

Census code Province	_____
Census code Municipality	_____
Municipality	_____
Hamlet	_____
Form A ID	_____
Team ID	_____
Date	____/____/____

Section 3: Damage to registered movable assets

SECTION 1: Damage to store and archive		
Aspect	Data	Notes
Damage to stock	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> raw material <hr/> <input type="checkbox"/> intermediate products <hr/> <input type="checkbox"/> finished products <hr/> <input type="checkbox"/> other <hr/> Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to papery documents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> accounting books <input type="checkbox"/> client registers <input type="checkbox"/> other _____	

SECTION 2: Damage to machinery, production plants, equipment and furniture

Aspect	Data	Notes
Damage to machinery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Electrical appliances (at work) <input type="checkbox"/> Electrical appliances (stand by) <input type="checkbox"/> Mechanical appliances (at work) <input type="checkbox"/> Mechanical appliances (stand by) <input type="checkbox"/> Thermal appliances (at work) <input type="checkbox"/> Thermal appliances (stand by) <input type="checkbox"/> Other _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to production plants	<input type="checkbox"/> goods lift <input type="checkbox"/> pumps/hydraulic plants <input type="checkbox"/> specific plants Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to informatics equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> computers/laptops <input type="checkbox"/> printers <input type="checkbox"/> fax machines, telephones <input type="checkbox"/> other _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
Damage to furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> office furniture <input type="checkbox"/> exhibition room/shop furniture <input type="checkbox"/> other _____ Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	

SECTION 3: Damage to registered movable assets		
Aspect	Data	Notes
Damage to company vehicles	<input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ °N Type of intervention: <input type="checkbox"/> Restoration <input type="checkbox"/> Repair	
SECTION 3b: Damage to movable asset N. (N.B. This section must be repeated for each damaged good)		
Type of damaged vehicle	<input type="checkbox"/> motorcycle <input type="checkbox"/> car <input type="checkbox"/> truck <input type="checkbox"/> van <input type="checkbox"/> fork lift <input type="checkbox"/> other _____ Brand/Model _____ Year of registration: _ _ _ _	