Home / Business Assessment Form

Reported by: _____ Date: _____ Time: _____

Final Analysis (Circle One):	Home Status (Circle One)
Needs Help OK Check Back No Contact Made	Liveable Stay in Place Evacuate Home Evacuation Destination: _____

Address: _____ Family / Business Name: _____

Occupants		Triage Status				Notes
Gender/Age	Name	Red	Yellow	Green	Black	

Triage Status Legend:

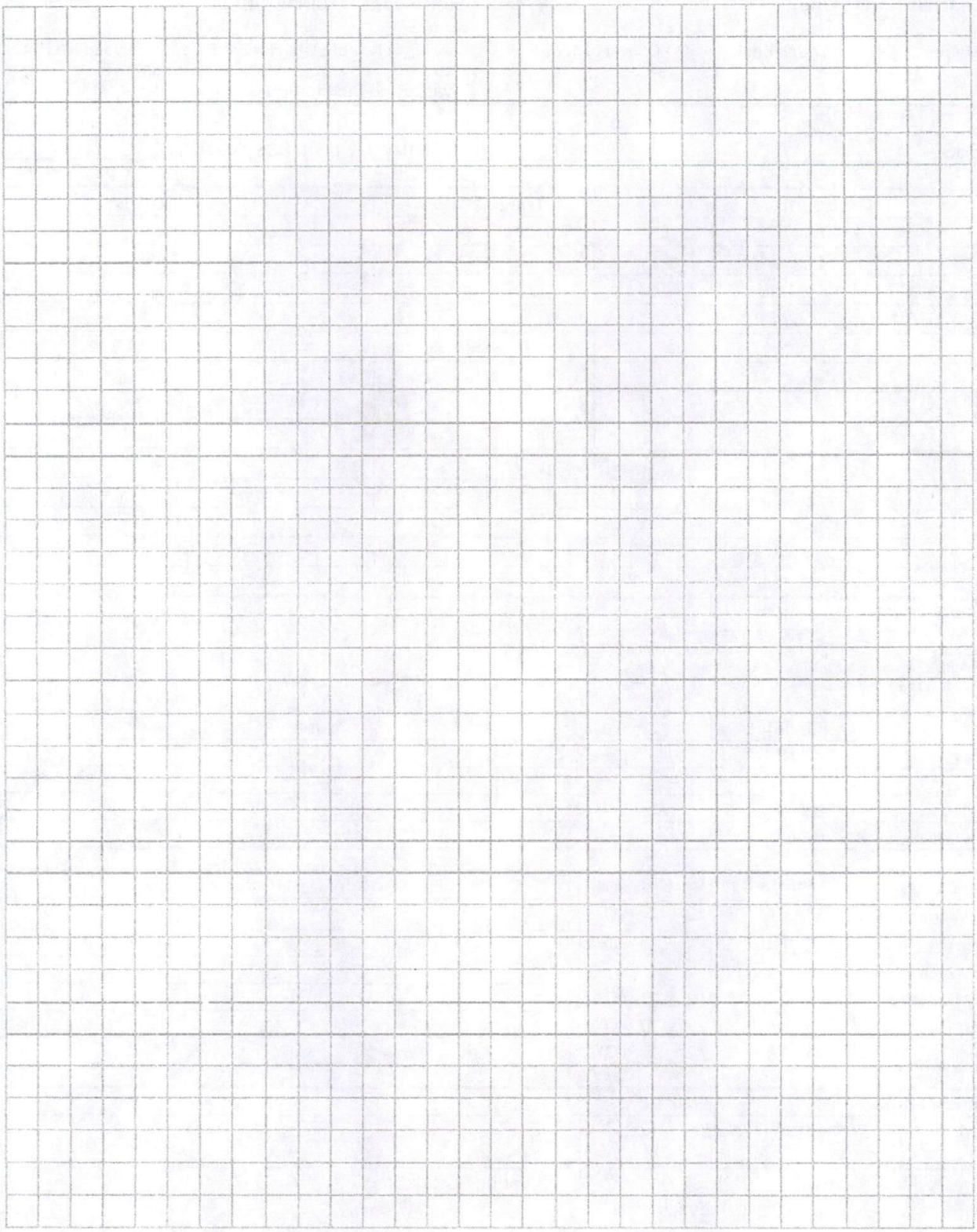
- Red / Priority 1: Life or limb threatening injury or illness. Evacuation need is IMMEDIATE
- Yellow / Priority 2: Serious injury or illness. Evacuation may be DELAYED if necessary
- Green / Priority 3: Minor injury or illness. Non-Emergency transport
- Black: Individual confirmed deceased upon arrival or during triage / treatment process

Utilities	(Circle)	Notes
Power Service	On / Off	
Water Service	On / Off	
Gas Service	On / Off	
Phone Service	On / Off	

Property Damage	Severity High > Low (Circle One)	Brief Description of Damage
Outside Wall Collapse	5 4 3 2 1 OK	
Roof Damage	5 4 3 2 1 OK	
Windows Broken	5 4 3 2 1 OK	
Chimney Damage	5 4 3 2 1 OK	
Flood Damage	5 4 3 2 1 OK	
Other	5 4 3 2 1 OK	

Other Information		Notes
Key Needs:	Medical Water Heat Fuel Other	
Pets / Livestock:	Yes No Stay in Place Evacuate	Evacuation Destination:
Other Notes:		

Home Utility Shutoff Diagram



(G)	Gas Shutoff	◆	Chemical Hazard
(W)	Water Shutoff	■	Structural Hazard
(E)	Electric Shutoff	▲	Environmental / Biological Hazard