

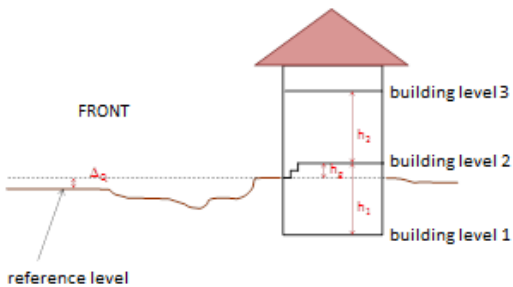
Census code Province	_ _ _ _
Census code Municipality	_ _ _ _
Municipality	_ _ _ _ _ _ _ _ _ _
Hamlet	_ _ _ _ _ _ _ _ _ _
Form ID	_ _ _ _ _
Team ID	_ _ _
Date	_ _ _ _ _ _ _ _ _

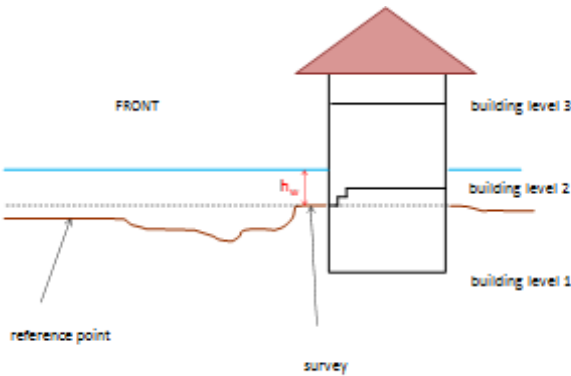
Section 1: General Information
Section 2: Premise feature
Section 3: Building features
Section 4: Description of the flood event
Section 5: Description of the damage

SECTION 2: Premise feature		
Aspect	Data	Notes
Type of activity	<input type="checkbox"/> commercial <ul style="list-style-type: none"> <input type="checkbox"/> shop (family run) <input type="checkbox"/> shop <input type="checkbox"/> franchise <input type="checkbox"/> variety shop/supermarket <input type="checkbox"/> large retailer <input type="checkbox"/> industrial <ul style="list-style-type: none"> <input type="checkbox"/> artisan business <input type="checkbox"/> small business <input type="checkbox"/> medium scale business <input type="checkbox"/> large business 	

SECTION 2: Premise feature

Aspect	Data	Notes
Commercial sector	<input type="checkbox"/> Food _____ <input type="checkbox"/> Clothing _____ <input type="checkbox"/> Service (professional) _____ <input type="checkbox"/> Technology _____ <input type="checkbox"/> Fuel _____ <input type="checkbox"/> Leisure _____ <input type="checkbox"/> Other _____	
Industrial sector	<input type="checkbox"/> Food _____ <input type="checkbox"/> Textile _____ <input type="checkbox"/> Mechanics _____ <input type="checkbox"/> Chemistry _____ <input type="checkbox"/> ICT _____ <input type="checkbox"/> Furniture _____ <input type="checkbox"/> Construction _____ <input type="checkbox"/> Other _____	
Employees	<div style="text-align: right;"> _ _ _ °N</div>	
Seasonal criticalities	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify for what: <input type="checkbox"/> production _____ <input type="checkbox"/> stock _____ <input type="checkbox"/> products _____	
Special Plant/ Authorization	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seveso (Chemical) Authorization <input type="checkbox"/> Environmental Authorization <input type="checkbox"/> Sanitary Authorization (biomedical products) <input type="checkbox"/> Sanitary Authorization (agro-food products)	

SECTION 3: Building features		
Aspect	Data	Notes
Building typology	<input type="checkbox"/> Single building <input type="checkbox"/> Single warehouse <input type="checkbox"/> Multiple warehouse <input type="checkbox"/> Building portion <input type="checkbox"/> Warehouse portion Attached buildings _ _ _ N° Specify _____	
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"/> Prefabricated <input type="checkbox"/> Other _____	
Surface	Width _ _ _ m Length _ _ _ m	
External areas	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yard <input type="checkbox"/> Service area <input type="checkbox"/> Other _____	
Level of maintenance	<input type="checkbox"/> Good <input type="checkbox"/> Normal <input type="checkbox"/> Bad	
Building elevation	 <div style="display: flex; justify-content: space-between;"> <div> ΔQ h_g h_1 h_2 </div> <div> _ _ _ m _ _ _ m _ _ _ m _ _ _ m </div> </div>	
Attachments	<input type="checkbox"/> Photo of reference level Description: _____	

SECTION 4: Description of the flood event		
Aspect	Data	Notes
Duration	Start: Hour Date End: Hour Date Peak of water depth: Hour Date	
Water depth outside the building	 <p>FRONT</p> <p>building level 3</p> <p>building level 2</p> <p>building level 1</p> <p>reference point</p> <p>survey</p> <p>h_w</p> <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: _____ <input type="checkbox"/> Photos of the reference point Description of the reference point: _____	

SECTION 5: Description of the damage		
Aspect	Data	Notes
Observed damage	<input type="checkbox"/> damage to building structure and plants <input type="checkbox"/> damage to machinery, production plants, equipment and furniture <input type="checkbox"/> damage to store and archives <input type="checkbox"/> damage to mobile goods <input type="checkbox"/> recovery and mitigation costs <input type="checkbox"/> indirect damage: usability, activity disruption	
Damage to employees	<input type="checkbox"/> Yes <input type="checkbox"/> No Affected people _ _ _ °N <input type="checkbox"/> inside the premise <input type="checkbox"/> elsewhere _____ Causes: _____	
Attached forms	<input type="checkbox"/> Form B (light blue): damage to building structure and plants <input type="checkbox"/> Form C (yellow): damage to machinery, production plants, equipment and furniture, store and archives, mobile goods <input type="checkbox"/> Form D (gray): recovery and mitigation costs <input type="checkbox"/> Form E (pink): indirect damage: usability, activity disruption	