|  |  |  |
| --- | --- | --- |
| Storm/Event: | Assessment Date: | Room Number: |
| Building Name: | Building Number: | Mark if update to previous form: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name of Assessor: | Department: |

|  |
| --- |
| **Cause(s) of Damage:** (circle all that apply)**\*Impact** (damage from wind borne debris) **\*Wind** **\*Building hit by tree/limb** **\*Power Surge/Lightning** **\*Water Damage-Wind driven rain & leaks** **\*Water Damage-Water Intrusion through structural damage \*Water Damage-Flood** **\*Loss of Utilities**  **\*Other** (provide description)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Damage Detail** (leave blank for items not damaged) |
| **Contents/Item** | **Description of Damages** |
| Carpet/Flooring |  |
| Walls |  |
| Ceiling Tile |  |
| Ceiling (Other) |  |
| Windows |  |
| Lighting |  |
| HVAC |  |
| Room Contents |  |
| (Additional Items) |  |
|  |  |
|  |  |
|  |  |
| **Emergency Repairs or Preventative Actions** (leave blank if no actions taken) |
| Action(s) Taken: |
| (Maintain records/documentation of materials and labor used) |
| **Photograph**Take digital photograph(s) of damages. Include building name and room number on a piece of paper or dry erase board that is visible in the photograph.  |