

WINDSHIELD ASSESSMENT SURVEY

Call Sign: _____ RACES Unit Number: _____

Date: _____ Time: _____ a.m. p.m.

Contact Information: Telephone # _____ Radio Frequency: _____

Boundaries of Area Surveyed (use Mapsco Grid/Subgrid coordinates: _____

Neighborhood Name (if any): _____

North: _____ South: _____ East: _____ West: _____

Description of Disaster Damage: _____

Characteristics of Area Surveyed (business, residential, special populations, etc.): _____

Current Conditions (utility status, water levels, weather conditions, etc.): _____

Access to Area and Roads Conditions (open, closed, partially blocked, etc.): _____

Identified Resource Needs (medical care, sheltering, search and rescue, sandbagging, debris removal, etc.):

SUMMARY OF STRUCTURAL DAMAGE

Type of Occupancy	Destroyed	Major	Minor	TOTALS
Single Family Dwellings				
Mobile Homes				
Apartments				
Businesses				
TOTALS				

Other Comments: