

Windshield Survey		Veoci: 20250523 PDF: 20250812
Radio Operator Only:	Origin Msg #:	Destination. Msg #:

This Section to be Completed by Jurisdiction/Field Personnel:				(Underlined=Required)	
Date:		Time: (24hr):		Handling: <input type="radio"/> Immediate (ASAP) <input type="radio"/> Priority (<1 hr) <input type="radio"/> Routine (<2 hr)	
T O	ICS Position:		F R O M	ICS Position:	
	Location:			Location:	
	Name:			Name:	
	Contact Info:			Contact Info:	
Overview					
Jurisdiction:					
Team:					
Location:					
Item: <input type="radio"/> Building <input type="radio"/> Road					
Building Type: <input type="radio"/> Single Family Home <input type="radio"/> Mobile Home or Trailer <input type="radio"/> Townhouse or Condo <input type="radio"/> Business <input type="radio"/> Apartment <input type="radio"/> Other (describe below)					
Damage Categorization: <input type="radio"/> Affected <input type="radio"/> Major <input type="radio"/> Minor <input type="radio"/> Destroyed					
Safety Hazards / Other Damage Observed:					

Windshield Survey

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

Instructions: Windshield Survey

Purpose: This form is used by any team that observes damage that requires logging for secondary inspections. This does not require stepping on the property or engaging with property occupants. It is a 'view from the street'.

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.
Team	<u>Required</u> . Enter the name of this individual or team observing this damage.
Location	<u>Required</u> . The address or other descriptive information on the physical location of this report.
Item	<u>Required</u> . Check if this is a building or roadway (public infrastructure).
Building Type	Check the type of structure where the damage is observed.
Damage Categorization	<u>Required</u> . Identify the severity of the damage observed.
Safety Hazards / Other Damage Observed	Please describe any safety concerns or details of the damage observed.

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.