

MUNICIPAL INITIAL WINDSHIELD ASSESSMENT

The purpose of this worksheet is for the EMC to get a general idea of damage in the municipality.
There is no need to do a door-to-door assessment when completing this form.

*** COMPLETED FORMS ARE DUE TO THE COUNTY EMA OFFICE 24 HOURS AFTER NOTIFICATION FROM COUNTY EMA ***

NAME OF EVENT: _____ **DATE:** _____
 County: _____ Municipality: _____ Time of Report: _____
 Municipal Disaster Declared: YES ___ NO ___ Date/Time: _____
 Municipal EOC Activated: FULL ___ PARTIAL ___ NONE ___ Date/Time: _____
 Person Completing this Report: _____ Phone #: _____

<u>Casualties</u>	<u>IA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>	<u>Affected</u>	<u>Inaccessible</u>
Fatalities _____	Single Family	_____	_____	_____	_____	_____
Major Injuries _____	Multi-Family	_____	_____	_____	_____	_____
Minor Injuries _____	Mobile Homes	_____	_____	_____	_____	_____
Missing _____	Businesses	_____	_____	_____	_____	_____
<u>Human Impact</u>	<u>PA</u>	<u>Destroyed</u>	<u>Major</u>	<u>Minor</u>		
# Evacuated _____	Bridges and Culverts	_____	_____	_____	_____	_____
# Sheltered _____	Fire/EMS Facility	_____	_____	_____	_____	_____
Comments: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	Hospital	_____	_____	_____	_____	_____
	Nursing Home	_____	_____	_____	_____	_____
	Other (_____)	_____	_____	_____	_____	_____
	Other (_____)	_____	_____	_____	_____	_____
	Park	_____	_____	_____	_____	_____
	Power Facility	_____	_____	_____	_____	_____
	Public Building	_____	_____	_____	_____	_____
	Roads	_____	_____	_____	_____	_____
	Sanitary Sewer System	_____	_____	_____	_____	_____
	School	_____	_____	_____	_____	_____
Storm Sewer	_____	_____	_____	_____	_____	
Water Supply System	_____	_____	_____	_____	_____	

Map attached; include Addresses and/or GIS coordinates