RAPID DAMAGE ASSESSMENT REPORT

1. INCIDENT NAME	2. DATE AND TIME PREPARED

3. UNIT NAME/DESIGNATORS	4. UNIT LEADER (NAME AND POSITION)	5. OPERATIONAL PERIOD

6. TIME	7. ADDRESS/LOCATION	8. DAMAGE ASSESSMENT												9. ASSIGNMENT STATUS
		FIRES		HAZARDS				STRUCT		PEOPLE			ROADS	
		BURNING	OUT	GAS LEAK	H_2O LEAK	ELECTRICAL	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS

10. PREPARED BY	11. RECEIVED BY DATE AND TIME RECEIVED
PAGE _____ OF _____	12. RELAYED TO DATE AND TIME RELAYED

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SPECIAL NOTE. IN THE EVENT OF LIFE-THREATENING HAZARDS OR IMMEDIATE MEDICAL/RESCUE NEEDS, REPORT MUST BE MADE TO INCIDENT COMMAND WITHOUT DELAY, USING THE FASTEST METHOD OF COMMUNICATION AVAILABLE.

Purpose: The Rapid Damage Assessment Report is used by personnel conducting initial/rapid damage assessment to assist Incident Command in prioritizing fire, hazard, medical, and rescue response.

Preparation: Damage Assessment Teams should record hazard, damage, medical/rescue assessments for each location where such hazards, damage, or medical/rescue needs exist. A record of locations assessed, and whether or not hazards, damage, or medical/rescue needs exist, should be made in the Unit Log (ICS Form 214).

Distribution: The Rapid Damage Assessment Report must be given to Incident Command as soon as practicable upon return of the Damage Assessment Team from the field.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Date and Time Prepared	Enter the date, in MM/DD/YY format, and the time, in 24-hour format, that the report was prepared or initiated.
3.	Unit Name/Designators	Enter the title of the organizational unit or resource designator (e.g., Facilities Unit, CERT Team Bravo, Rancho Heights Shelter).
4.	Unit Leader	Enter the name and ICS position of the individual in charge of the Unit.
5.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.

For each location where a Damage Assessment is made, enter the following information:

6.	Time	Enter the time the assessment is made, in 24-hour format.
7.	Address/Location	Enter the address or other descriptive location.
8.	Damage Assessment	Enter an "X" for each condition that applies:
	Fires	Indicate by an "X" if there is a fire at the location, or if there was a fire which is now out.
	Hazards	Indicate by an "X" if any gas leak, water leak, electrical hazard, or chemical hazard is detected.
	Structure	Indicate by an "X" if the structure is damaged or has collapsed.
	People	Indicate the number of people injured, trapped, or dead at the location. If the number is not known, enter an "X" in the appropriate column.
	Roads	Indicate by an "X" whether or not the location is accessible to emergency vehicles.
9.	Assignment Status	*FOR INCIDENT COMMAND USE.*
		Enter a forward slash, " / ", when personnel are assigned to the incident at the location.
		Enter a backslash, " \ " (to form an "X"), when the assignment at the location is complete.
10.	Prepared By	Enter the name and title of the person completing the form in the field.
11.	Received By	Enter the name and title of the person receiving the form.
	Date and Time Received	Enter the date, in MM/DD/YY format, and the time, in 24-hour format, the form is received.
12.	Relayed To	Enter the name and title of the person to whom the form is relayed, if the form is not hand delivered to Incident Command.
	Date and Time Relayed	Enter the date, in MM/DD/YY format, and the time, in 24-hour format, the form is relayed.