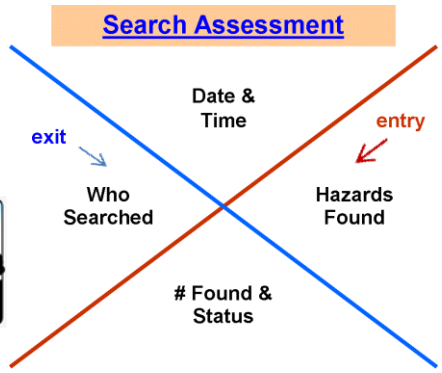

PERSON REPORTING:	DATE REPORTED	
PERSON RECEIVING:	TIME:	PAGE#:

DAMAGE ASSESSMENT SURVEY

TIME	LOCATION / ADDRESS	FIRE		HAZARDS				STRUCTURE		PEOPLE			ROADS		RESOLVE	
		Burning	Out	Gas Leak	H^2O	Electric	Chemical	Damaged	Collapsed	Injured	Trapped	Dead	Access	No Access	Assignment Completed	All Clear

RETURN THIS FORM TO THE CERT INCIDENT COMMAND (* for structure damage: h=heavy, m=moderate, l=light) Olathe Fire Department -CERT REV. 05/2009