

EVCNB Preliminary Safety Assessment Form

-Draft-

R20190611 For use by Zones and Zone Nets

Assessment Date/Time:			Zone/Cluster:	
Person Reporting:			Number of Units Surveyed:	
Street:			Between:	and:
Ref	Category	Subcategory	Count	Notes/Addresses (use back of page if necessary)
1.1	Injuries None or Minor	Conscious and alert. Breathing normally. Able to walk away from the incident.		
1.2	Injuries Moderate (care can wait)	Conscious and alert. Breathing normally. Bleeding controlled. Cannot walk, may not be able to move.		Address:
1.3	Injuries Severe (need immediate care)	Unconscious. Confused/disoriented. Breathing rapidly or bleeding heavily.		Address:
1.4	Injuries Presumed Dead	Not breathing		Address:
2.1	Fire	Fire. Any situation, note if extinguished.		Address:
3.1	Access	Roads blocked. Other Obstructions.		
4.1	Building Light Damage	Superficial Damage. Broken Windows. Siding off/missing.		Address:
4.2	Building Moderate Damage	Roof and/or walls tilted or out of alignment.		Address:
4.3	Building Heavy Damage	Partial or full collapse. Building is off foundation. Roof off or parts missing.		Address:
5.1	Hazards	Gas/propane Leaks.		Address:
5.2	Hazards	Sewer Leaks.		Address:
5.3	Hazards	Water Main Breaks.		Address:
5.4	Hazards	Electrical Power. Lines Down. Units without power?		Address: