Department of Homeland Security Federal Emergency Management Agency

Damage Assessment Tool

OMB Control Number: 1660-0009 Expiration: 03-31-2016

PAPERWORK BURDEN DISCLOSURE NOTICE FEMA Form 009-0-140

Public reporting burden associated with the data collection is 33 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0009) NOTE: Do not send your completed form to this address.

For questions on conducting damage assessments, refer to <u>FEMA's Damage</u> <u>Assessment Operations Manual</u>		
Incident ID Numb	er	
Which program is for? *		
(Surveys will be combined	*	
Individual AssistanPublic Assistance	ce	
What caused the (select all that apply)	e damage?	
□ Drought	□ Earthquake	
□ Explosion	□Fire	
□Flood	□Hurricane	
Landslide	□ Mudslide	
☐ Severe Storm	Snowstorm	
Straight-Line Winds/Derecho	□Terrorism	
☐Tidal Wave	□Tornado	
Tropical Depression	☐Tropical Storm	
□Tsunami	□ Volcanic Eruption	

 \square Other

Winter Storm

Public Assistance Potential Applicant Information Potential Applicant Name: Choose the Applicant Type: ○ Government Entity OPrivate Non-Profit Street Number: Street Name: Unit/Suite: City: State/Territory:

Which type of assessment would you like to submit?

- Obebris Removal (A)
- Emergency Protective Measures (B)
- ORoads and Bridges (C)
- OWater Control Facilities (D)
- OBuildings, Equipment and Content (E)
- Outilities (F)
- OBeaches, Parks, Transit, and Other (G)

Debris Removal
Where is the debris located?
(select all that apply)
☐ Agricultural Land
☐FHWA Roads
Flood control works under the authority of NRCS
□ Natural, unimproved land
Other Public Property
☐ Private Roads
☐ Public Right of Way
☐ Public Roads
□Waterways
Other
Choose the types of debris:
(select all that apply)
Construction and Demolition (C&D) debris
☐ Sand/Silt/Soil/Mud/Rocks
□ Vegetative debris
☐ Hazardous debris
☐ Putrescent debris
□Vehicles
□Vessels
■Wet debris
☐White goods
Other

Provide the common name for the disposal facility: (and GPS coordinates in the next section) Will the debris be hauled to a staging location to disposal? Yes No Unknown

Emergency Protective Measures
Select all emergency activities required for the incident:
 □ Emergency Operations Center □ Evacuation and Sheltering □ Fire Fighting □ Flood Fighting □ Medical Care and Transport □ Provision of Supplies and Commodities □ Road Closures and Security □ Safety Inspections □ Search and Rescue □ Snow Related Activities □ Other
Describe the impacts to the community that required these activites:
Were resources donated to assist with emergency work?
○Yes ○No ○Unknown

Roads and Bridges	
Is this road/bridge a federal aid road? Yes No Unknown	
Is this a private road/bridge? Yes No Unknown	
Choose the type of facility: Road (no culvert) Road with culvert Bridge Low Water Crossing	

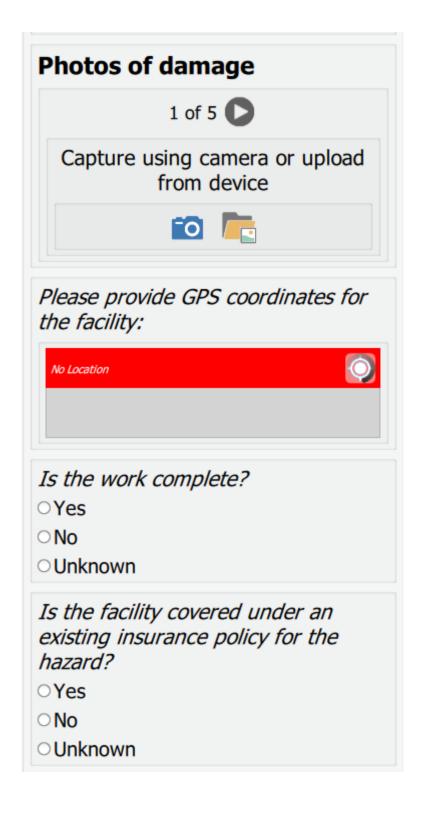
Enter the common name for the facility:
Describe the damage to the facility:
Describe the necessary repairs:

