

# DAMAGE ASSESSMENT: SUMMARY LEVEL

CERT AREA: \_\_\_\_\_

DATE:		PERSON REPORTING:										PAGE #:				
TIME RECEIVED:		PERSON RECEIVING:														
		BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED* (L, M, H)	COLLAPSED	INJURED (Red or Yellow)	TRAPPED	DEAD Report as "Black"	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED	
TIME	LOCATION/ADDRESS	FIRES		HAZARDS			STRUCTURES			PEOPLE			ROADS		/ X	