



Community Emergency Response Team Form



Damage Assessment

Date:	Person Reporting:	Page #:
Time Received:	Person Receiving:	

		Burning	Out	Gas Lead	H2O Lead	Electric	Chemical	Damage*	Collapsed	Injured	Trapped	Dead	Access	No Access	Assignment Completed
Time	Location/Address	Fires		Hazards			Structures		People			Roads		/X	

Summary of all hazards in area - fill out this form on your way to the pre-designated meeting place. Give it to your Incident Commander.
 * for structure damage: h-heavy, m-moderate, l=light