



## Individual Assistance Preliminary Damage Assessment Form Instructions

### Event:

Event Title. E.g. "Groundhogs Day Tornado," "Severe Weather 2009"

### As of:

Date of Damage Assessment. E.g. "6/2/08," "11/27/10"

### County, State, FEMA, SBA PDA Team Member:

Names of PDA Team Members. E.g. "Carol Burnett-Property Appraiser"

### Page:

Sheet number for the current date. E.g. "Page: 1," "Page: 6"

### County:

County in which PDA is being conducted. E.g. "Seminole"

### Number:

Address number and unit/apt. E.g. "1208," "1886 A"

### Street:

Street name. E.g. "Gatewood Ave," "Crimson Lane"

### USNG \_\_\_ R \_\_\_:

Grid Zone (for Florida, either 16 or 17 R) & 100,000-m Square Identification (two letters).

E.g. "16 R GU," "17 R MM"

### USNG 1st:

East-West Grid Coordinates (1st set of numbers on GPS unit). Extend to 4 digits. E.g. "6591," "6409"

### USNG 2nd:

North-South Grid Coordinates (2nd set of numbers on GPS unit). Extend to 4 digits. E.g. "6481," "7902"

### Structure Type:

**SF:** Single Family home

**MF:** Multi-Family

**MH:** Mobile Home

**Biz:** Business

### Ownership:

**O:** Owner

**R:** Renter

**2nd:** Secondary

### Assistance:

**INS:** Insured

**LO:** Low-Income

### Inaccessible:

Home is inaccessible to PDA team OR resident.

### Water Depth:

For flooding, approximate water depth in inches. In living areas only, does not include basements or crawl spaces.

## DEFINITIONS

**1. STRUCTURE TYPES** The most common structure types recorded during a Joint PDA are:

**Single Family-A** residential structure designed to host not more than one family, sharing no walls or structural elements with another dwelling.

**Multi-Family-A** residential structure designed to host more than one family, potentially sharing walls or structural elements with another dwelling (multiple doors).

**Mobile Home-A** residential structure with no permanent foundation and that may be readied for mobile transport.

**Business-A** structure whose sole use is that of a commercial, industrial or professional enterprise.

**2. OWNERSHIP** Assistance cost estimates often depend on whether a resident owns the structure in which they reside and have no other residence to return to, for this reason it is important to assess property ownership.

**Owner (O):** A residential structure whose legal possessor is also the permanent resident.

**Renter (R):** A residential structure in which the legal possessor allows a tenant to use the structure as their permanent residence.

**Secondary (2nd):** A residential structure occupied part-time by a person in addition to his or her primary residence (ex. Beach-front homes, vacation properties).

**3. ASSISTANCE** In order to justify additional assistance requests, it is important to ascertain whether survivor has other assistance sources to help them recover, such as insurance or financial resources.

**Insured (INS):** A resident is insured for **the type of event** which caused damage.

**Low-Income (LO):** A resident who has limited resources to assist in their recovery.

## 4. DAMAGE LEVEL

**Destroyed-**Structure is a total loss. Not economically feasible to rebuild. Permanently uninhabitable.

**Major-**Building has sustained structural or significant damage and is currently uninhabitable. Extensive repairs are necessary therefore the structure cannot be made habitable in a short period of time (less than a month).

**Minor-**Structure is damaged and uninhabitable. Minor repairs are necessary to make the structure habitable—but they can be completed in a short period of time (less than a month).

The dwelling has some damage, but can be used without significant repair.

**Affected-**Structure has received minimal damage and is habitable without repairs.



IA Preliminary Damage Assessment  
STATE TEAM MEMBER CHECKLIST

**EQUIPMENT**

- Go-Kit
  - Contact sheet
  - Hardcopy forms
  - Field Notes form
  - Pocket Guide (draft)
  - Maps
  - County CEMP damage assessment section
  - Org Chart
  - Safety Guide
  - PDA Checklist
  - Pens, Pencils
  - SERT Parking placard
  - Clipboard
- Cell Phone
- GPS, if necessary and/or available
- Personal Protective Equipment (PPE)
  - SERT Shirt
  - Long Pants
  - Waterproof, over-the-ankle boots
  - Sunscreen
  - Bug Repellent
  - Hat
  - Water
  - Hand Sanitizer
  - Bug spray

**ENTRANCE SURVEY**

- Who is local coordinator? (generally EM Director)  
\_\_\_\_\_
- Who is our local team member?  
\_\_\_\_\_
- Review assessment criteria.
- Damage location by priority
  - Maps, gridding
  - Initial Damage Assessment (IDA), other assessments (Red Cross, Building Department, etc.)
  - High risk areas

- Local issues (building material problems—ex. particle board floors in mobile homes?, older neighborhood locations, lots of renters, secondary?, low-income areas, any insurance databases or information resources?)

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- Safety Issues (high crime areas, downed powerlines, need escort?, known flooded roads?)

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**REPORTING**

- Report in at least twice a day  
(between 11 AM and 1 PM and between 3 pm and 5 pm)

**EXIT SURVEY** (Use Field Notes Form as well)

- Have we seen **ALL the damage**?
- What are the **SBA damage totals** (get from SBA PDA representative)?
- How many persons were **injured** or **died** as a direct result of this event? How many **missing**?
- How many **shelters** are open? How many people?
- How many **feeding stations** are open in the county?
- How have community **functions and services** been disrupted?





**Individual Assistance**  
Joint Preliminary Damage Assessment  
Field Notes Form

**County:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_

**PDA Date:** \_\_\_\_\_

**Event Title:** \_\_\_\_\_

**Local Official:** \_\_\_\_\_

**Contact Info:** \_\_\_\_\_

**EVENT INFORMATION (Narrative):**

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**INSURANCE & INCOME LEVEL (express survivors' ability to recover on their own):**

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**COMMUNITY RESOURCES (Voluntary Agencies ability to assist, Housing Resources in the area):**

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**Individual Assistance**  
Joint Preliminary Damage Assessment  
Field Notes Form

**INDUSTRY IMPACT** (population unemployed due to disaster, business impact, major industries in the area—e.g. tourism, manufacturing, etc):

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**SPECIAL NEEDS** (low income, homeless, elderly, language barriers, etc.):

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**EMERGENCY RESPONSE:**

Shelters Open: \_\_\_\_\_ Persons in Shelters: \_\_\_\_\_ Feeding Stations: \_\_\_\_\_

Medical Impact:      Injuries— \_\_\_\_\_ Deaths— \_\_\_\_\_ Missing— \_\_\_\_\_

**OTHER:**

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State Representative: \_\_\_\_\_