type="checkbox"/> Steel</div> <div><input type="checkbox"/> Wood</div> <div><input type="checkbox"/> Other _____</div>	
Surface	<div>Width<div>_____ m</div></div> <div>Length<div>_____ m</div></div>	
Number of floors	<div>____ N°</div>	
Building elevation	<div><div><div><div>FRONT</div><div></div></div><div><div>ΔQ<div>_____ m</div></div><div>h_g<div>_____ m</div></div><div>h₁<div>_____ m</div></div><div>h₂<div>_____ m</div></div></div></div></div>	
Attachments	<div><input type="checkbox"/> Photo of reference level</div> <div>Description: _____</div>	

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>h_w m</p>	
Presence of sediments	<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"/> Yes <input type="checkbox"/> No Types of contaminants _____	
Attachments	<input type="checkbox"/> Photos of the survey point Description of the survey point: _____	

SECTION 4: Description of the damage		
Aspect	Data	Notes
Observed damage	<input type="checkbox"/> damage to housing units <input type="checkbox"/> damage to attached buildings <input type="checkbox"/> damage to common areas <input type="checkbox"/> structural damage	
Damage to external coating/plaster	<input type="checkbox"/> Yes <input type="checkbox"/> No Damaged perimeter _ _ _ m	
Attached forms	<input type="checkbox"/> Form B (green): damage to housing unit N° _ _ <input type="checkbox"/> Form C (yellow): damage to common areas <input type="checkbox"/> Form D (pink): damage to attached building N° _ _ <input type="checkbox"/> Form E1 (blue): structural damage to concrete/steel buildings <input type="checkbox"/> Form E2 (grey): structural damage to masonry/wooden buildings	