

<b>Damage Assessment</b>		Veoci: 20250715 PDF: 20250731
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

<b>This Section to be Completed by Jurisdiction Personnel:</b>		<b>(Underlined=Required)</b>	
Date:	Time: (24hr):	Handling: <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)	
<b>T O</b>	ICS Position:	<b>F R O M</b>	ICS Position:
	Location:		Location:
	Name:		Name:
	Contact Info:		Contact Info:
<b>Overview</b>			
Jurisdiction:		Incident Name:	
Address:		Unit/Suite:	
Type of Structure:	<input type="radio"/> Single Family <input type="radio"/> Mobile Home <input type="radio"/> Non-Profit Orgs <input type="radio"/> Multi-Family <input type="radio"/> Business <input type="radio"/> Outbuilding		
Number of Stories:			
Own/Rent:	<input type="radio"/> Own <input type="radio"/> Rent		
Types of damage:	<input type="checkbox"/> Flooding <input type="checkbox"/> Structural <input type="checkbox"/> Roof / Windows / Other Exterior <input type="checkbox"/> Other (define in comments)		
Basement Type:	<input type="radio"/> Basement <input type="radio"/> Basement and Crawlspace <input type="radio"/> Crawlspace <input type="radio"/> N/A		
What is the damage classification for this property?			
<input type="radio"/> Destroyed <input type="radio"/> Minor <input type="radio"/> No Visible Damage <input type="radio"/> Major <input type="radio"/> Affected (Superficial or Cosmetic Damage Only)			
Tag:	<input type="radio"/> Green Tagged <input type="radio"/> Yellow Tagged <input type="radio"/> Red Tagged		
Insurance:	<input type="radio"/> Yes <input type="radio"/> No	Estimated Damage (\$):	
Comments:			
Contact Name:		Contact Phone:	

Damage Assessment

<b>Radio Operator Only:</b>			
Relay:	Rcvd:	Sent:	
Name:	Call Sign:	Date:	Time (24hr):

SCCo ARES/RACES

## Instructions: Damage Assessment

**Purpose:** This form is used by any team that performs an actual visit to a property and gathers observable information. This form is used to help build out detailed awareness of all damaged properties and losses incurred.

### Instructions for Jurisdictions:

Field	Instructions
Date	<u>Required</u> . Enter the date created.
Time	<u>Required</u> . Enter the time created. Use 24-hour time.
Handling	<u>Required</u> . Select one. Messages are sent in priority order and as soon as possible. Indicated times are approximate maximum wait times if radio net is busy.
TO / FROM	If needed, radio operator can suggest most appropriate TO position and location.
ICS Position	<u>Required</u> . Enter the ICS position name.
Location	<u>Required</u> . Enter the location.
Name	Optional. Enter only if the message is to a specific individual.
Contact Info	Optional. Enter a phone number, frequency or other info that may help reach the person or position.
Jurisdiction	<u>Required</u> . Enter the name of the municipality/jurisdiction.
Incident Name	<u>Required</u> . Enter the name of this jurisdiction's incident.
Address	<u>Required</u> . Enter the physical address for this report.
Type of Structure	<u>Required</u> . Indicate the primary use of this property. Please use additional Damage Assessment reports if this address is a mixed-use property (such as: Condominiums over Retail).
Number of Stories	<u>Required</u> . Indicate the number of stories for this property.
Own/Rent	Indicate if this property is owned or rented by the occupant.
Type of damage	<u>Required</u> . Check all conditions that are observed on the property.
Basement Type	<u>Required</u> . Indicate the basement type on this property.
Damage Classification	<u>Required</u> . Identify the overall level of damage observed.
Tag	Identify the building department occupancy tag (if a building official or engineer has already visited this property).
Insurance	List the status of property insurance the occupant has (if known).
Estimated Damage	Dollar amount estimated on the amount of damage observed (digits only).
Comments	Add any descriptive text on the conditions observed.
Contact Name & Phone	<u>Required</u> . This should contain the name and phone number for the party filling out this form.

### Instructions for Radio Operators:

Field	Instructions
Origin Msg #	<u>Required</u> . Enter the message number of the original sending station.
Destination Msg #	<u>Required</u> . Enter the message number of the ultimate destination station.
Relay	When relaying: Enter a call sign and/or time, or other useful mark or info, to indicate status.
Name	<u>Required</u> . Enter the first initial and last name of the radio operator that handled the message.
Call Sign	<u>Required</u> . Enter the call sign of the radio operator that handled the message.
Date	<u>Required</u> . Enter the date the message was sent/received.
Time	<u>Required</u> . Enter the time the message was sent/received. Use 24-hour time.