

**FORT SILL DAMAGE ASSESSMENT FORM**

(Instructions for completion this form on the reverse side)

<b>Type of Event:</b> <input type="checkbox"/> Flood <input type="checkbox"/> High Wind <input type="checkbox"/> Explosion <input type="checkbox"/> Hail <input type="checkbox"/> Ice <input type="checkbox"/> Lightning <input type="checkbox"/> Accident <input type="checkbox"/> Other -	<b>Date/Time of Event:</b>
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<b>Assessing Agency Organization:</b>	<b>Damage Assessment Team Members:</b>	<b>Date/Time of Assessment:</b>
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**Damage Type:**

**a. Buildings:** residential  business  public     
 **b. Environmental:** trees  soil  erosion   
**c. Communications infrastructure**     
 **d. Transportation infrastructure:** roads  bridges  rails  airfield   
**e. Natural Gas/Power infrastructure**     
 **f. Water infrastructure**     
**g. Vehicles:** military  personal

**Assessment**

Location (address, cross street, or bldg)	Specific Description of Structure (i.e., residence, church, park) & responsible agency	Damage Type	Critical Infra- structure Y/N*	Description of Damage	Description of Level				Impact to Installation Operations***	Estimate cost (rough estimate)
					Affected	Minor	Major	Destroyed		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

<b>Report Prepared by:</b>	<b>Report Verified by:</b>	<b>Date:</b>
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Instruction:

Box 1-2 Self-explanatory

Assessment Table:

- Column 1- Specific location of damage
- Column 2- Specific description of structure
- Column 3- Damage type-use letter a-g in box above assessment table
- Column 4- Critical Infrastructure--see box below MEV As/HRTs identified in SECURE HOME 2005 (AT/FP Plan)
- Column 5- Description of Damage--specific description of damage
- Column 6- Damage level--see box below for appropriate category
- Column 7- Impact to installation operations--see below, fill in column as information becomes available (may be in assessment updates vs. initial assessment)
- Column 8- Estimated cost--fill in column as information becomes available (may be in assessment updates vs. initial assessment)

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\*Critical infrastructure includes: water distribution system, natural gas pipelines, electrical substations, and identified MEV As/HRTs

\*\*Damage levels: affected (cosmetic damage); Minor (repairable and usable while in repair); Major (repairable, but not usable while in repair); Destroyed (beyond repair)

\*\*\*Note any impact to agency operations if information is available on: need for additional resources to repair the damage, estimated impact on normal daily operations (i.e., power outage estimate at \_\_\_ days for the following location \_\_\_\_\_, or # of individuals displaced from residences/ work locations.