



Arizona Health Care Association  
**DISASTER PLANNING AND EMERGENCY MANAGEMENT GUIDE**  
**POST INCIDENT DAMAGE ASSESSMENT CHECKLIST**

It is essential to perform a Basic Damage Assessment (BDA) following an adverse event to help ensure the safety of building occupants as well as prevent additional losses from occurring. This checklist has been developed to guide long term care facilities on assessing damage immediately following adverse events like fire, flood, severe weather, acts of violence or any other incident that may have potentially damaged a facility.

The safety of the facility’s employees must be considered first and foremost. A Basic Damage Assessment shall not be completed if it is determined that a facility has been “severely damaged” and conducting such an assessment may place the safety of an employee(s) in jeopardy.

**PURPOSE:** The purpose of the BDA is to evaluate the extent of damage that has occurred to help a facility develop a specific plan of action to initiate recovery efforts based on the types of hazards that have been identified following an adverse event. The BDA should be completed by a person(s) who has a general understanding of building construction and associated systems (electrical, plumbing, utilities, technology, etc.).

**NOTE:** NHICS Form #261 should be completed in conjunction with the BDA and filed with all NHICS documents to help ensure completion of an Incident Action Safety Analysis.

|                         |                                                  |                                                                                                                                                                    |                      |       |
|-------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------|
| <b>SITE INFORMATION</b> | <b>DATE OF INCIDENT:</b>                         | _____                                                                                                                                                              | <b>Date of BDA:</b>  | _____ |
|                         | <b>NAME/TITLE OF PERSON CONDUCTING BDA:</b>      | _____                                                                                                                                                              |                      |       |
|                         | <b>FACILITY NAME:</b>                            | _____                                                                                                                                                              |                      |       |
|                         | <b>FACILITY ADDRESS:</b>                         | _____                                                                                                                                                              | <b>Phone Number:</b> | _____ |
|                         | <b>ADMINISTRATOR/ EXECUTIVE DIRECTOR:</b>        | _____                                                                                                                                                              |                      |       |
|                         | <b>MAINTENANCE DIRECTOR:</b>                     | _____                                                                                                                                                              |                      |       |
|                         | <b>GENERAL IMPRESSION OF DAMAGE TO LOCATION:</b> | <input type="checkbox"/> None <input type="checkbox"/> Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Total Loss |                      |       |



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|                         |                                                           |                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                         |
|-------------------------|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>TYPE OF INCIDENT</b> | <b>TYPE OF INCIDENT:</b>                                  | <input type="checkbox"/> Fire<br><input type="checkbox"/> Power Failure<br><input type="checkbox"/> Vandalism<br><input type="checkbox"/> Explosion Without Fire<br><input type="checkbox"/> Natural Gas Failure<br><input type="checkbox"/> Incident of Workplace Violence<br><input type="checkbox"/> Severe Weather | <input type="checkbox"/> HVAC Failure<br><input type="checkbox"/> Civil Disturbance/Riot<br><input type="checkbox"/> Internal Flooding<br><input type="checkbox"/> Technology Failure<br><input type="checkbox"/> Vehicle Striking Building<br><input type="checkbox"/> External Flooding<br><input type="checkbox"/> Criminal Activity |
|                         | <input type="checkbox"/> OTHER MECHANICAL SYSTEM FAILURE: | _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                         |
|                         | <input type="checkbox"/> OBJECT STRIKING THE BUILDING:    | _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                         |
|                         | <input type="checkbox"/> OTHER:                           | _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                         |
|                         | <b>DESCRIBE THE INCIDENT IN DETAIL:</b>                   | _____                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                         |

*Check any of the following areas that have been damaged in the incident.*

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>EXTERIOR PROPERTY ASSESSMENT</b> | <input type="checkbox"/> Landscaping<br><input type="checkbox"/> Outside Water Pipe Rupture<br><input type="checkbox"/> Patios<br><input type="checkbox"/> Flagpole<br><input type="checkbox"/> Damage to Entire Area<br><input type="checkbox"/> Downed Utility Transmission Lines<br><input type="checkbox"/> Blood, Body Fluids or Other Bio-Hazards Present<br><input type="checkbox"/> Fire Hydrants | <input type="checkbox"/> Freestanding Signs<br><input type="checkbox"/> Out-Buildings (garage, shed, maintenance building, etc.)<br><input type="checkbox"/> Downed Trees or Tree Limbs<br><input type="checkbox"/> Driveways<br><input type="checkbox"/> Fences/Gates<br><input type="checkbox"/> Gazebo/Courtyard Structures<br><input type="checkbox"/> Damage to Neighboring Buildings<br><input type="checkbox"/> Hazardous Material Spill | <input type="checkbox"/> Parking Lot<br><input type="checkbox"/> Light Poles<br><input type="checkbox"/> Broken Glass on Ground<br><input type="checkbox"/> Outside Gas Leaks<br><input type="checkbox"/> Vehicles<br><input type="checkbox"/> Mailboxes<br><input type="checkbox"/> Graffiti<br><input type="checkbox"/> |
|                                     | <b>DESCRIBE DAMAGE TO THE EXTERIOR OF THE PROPERTY IN DETAIL:</b>                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |



