



NERT DAMAGE ASSESSMENT FORM

Page:		Person Reporting:			NERT Task Force/ERD:		
Date & Time:		Person Receiving/ICS Position:			Block:		
Fire Burning, Out, None		Hazard Gas, Water, Electrical, HazMat, None		Damage Heavy, Medium, Light, None		Street Open, Blocked	
Incident #	Address	Fire	Hazard	Damage	Street	Other	
		Injured	Trapped	Need Shelter	Dead	Not Home	
Actions Taken, Resources Needed, Resources Available							
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PLEASE PRINT CLEARLY!