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**Type Key:**
- SF = Single Family
- MF = Multi-Family
- MH = Mobile Home
- Biz = Business
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: Ownership: Assistance:

SF: Single Family home O: Owner INS: Insured

MF: Multi-Family R: Renter LO: Low-Income

MH: Mobile Home 2nd: Secondary

Biz: Business

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?
Florida Division of Emergency Management - Bureau of Recovery
Preliminary Damage Assessment for Housing and Business Assistance - Deployment Roster

Event: _____________________________________________________________
Date: ______________________ County: ______________________________

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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):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

____________________________________________________________________________________________________________________________________________________________________________________________________________________

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

____________________________________________________________________________________________________________________________________________________________________________________________________________________

EMERGENCY RESPONSE:

Shelters Open: __________ Persons in Shelters: __________ Feeding Stations: __________

Medical Impact: Injuries—_______ Deaths—_______ Missing—____________

OTHER:

____________________________________________________________________________________________________________________________________________________________________________________________________________________

State Representative: ____________________________