

DAMAGE REPORT

(Initial Damage Assessment Only)

SITE ADDRESS / DESCRIPTION _____

P.I.N. _____

OWNER/OCCUPANT _____

OWNER/OCCUPANT ON-SITE? YES NO PHONE _____

INSURED: YES NO UNKNOWN STRUCTURAL EVALUATION REQUIRED: YES NO

TYPE OF BUILDING: APARTMENT DWELLING MANUFACTURED HOME SHED

ATTACHED GARAGE DETACHED GARAGE COMMERCIAL INDUSTRIAL

OTHER: _____

SPECIFIED ITEMS: Inspected Interior and Exterior Inspected Exterior Only Interior Inspection Not Required

EXTERIOR:	UN AFFECTED	RE PAIR	RE PLACE
ROOFING			
ROOF STRUCTURE			
CHIMNEY			
SIDING & TRIM			
WALL STRUCTURE			
WINDOWS			
DOORS			

INTERIOR:	UN AFFECTED	RE PAIR	RE PLACE
CEILING STRUCTURE			
INTERIOR			
STAIRWAYS			
FLOOR SYSTEM			
BASEMENT			
FOUNDATION			
ATTIC			

UTILITIES:	UN AFFECTED	RE PAIR	RE PLACE
PLUMBING			
HEATING SYSTEM			
WATER HEATER			
GAS SERVICE			
GAS PIPING			
WIRING			
ELECTRIC SERVICE			
WATER SERVICE			
SPRINKLER SYSTEM			
ELEVATOR			

Barricades may be needed: _____

Comments: _____

PLACARDED FOR HABITABILITY

- Blue Unaffected - No Damage Observed
- Green Habitable - Repairs Required
- Yellow Uninhabitable - Limited Entry
- Orange Unsafe Structure - Keep Out
- Red Dangerous Keep Out - Uninhabitable
- White Sorry - We Missed You, Contact Us

INSPECTOR _____
 DATE _____

PICTURES TAKEN: _____

MARKET VALUE \$ _____ ESTIMATED LOSS \$ _____ SIGNATURE: _____ DATE: _____