

**LOCAL DAMAGE ASSESSMENT  
LIST OF DAMAGED SITES & SITE ESTIMATES**

DISASTER EVENT \_\_\_\_\_

MUNICIPALITY/ APPLICANT \_\_\_\_\_ POPULATION \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

MUNICIPALITY/ APPLICANT ADDRESS \_\_\_\_\_ APPLICANT PHONE \_\_\_\_\_

DATE FISCAL YEAR BEGAN \_\_\_\_/\_\_\_\_/\_\_\_\_ TOTAL ANNUAL BUDGET= \$ \_\_\_\_\_ UNCOMMITTED BALANCE AS OF \_\_\_\_/\_\_\_\_/\_\_\_\_ = \$ \_\_\_\_\_

ANNUAL MAINTENANCE BUDGET= \$ \_\_\_\_\_ UNCOMMITTED BALANCE AS OF \_\_\_\_/\_\_\_\_/\_\_\_\_ = \$ \_\_\_\_\_

POC NAME \_\_\_\_\_ POC PHONE \_\_\_\_\_ POC FAX \_\_\_\_\_ POC E-MAIL \_\_\_\_\_

POC ADDRESS \_\_\_\_\_ PDA TEAM MEMBERS \_\_\_\_\_

Site #	Location (street address, directions from known point, and if available GPS coordinates - provide municipal/township map)	Damage, Description and Dimensions (give facility name, length-width-depth-sf-sy-cy-tons-number of items, etc.)	Local Estimate of Cost \$	Insurance Coverage Y/N \$?	Impact of Damage (public health & safety - Essential / critical facilities- population adversely affected)	Special Considerations (1) (see bottom of continuation sheet)
1			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
2			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
3			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
4			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
5			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
6			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Annotate local map to show site numbers above. Use reverse for detailed description of adverse effect on essential / critical facilities such as: Hospitals, Schools, Nursing Homes, Transportation, Communication, Water, Sewer, Emergency vehicle access, and Public Health and Safety

**LOCAL DAMAGE ASSESSMENT**  
**LIST OF DAMAGED SITES & SITE ESTIMATES (CONTINUED)**

**DISASTER EVENT** \_\_\_\_\_

MUNICIPALITY/ APPLICANT \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_ PAGES

Site #	Location (street address, directions from known point, and if available GPS coordinates - provide municipal/township map)	Damage, Description and Dimensions (give facility name, length-width-depth-sf-sy-cy-tons-number of items, etc.)	Local Estimate of Cost \$	Insurance Coverage Y/N \$?	Impact of Damage (public health & safety - Essential / critical facilities - population adversely affected)	Special Considerations (1) (see bottom of continuation sheet)
7			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
8			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
9			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
10			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
11			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
12			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

**Special Considerations** - Does the site have potential for:      **Hazardous Materials (HZ)** - Unidentified drums, asbestos, transformers with PCBs, oil slick, etc.?  
**Historical Significance (HIST)** - Site over 50 years old, located in historical district, plaque on building, etc?      **Hazard Mitigation (HM)** - Has site been damaged before, are there cost effective mitigation possibilities, etc?  
**Environmental Issues (ENV)** - Wetlands, endangered species, water supply contamination, sewage spill, etc?  
**Insurance (INS)** - Is structure or contents insured, in 100-year floodplain?

**LOCAL DAMAGE ASSESSMENT**  
LIST OF DAMAGED SITES & SITE ESTIMATES (CONTINUED)

DISASTER EVENT \_\_\_\_\_

MUNICIPALITY/ APPLICANT \_\_\_\_\_

COUNTY \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_ PAGES

Site #	Location <small>(street address, directions from known point, and if available GPS coordinates - provide municipal/township map)</small>	Damage, Description and Dimensions <small>(give facility name, length-width-depth-sf-sy-cy-tons-number of items, etc.)</small>	Local Estimate of Cost \$	Insurance Coverage Y/N \$?	Impact of Damage <small>(public health &amp; safety - Essential / critical facilities - population adversely affected)</small>	Special Considerations <small>(1) (see bottom of continuation sheet)</small>
13			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
14			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
15			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
16			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
17			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		
18			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO		

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