

FORM C – RESIDENTIAL: DAMAGE TO COMMON AREAS

Census code Province |_|_|_|
 Census code Municipality |_|_|_|
 Municipality |_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Form A ID |_|_|_|_|
 Form C ID |_|_|_|_|
 Team ID |_|_|_|
 Date |_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Index

Section 1: General Information

Section 2: Damage to affected floor i

SECTION 1: General Information		
Aspect	Data	Notes
Damaged floor	<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 ²	
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	

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 <div style="text-align: right;"> _ _ _ _ m²</div>	
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 furniture	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Damage to household electrical appliances	<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:_____	
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 <div style="margin-left: 40px;"> _ _ _ _ _ _ _ _ _ _ €</div> <div style="margin-left: 40px;"> _ _ _ _ _ _ _ _ days/person</div> <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	<div> <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 _____ </div> <div> Time of action: Hour Date </div> <div> Motivation: _____ _____ </div>	
Attachments	<input type="checkbox"/> Photos of damaged items	