

## FORM B – RESIDENTIAL: DAMAGE TO HOUSING UNIT

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

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Section 1: General Information

Section 2: Damage to affected floor i

SECTION 1 General Information		
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	

SECTION 2: 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	_ _ _  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"/> commercial <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	

**SECTION 2: Damage to affected floor ..... (N.B. the section must be repeated for each damaged floor)**

Aspect	Data	Notes
Damage to windows and doors	<input type="checkbox"/> Yes <input type="checkbox"/> No Damaged doors       __  °N  __ __ __  m² Damaged windows       __  °N  __ __ __  m²	
Damage to pavement	<input type="checkbox"/> Yes <input type="checkbox"/> No  __ __ __  m²	
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 due to high velocity	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____	
Damage to furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Damage to household electrical appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify _____	
Damage to vehicles	<input type="checkbox"/> car      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	

SECTION 2: Damage to affected floor ..... (N.B. the section must be repeated for each damaged floor)		
Aspect	Data	Notes
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	