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*Check any of the following areas that have been damaged in the incident.*

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>EXTERIOR BUILDING ASSESSMENT</b> | <input type="checkbox"/> Windows<br><input type="checkbox"/> Roof Structure<br><input type="checkbox"/> Penthouse<br><input type="checkbox"/> Balconies<br><input type="checkbox"/> Utility Meters<br><input type="checkbox"/> Exterior Structural Damage<br><input type="checkbox"/> Roof Covering (Shingles, Tiles, Gravel, etc.)<br><input type="checkbox"/> Soffits<br><input type="checkbox"/> Porches | <input type="checkbox"/> Emergency Generator Enclosure<br><input type="checkbox"/> Partial Structural Collapse<br><input type="checkbox"/> Steeple<br><input type="checkbox"/> Light Fixture on Building<br><input type="checkbox"/> Railings<br><input type="checkbox"/> Utility Control Boxes<br><input type="checkbox"/> Complete Structural Collapse<br><input type="checkbox"/> Exterior Walls-Siding/Veneer Damage | <input type="checkbox"/> Doors<br><input type="checkbox"/> Pipes on Building<br><input type="checkbox"/> Utility Transformers<br><input type="checkbox"/> Foundation<br><input type="checkbox"/> Exterior Walls - Structural Integrity<br><input type="checkbox"/> Canopies<br><input type="checkbox"/> Wiring on Building<br><input type="checkbox"/> Fire Department Connection (Exterior Hose) |
|                                     | <b>DAMAGE CAUSED BY OBJECT(S) STRIKING EXTERIOR OF BUILDING:</b>                                                                                                                                                                                                                                                                                                                                            | _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                     | <b>DESCRIBE DAMAGE TO THE EXTERIOR OF THE PROPERTY IN DETAIL:</b>                                                                                                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                   |

*Check any of the following hazards that may be present.*

|                                     |                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |
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| <b>INTERIOR BUILDING ASSESSMENT</b> | <input type="checkbox"/> Fire Damage<br><input type="checkbox"/> Smoke Damage<br><input type="checkbox"/> Interior Contents Damage<br><input type="checkbox"/> Interior Structural Damage | <input type="checkbox"/> Water Damage<br><input type="checkbox"/> Presence of Mold or Mildew<br><input type="checkbox"/> Hazardous Materials Spill, Leak or Exposure<br><input type="checkbox"/> Blood, Body Fluids or Other Bio-Hazards Present |
|                                     |                                                                                                                                                                                           |                                                                                                                                                                                                                                                  |



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*Check any of the following hazards that may be present.*

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED INTERIOR BUILDING ELEMENTS</b> | <input type="checkbox"/> Ceilings<br><input type="checkbox"/> Floor Boards<br><input type="checkbox"/> Exit Doors<br><input type="checkbox"/> Windows<br><input type="checkbox"/> Attic<br><input type="checkbox"/> Wall Structure (Studs, Framing, etc.)<br><input type="checkbox"/> Carpeting<br><input type="checkbox"/> Interior Doors<br><input type="checkbox"/> Window Latches<br><input type="checkbox"/> Stairs | <input type="checkbox"/> Wall Covering (Drywall, Plaster, etc.)<br><input type="checkbox"/> Floor Tile<br><input type="checkbox"/> Screen Doors<br><input type="checkbox"/> Window Screens<br><input type="checkbox"/> Stairwells<br><input type="checkbox"/> Foyer/Entry Way/Vestibule<br><input type="checkbox"/> Other Floor Coverings<br><input type="checkbox"/> Door Handles<br><input type="checkbox"/> Basement<br><input type="checkbox"/> Elevator Cars | <input type="checkbox"/> Graffiti<br><input type="checkbox"/> Ramps<br><input type="checkbox"/> Door Locks<br><input type="checkbox"/> Crawlspace<br><input type="checkbox"/> Elevator Shafts<br><input type="checkbox"/> Dumbwaiters<br><input type="checkbox"/> Dumbwaiter Shafts<br><input type="checkbox"/> Electrical Outlets<br><input type="checkbox"/> P.A. System<br><input type="checkbox"/> Circuit Breaker Boxes | <input type="checkbox"/> Computer System/Server<br><input type="checkbox"/> Railings<br><input type="checkbox"/> Fuse Boxes<br><input type="checkbox"/> Security System<br><input type="checkbox"/> Light Fixtures<br><input type="checkbox"/> Open/Exposed Wiring<br><input type="checkbox"/> Fire Extinguishers<br><input type="checkbox"/> Electrical Switches |
|                                           | <b>COMMENTS:</b>                                                                                                                                                                                                                                                                                                                                                                                                         | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                   |

