

Local Emergency Response Neighbourhood Plan

Rapid Damage Safety Assessment Form – Neighbourhood Level

| | | | | | |
|---|---------------------------|------------------------------|---------------------------|------------------------------|--------------------------|
| Neighbourhood: | | | | | |
| RDA Team Members: | | Assessment Date/Time: | | | |
| | | Date: | Time: | | |
| | | Areas Assessed: | | | |
| | | Exterior Only: | <input type="checkbox"/> | Interior/Exterior | <input type="checkbox"/> |
| Building Information: | | Occupancy: | | Type of Construction: | |
| Address: | | <input type="checkbox"/> | Single Family | <input type="checkbox"/> | Wood Frame |
| | | <input type="checkbox"/> | Duplex | <input type="checkbox"/> | Steel Frame |
| Contact Name(s) & Phone Number (s): | | <input type="checkbox"/> | Multiplex | <input type="checkbox"/> | Concrete |
| | | <input type="checkbox"/> | Offices | <input type="checkbox"/> | Unreinforced Masonry |
| | | <input type="checkbox"/> | Commercial | <input type="checkbox"/> | Unknown |
| | | <input type="checkbox"/> | Public Assembly | <input type="checkbox"/> | Other: |
| Assessment: | | | | | |
| | Minor | Moderate | Severe | % Damage | |
| Collapse, partial collapse, building off foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | None | |
| Building or story leaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 0-5% | |
| Racking damage to walls, other structural damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6-10% | |
| Chimney, parapet or other falling hazard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11-25% | |
| Ground slope movement or cracking | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26-50% | |
| Other (please describe): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51-75% | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 76-100% | |
| Damage Description: | | | | | |
| | | | | | |
| CONCERN Sign Posted: | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Recommendations: | | | | | |
| <input type="checkbox"/> | Entry Not Recommended | <input type="checkbox"/> | Avoid damaged areas | <input type="checkbox"/> | No Water/Sewer Use |
| <input type="checkbox"/> | Gas Shut Off | <input type="checkbox"/> | Water Shut Off | <input type="checkbox"/> | Electricity Shut Off |
| <input type="checkbox"/> | Caution – Falling Hazards | <input type="checkbox"/> | Recheck after Aftershocks | <input type="checkbox"/> | Inspection needed |
| <input type="checkbox"/> | Other (please describe): | | | | |