

<b>Damage Assessment Form Building</b>
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<b>Building Location Information – Please Print</b>			
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Building Name			
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Street Address			
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City / State / Zip			
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<b>Remember – When conducting Damage Assessment your SAFETY comes first!</b>			
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<b>Space is (check all that apply)</b>			
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<input type="checkbox"/> Not Usable	<input type="checkbox"/> Usable	<input type="checkbox"/> Wet / Damp	<input type="checkbox"/> Dry
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<b>Utilities are operational (check all that apply)</b>			
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<input type="checkbox"/> Phone	<input type="checkbox"/> Internet	<input type="checkbox"/> Electrical Power	<input type="checkbox"/> Water	<input type="checkbox"/> Sewer
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Ceiling tiles (e.g. wet, sagging, missing)
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Walls (e.g. cracks, watermarks, soot)
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Floor / Carpet (e.g. wet, burnt, torn, mildew)
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Water leaks (e.g. from roof, through walls, windows)
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Doors / Windows (e.g. broken locks, hinges, awnings)
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Fixtures (e.g. electrical outlets, lighting)
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Other
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Completed by		Date	
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Phone Number		Cell Phone Number	
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Signature	
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