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| <b>DAMAGED FIRE ALARM SYSTEM COMPONENTS</b> | <input type="checkbox"/> Control Panel<br><input type="checkbox"/> Horn/Strobe Devices<br><input type="checkbox"/> Annunciator Panels<br><input type="checkbox"/> Battery Cabinet | <input type="checkbox"/> Smoke Detectors<br><input type="checkbox"/> Heat Detectors<br><input type="checkbox"/> Pull Stations |  |
|                                             | <b>COMMENTS:</b>                                                                                                                                                                  | _____                                                                                                                         |  |

|                                             |                                                                                                                                                                                   |                                                                                                                               |  |
|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DAMAGED FIRE ALARM SYSTEM COMPONENTS</b> | <input type="checkbox"/> Control Panel<br><input type="checkbox"/> Horn/Strobe Devices<br><input type="checkbox"/> Annunciator Panels<br><input type="checkbox"/> Battery Cabinet | <input type="checkbox"/> Smoke Detectors<br><input type="checkbox"/> Heat Detectors<br><input type="checkbox"/> Pull Stations |  |
|                                             | <b>COMMENTS:</b>                                                                                                                                                                  | _____                                                                                                                         |  |



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|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED FIRE<br/>SPRINKLER AND<br/>STANDPIPE SYSTEMS</b> | <input type="checkbox"/> Control Valves<br><input type="checkbox"/> Fire Hose Cabinets<br><input type="checkbox"/> Flow Switches<br><input type="checkbox"/> Interior Standpipe Connections | <input type="checkbox"/> Tamper Switches<br><input type="checkbox"/> Sprinkler Piping<br><input type="checkbox"/> Sprinkler Heads |
|                                                             | <b>COMMENTS:</b> _____                                                                                                                                                                      |                                                                                                                                   |

|                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED MECHANICAL<br/>EQUIPMENT</b> | <input type="checkbox"/> Boilers<br><input type="checkbox"/> Sump Pumps<br><input type="checkbox"/> Elevator Equipment<br><input type="checkbox"/> Sewer Pipes<br><input type="checkbox"/> Emergency Generator<br><input type="checkbox"/> Hot Water Tanks<br><input type="checkbox"/> Furnaces | <input type="checkbox"/> Dumbwaiter Equipment<br><input type="checkbox"/> Soil Stacks<br><input type="checkbox"/> Hot Water Heaters<br><input type="checkbox"/> Return Air Units<br><input type="checkbox"/> Gas Pipes<br><input type="checkbox"/> Trash Chute<br><input type="checkbox"/> Condensers | <input type="checkbox"/> Air Conditioning Units<br><input type="checkbox"/> Water Pipes<br><input type="checkbox"/> Incinerator<br><input type="checkbox"/> Pumps<br><input type="checkbox"/> Pneumatic Environmental Control System<br><input type="checkbox"/> Water Meter<br><input type="checkbox"/> Compactor |
|                                         | <b>COMMENTS:</b> _____                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                    |

|                                          |                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                           |
|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED KITCHEN/<br/>FOOD SERVICE</b> | <input type="checkbox"/> Stoves<br><input type="checkbox"/> Sinks<br><input type="checkbox"/> Other Kitchen Appliances<br><input type="checkbox"/> Grills<br><input type="checkbox"/> Ventilation Hood<br><input type="checkbox"/> Preparation Counters<br><input type="checkbox"/> Broilers | <input type="checkbox"/> Hood Fire Protection System<br><input type="checkbox"/> Cabinets<br><input type="checkbox"/> Ovens<br><input type="checkbox"/> Refrigerator<br><input type="checkbox"/> Pantry/Bulk Food Storage<br><input type="checkbox"/> Microwave Ovens<br><input type="checkbox"/> Freezer |
|                                          | <b>COMMENTS:</b> _____                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                           |



