

BLOCK CAPTAIN INJURY/DAMAGE ASSESSMENT FORM

11/10/19

Cluster/Block	Date:	Person(s) Reporting:														Page # _____ of _____
For Structure Damage use: H = Heavy, M= Medium, L = Light		Sign	Fires		Hazards				Structures		People			Roads		X
		OK/HELP/None	Burning	Out	Gas Leak	Water	Electrical	Chemical	Damage	Collapsed	Injured	Trapped	Deceased	Access	No Access	Assignment Completed
Time	Address	Sign	Fires		Hazards				Structures*		People			Roads		X
Reported:	1234 Sample Street	Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	people	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	people	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	M/H/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															

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Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	people	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	people	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	H/M/L		Injured	Trapped	Deceased	Open	Blocked	
Resolved:	Notes:															
Reported:		Sign	Burning	Out	Gas	Water	Elec	Chem	M/H/L		Injured	Trapped	Deceased	Open	Blocked	
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