

Damage Assessment 1.1		Veoci: 20250715 DOC: 20260503
Radio Operator Only:	1. Origin Msg #:	2. Destination. Msg #:

This Section to be Completed by Jurisdiction Personnel: (Underlined>=Required)

3. <u>Date:</u>		4. <u>Time:</u>		5. <u>Handling:</u> ☐ Immediate (ASAP) ☐ Priority (<1 hr) ☐ Routine (<2 hr)	
T O	6. <u>ICS Position:</u>			F R O M	10. <u>ICS Position:</u>
	7. <u>Location:</u>				11. <u>Location:</u>
	8. <u>Name:</u>				12. <u>Name:</u>
	9. <u>Contact Info:</u>				13. <u>Contact Info:</u>
Overview					
21. <u>Jurisdiction:</u>				22. <u>Incident Name:</u>	
23. <u>Address:</u>				24. <u>Unit/Suite:</u>	
25. <u>Type of Structure:</u> ☐ a. Single Family ☐ c. Mobile Home ☐ e. Non-Profit Orgs ☐ b. Multi-Family ☐ d. Business ☐ f. Outbuilding					
26. <u>Number of Stories:</u>					
27. <u>Own/Rent:</u> ☐ Own ☐ Rent					
28. <u>Types of damage:</u> ☐ a. Flooding ☐ c. Structural ☐ b. Roof / Windows / Other Exterior ☐ d. Other (define in comments)					
29. <u>Basement Type:</u> ☐ a. Basement ☐ c. Basement and Crawlspace ☐ b. Crawlspace ☐ d. N/A					
30. <u>What is the damage classification for this property?</u> ☐ a. Destroyed ☐ c. Minor ☐ e. No Visible Damage ☐ b. Major ☐ d. Affected (Superficial or Cosmetic Damage Only)					
31. <u>Tag:</u> ☐ a. Green Tagged ☐ b. Yellow Tagged ☐ c. Red Tagged					
32. <u>Insurance:</u> ☐ Yes ☐ No				33. <u>Estimated Damage (\$):</u>	
34. <u>Comments:</u>					
35. <u>Contact Name:</u>				36. <u>Contact Phone:</u>	

Damage Assessment

Radio Operator Only:			
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	Place a dollar amount on the amount of damage observed.
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.