NEIGHBORHOOD DAMAGE SUMMARY

NAME / TEAM LEADER NAME:	DATE PREPARED:	TIME PREPARED:	PAGE #:
NEIGHBORHOOD:	TEAM NUMBER:	OPERATIONAL PERIOD:	COMMAND POST ONLY:

				FIRES		HAZARDS (1)				PEOPLE (2)					STRUCTURE		ROADS			
				BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	IMMEDIATE	DELAYED	MINOR	DECEASED	TRAPPED	DAMAGE (3)	SEARCHED (4)	ACCESS	NO ACCESS	ASSIGNMENT COMPLETED	REPORTED TO EOC
MSG#	TIME	LOCATION/ADDRESS	OTHER INFO																\ X	TIME

Prepared By (Name and Position):

(1) Hazards - Utilities: X - Leak, TO – Turned Off; **(2) People**: U if victims but actual number unknown;
(3) Structure - Damage: L – Light, M – Moderate, H – Heavy, C – Collapsed; **(4) Structure** - Searched: '\' – partial , X – complete