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|------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>DAMAGED LAUNDRY</b> | <input type="checkbox"/> Washers<br><input type="checkbox"/> Dryers<br><input type="checkbox"/> Ventilation System | <input type="checkbox"/> Laundry Chute<br><input type="checkbox"/> Other Laundry Equipment |
|                        | <b>COMMENTS:</b>                                                                                                   | _____                                                                                      |

|                                                           |                                                                                                                                                                                                              |                                                                                                                                                                      |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED OFFICES/ TREATMENT ROOMS/ CONFERENCE ROOMS</b> | <input type="checkbox"/> Desks<br><input type="checkbox"/> Fax Machines<br><input type="checkbox"/> Office Furniture<br><input type="checkbox"/> Paper Shredders<br><input type="checkbox"/> Filing Cabinets | <input type="checkbox"/> Computers<br><input type="checkbox"/> Shelving<br><input type="checkbox"/> Copy Machines<br><input type="checkbox"/> Other Office Equipment |
|                                                           | <b>COMMENTS:</b>                                                                                                                                                                                             | _____                                                                                                                                                                |

|                              |                                                                                                                     |                                              |
|------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>DAMAGED TRAINING ROOM</b> | <input type="checkbox"/> Desks<br><input type="checkbox"/> Classroom Furniture<br><input type="checkbox"/> Shelving | <input type="checkbox"/> Classroom Equipment |
|                              | <b>COMMENTS:</b>                                                                                                    | _____                                        |



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|------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED<br/>AUDITORIUM/<br/>COMMON AREA</b> | <input type="checkbox"/> Furniture<br><input type="checkbox"/> Flooring<br><input type="checkbox"/> Ceiling<br><input type="checkbox"/> Entertainment Equipment |
|                                                | <b>COMMENTS:</b> _____                                                                                                                                          |

|                              |                                                                                                                                                                                           |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED<br/>BATHROOMS</b> | <input type="checkbox"/> Toilets<br><input type="checkbox"/> Sinks<br><input type="checkbox"/> Bathtubs<br><input type="checkbox"/> Showers<br><input type="checkbox"/> Plumbing Fixtures |
|                              | <b>COMMENTS:</b> _____                                                                                                                                                                    |

|                                   |                                                                                                                                                |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED<br/>RESIDENT ROOMS</b> | <input type="checkbox"/> Beds<br><input type="checkbox"/> Furniture<br><input type="checkbox"/> Closets<br><input type="checkbox"/> Television |
|                                   | <b>COMMENTS:</b> _____                                                                                                                         |

|                                                      |                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DAMAGED<br/>LIVING/ACTIVITY/<br/>DINING ROOMS</b> | <input type="checkbox"/> Couches<br><input type="checkbox"/> Televisions<br><input type="checkbox"/> Reclining Chairs<br><input type="checkbox"/> Tables<br><input type="checkbox"/> Sound Systems<br><input type="checkbox"/> Other Furniture<br><input type="checkbox"/> Chairs<br><input type="checkbox"/> Cabinets |
|                                                      | <b>COMMENTS:</b> _____                                                                                                                                                                                                                                                                                                 |



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|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>DAMAGED STORAGE ROOMS</b> | <input type="checkbox"/> Ceiling <input type="checkbox"/> Floors<br><input type="checkbox"/> Walls <input type="checkbox"/> Storage Items |       |
|                              | <b>COMMENTS:</b>                                                                                                                          | _____ |

|                                 |                                                                                                                                                                                   |       |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| <b>DAMAGED ATTACHED GARAGES</b> | <input type="checkbox"/> Roof <input type="checkbox"/> Vehicles<br><input type="checkbox"/> Walls <input type="checkbox"/> Other Storage Items<br><input type="checkbox"/> Floors |       |
|                                 | <input type="checkbox"/> <b>OTHER INTERIOR AREAS DAMAGED - DESCRIBE:</b>                                                                                                          | _____ |
|                                 | <b>DESCRIBE DAMAGE TO THE INTERIOR OF THE BUILDING IN DETAIL:</b>                                                                                                                 | _____ |

*Check any of the following hazards that may be present.*

|                                           |                                                                                            |                                                                                                                           |                                                                                                                                                |                                                                                                                                   |
|-------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| <b>EVIDENCE OF THEFT OR MISSING ITEMS</b> | <input type="checkbox"/> Evidence of Burglary <input type="checkbox"/> Evidence of Looting |                                                                                                                           |                                                                                                                                                |                                                                                                                                   |
|                                           | <b>INVENTORY OF ITEMS MISSING:</b>                                                         | <input type="checkbox"/> Appliances<br><input type="checkbox"/> Supplies<br><input type="checkbox"/> Mechanical Equipment | <input type="checkbox"/> Food Items<br><input type="checkbox"/> Computer Equipment<br><input type="checkbox"/> Artwork/Statues/Religious Items | <input type="checkbox"/> Entertainment Equipment<br><input type="checkbox"/> Personal Items<br><input type="checkbox"/> Furniture |
|                                           | <b>DESCRIBE MISSING ITEMS IN DETAIL:</b>                                                   | _____                                                                                                                     |                                                                                                                                                |                                                                                                                                   |





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|-----------------------------|--|
| <b>ADDITIONAL NARRATIVE</b> |  |
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