Water Control Facilities
Are repairs to this facility the responsibility of USACE or NRCS? Yes No Unknown
Choose the facility type: Coastal Shoreline Protection Devices Dams and Reservoirs Drainage Channels and Navigational Waterways Irrigation Facilities Levees Pumping Facilities Sediment/Debris Retention/ Detension Basins Other
Choose the purpose of the facility: Agricultural Flood Control Hydropower Navigation Recreation Water Supply Other

Buildings, Equipment and Content Choose the facility type: (select all that apply) Building ■ Building Contents □ Equipment ■ Vehicles Enter the common name for the facility: Describe the damage to the facility: Describe the necessary repairs:

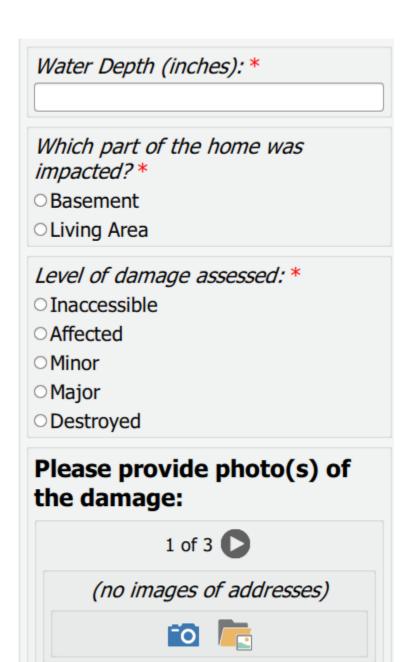
Choose the type of facility: Water Storage and Distribution Storm Water/Wastewater Treatment, Collection, and Delivery Power Generation, Transmission, and Distribution Facilities Communication Natural Gas Transmission and Distribution Enter the common name for the facility: Describe the damage to the facility: Describe the necessary repairs:	Utilitie	s	
Describe the damage to the facility:	OWater Storm Treatr Power and Di Comm	Storage and Water/Was nent, Collect Generation Estribution Funication I Gas Trans	nd Distribution stewater ction, and Delivery n, Transmission, Facilities
facility:	_	he commor	n name for the
Describe the necessary repairs:		e the dama	age to the
	Describ	e the nece	essary repairs:

Beaches, Parks, Transit, and Other
Choose the type of facility: Parks and Recreational Facilities Beaches Mass Transit Facilities Other
Enter the common name for the facility:
Describe the damage to the facility:
Describe the necessary repairs:



Were emergency repairs necessary to lessen an immediate threat to life, safety or property? (separate from restoration costs) Yes No Unknown
Enter cost of the restoration work: (dollars)
How was the cost estimate developed?
Real Cost (based on submitted oreceipts, invoices, and other documentation)
Certified Estimate (developed and osigned by engineer or other qualified personnel)
Calculated Estimate (based off of cost/rate schedule information)
Informed Estimate (based on historic costs for similar type of work)
Best Guess (made due to unknown cost, variables, or unknown damage)

Individual Assistance	
Owner or Renter? * Owner Renter	
Choose the type of dwelling: * Single Family Multi-Family Manufactured Home	
Is the property insured?* OYes ONo OUnknown	
Is this home occupied at least 6 months per year?* OYes ONo OUnknown	
Are the utilities functional?* OYes ONo OUnknown	
Does this dwelling appear to be low income? * OYes No OUnknown	



Please prov address:	vide the street
Street Numb	er:*
Street Name.	•*
City/Town: *	
State/Territor	ry: * ▼
Zipcode *	
Provide the C	GPS coordinates: *
No Location	
Provide any ad information he	dditional narrative ere: