UC RIVERSIDE - Building Damage Assessment Form

BUILDING/LOCATION: _____

	LIGHT SMOKE	HEAVY SMOKE	VISIBLE FIRE	FLOODING	WALL COLLAPSE	FLOOR COLLAPSE	LIGHT DEBRIS	HEAVY DEBRIS	CHEMICAL ODOR	SLIGHT DAMAGE	MODERATE DAMAGE	MAJOR DAMAGE	NOT ASSESSED	NO DAMAGE
Basement														
1st Floor														
2nd Floor														
3rd Floor														
4th Floor														
5th Floor														
6th Floor														
7th Floor														
Roof														
Exterior														
Other Areas														

INSTRUCTIONS

Place an "X" in the box to describe the type and/or amount of damage reported by BES or EAA population.

PREPARRED BY

DATE

TIME