

REGIONAL CENTER: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## INITIAL DAMAGE ASSESSMENT SURVEY

School Name:		
Principal:		
Work Location #		
	YES	NO
Can you open?		
Is the facility secure?		
Do you have power?		
Do you have water pressure?		
Are the telephones working?		
Are the traffic signals operating?		
Is the fire alarm operable?		
Do you have major debris?		
Is debris blocking access?		
Are the grounds flooded?		
Is the access blocked by flooding?		
Do you have water intrusion?		
Are any utility wires down?		
Do you have structural/roof damage?		

• **DO NOT FAX THIS FORM TO THE DISTRICT** •

**THIS INFORMATION MUST BE TRANSMITTED TO THE REGIONAL CENTER –**

**I.E. FAX/EMAILED/PHONED IN OR HAND DELIVERED**

**CONTACT REGIONAL CENTER FOR SPECIFIC DIRECTIONS**