

Injury and Damage Assessment Form

Cluster #:		Date:		Person Reporting:												Page # ____ of ____			
		OK/HELP/None	Burning	Out/None		Gas Leak	Water Leak	Electric	Chemical	Damaged*	Collapsed	Injured	Trapped	Deceased	Access	No Access	Time Reported to Control Team		
Time	Address	Sign	Fires	Hazards				Structures		People			Roads		Report	Details/Comments			

*For Structure Damage: H = Heavy, M = Moderate, L = Light