City of Folsom
CERT
Community Emergency Response Team

DAMAGE ASSESSMENT FORM

Person Reporting: _____ **Date:** _____ **Page:** ___of___

Person Receiving: _____ **Time Received:** _____

					BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	LIGHT	MODERATE	HEAVY	INTERMEDIATE **	DELAYED	TRAPPED	DEAD	ACCESS	NO ACCESS		ASSIGNMENT COMPLETED	

#	Time	By		Location/Address	Fire	Hazards				Building Damage			People				Road			x	Comments

FOR USE BY RECON TEAM /IC

REV 0

Use this form to summarize the reconnaissance in your assigned area and return it to the Command Post.
Incident Command: Choose a location/address, put a slash in the assignment completed column, copy the address/location to the Incident Name section on the Incident Briefing form, and give Incident Briefing and Assignment Status to Incident Team Leader. Copy address/location to Post-Incident Status and enter start time. When incident is complete, make an “X” in the assignment completed column and the incident end time on the Post-Incident Status form.