

BURBANK FIRE CORPS PROGRAM STRUCTURE/HAZARDS EVALUATION FORM

NOTE: Aftershocks may cause additional damage other than what is noted.

Do NOT enter a building unless you are assigned/directed to do so, it is safe to do so and you have the proper Personal Protective Equipment.

<p>CONTACT INFORMATION Person Completing Form: _____ Unit Designation (if applicable): _____ Date: _____ Time (24 hour): _____</p> <p>DAMAGE <input type="checkbox"/> None Observed (no marking) <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy </p> <p>Is Damage Marking Marked on Building: <input type="checkbox"/> YES <input type="checkbox"/> NO Are There Any Search Markings on Building: <input type="checkbox"/> YES <input type="checkbox"/> NO / or X</p> <p>HAZARDS List Observed Hazards: _____ _____ _____ _____</p>	<p>STRUCTURE DESCRIPTION Address: _____</p> <p> <input type="checkbox"/> Single Family Residential <input type="checkbox"/> Duplex Residential <input type="checkbox"/> Apartment <input type="checkbox"/> Condo/Townhome <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> School <input type="checkbox"/> (Office(s)) <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Commercial Retail <input type="checkbox"/> Commercial Manufacturing <input type="checkbox"/> Commercial Other <input type="checkbox"/> Storage/Warehouse <input type="checkbox"/> Parking Structure # of Stories _____ </p> <p>Building Description: _____ _____ _____</p> <p>VICTIMS Victims Detected: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Undetermined without entry Comments: _____ _____ _____</p>
<p>NOTES _____ _____ _____</p>	

USE THE SPACE BELOW TO SKETCH FLOOR PLAN, BUILDING, DAMAGE OR LOCATION OF HAZARDS (USE BACK FOR ADDITIONAL SKETCHES IF NEEDED)

