

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 ²	
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	

