NEIGHBORHOOD DAMAGE SUMMARY

NAME / TEAM LEADER NAME:	DATE PREPARED:	TIME PREPARED:	PAGE #:
NEIGHBORHOOD / DIVISION:	TEAM NUMBER:	OPERATIONAL PERIOD:	DIVISION Only

				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	FIRES		HAZARDS (1)				PEOPLE (2)					STRUCTURE		ROADS		\ 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

FC CERT FORM

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