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| **HOR-DHS B&W****INITIAL****OPERATIONAL STATUS REPORT****Date: Time:**  |
| **Building Name:** |
| **Address:** |
| **Individual Reporting:** |
| **Title:** |
| **Telephone Number:**  |
|  |
| **People and Operations Assessment** |
|  | **Yes** | **No** | **Unk** | **Comments** |
| Were employees and public evacuated? If yes, where to? | [ ]  | [ ]  | [ ]  |  |
| Were employees sent home? | [ ]  | [ ]  | [ ]  | Number of employees remaining \_\_\_\_\_ |
| Injuries | [ ]  | [ ]  | [ ]  | Estimate how many \_\_\_\_\_\_ |
| Deaths | [ ]  | [ ]  | [ ]  | Estimate how many \_\_\_\_\_\_ |
| **Service Level** |
| Services to public and County operations | Full | Curtailed | None  | If curtailed, examples |
| When will full service be restored? |  |

**The Initial Damage Assessment form should be completed within the first 2-hours of an event and sent as an attachment in Reddinet, via FAX to (562) 906-4300, or brought to the Department Operations Center located at 10100 Pioneer Blvd, 1st Floor, Santa Fe Springs, CA**

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| **HOR-DHS B&W****DAMAGE ASSESSMENT****(Completed 6 & 24-hours post event)****Date: Time:**  |
| **Building Name:** |
| **Address:** |
| **Individual Reporting:** |
| **Title:** |
| **Telephone Number:**  |
|  |
| **Survey** |
| Building area Floor \_\_\_ of \_\_\_\_ | Basement \_\_\_\_ | Parking Structure \_\_\_\_ |
| **Type of Structure** |
|  | **Yes** | **No** | **Unk** |  |
| Steel Frame  | [ ]  | [ ]  | [ ]  |  |
| Concrete Bearing Walls | Reinforced [ ]  |  Unreinforced [ ]  |
| Wood Frame | [ ]  | [ ]  | [ ]  |  |
| Concrete Frame | [ ]  | [ ]  | [ ]  |  |
| Masonry Bearing Walls | Reinforced [ ]  | Unreinforced [ ]  |
| Other |  |
| **Damage Assessment Key (use key below)** |
| 1. Major
 |  | 1. Moderate
 |
| 1. Minor
 |  | 1. None
 |
| **Type** | **Key #** | **Comments: Describe Damage/hazards** |
| 1. Structural
 |  |  |
| 1. Roof
 |  |  |
| 1. Ceiling
 |  |  |
| 1. Walls
 |  |  |
| 1. Offices
 |  |  |
| 1. Windows
 |  |  |
| 1. Floors
 |  |  |
| 1. Hallways
 |  |  |
| 1. Stairs
 |  |  |
| 1. Electricity
 |  |  |
| 1. Natural Gas
 |  |  |
| 1. Water
 |  |  |
| 1. Telephones
 |  |  |
| 1. Office Equip.
 |  |  |
| 1. Sewer Lines
 |  |  |
| 1. Plumbing
 |  |  |
| 1. Air Cond.
 |  |  |
| 1. Fire Sprinkler
 |  |  |
| **Occupancy** |
| Is Building Safe to Occupy  | [ ] **Yes** | [ ] **No** | [ ] **Unk** |  |
| Start Date | [ ]  | [ ]  | [ ]  |  |
| End Date | [ ]  | [ ]  | [ ]  |  |
| Efforts in hours | [ ]  | [ ]  | [ ]  |  |
| Budget | [ ]  | [ ]  | [ ]  |  |
| # of Functionality | [ ]  | [ ]  | [ ]  |  |
| # of Deliverables | [ ]  | [ ]  | [ ]  |  |

**This form should be completed 6 and 24-hours post event and sent as an attachment in Reddinet, FAX to (562) 906-4300, or brought to the Department Operations Center located at 10100 Pioneer Blvd, 1st Floor, Santa Fe Springs, CA**

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| **HOR-DHS B&W****REPORT****OPERATIONAL ASSESSMENT****(Completed 6 & 24-hours post event)****Date: Time:**  |
| **Building Name:** |
| **Address:** |
| **Individual Reporting:** |
| **Title:** |
| **Telephone Number:**  |
| **Evacuation** |
| Facility Evacuated?  | [ ] **Yes** | [ ] **No** | [ ] **Unk** |  |
| Evacuated Time:  | Re-occupied Time:  | Estimated Re-occupancy Time: |
| **Staffing Assessment** |
| Staff Type | Facility Total | Reported to Work | Didn’t Report | Sick | Vacation | Injured | Sent Alt Worksite | Sent Home | Death |
| Employees |  |  |  |  |  |  |  |  |  |
| Regular Volunteer |  |  |  |  |  |  |  |  |  |
| EmergencyVolunteer |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |
| Comments: |
| Service Delivery: | [ ] **Yes** | [ ] **No** | [ ] **Partial** | Explain Partial Service: |

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| --- |
| **HOR-DHS B&W****24 HOUR STRUCTURAL INSPECTION****DAMAGE & OPERATIONAL ASSESSMENT****Date: Time:**  |
| **Building Name:** |
| **Address:** |
| **Individual Reporting:** |
| **Title:** |
| **Telephone Number:**  |
|  |
| **Type**  |
| 1. Steel Frame
 | 1. Concrete Bearing Walls
2. Reinforced
3. Unreinforced
 | 1. Wood Frame
 |
| 1. Concrete Frame
 | 1. Masonry Bearing Walls
2. Reinforced
3. Unreinforced
 | 1. Other:
 |
| Is the building safe for occupancy? | [ ] **Yes** | [ ] **No** | [ ] **Unk** |
| Is safety jeopardized by adjacent building? | [ ] **Yes** | [ ] **No** |  |
| **Damage Assessment Key (use key below)** |
| 1. Major
 |  | 1. Moderate
 |
| 1. Minor
 |  | 1. None
 |
| **Roof** |
| Surface Condition |  |
| Structural Condition |  |
| **Exterior Walls (clockwise starting from street address side)** |
| **Wall #1** |
| Exterior Surface |  |
| Windows |  |
| Doors |  |
| Structural Condition |  |
| Comments |  |
| **Wall #2** |
| Exterior Surface |  |
| Windows |  |
| Doors |  |
| Structural Condition |  |
| Comments |  |
| **Wall #3** |  |
| Exterior Surface |  |
| Windows |  |
| Doors |  |
| Structural Condition |  |
| Comments |  |
| **Wall #4** |  |
| Exterior Surface |  |
| Windows |  |
| Doors |  |
| Structural Condition |  |
| Comments |  |
| **Foundation** |
| Footings/Grade Beams |  |
| Basement |  |
| Comments |  |
| **Floor, Stairway, and Elevator Condition** |
| Level  | First Floor | \_\_\_ Floor |
| Elevator |  |
| Stairs |  |
| Floor Surface |  |
| Floor Structure |  |
| Comments |  |
| **Utilities/Plumbing (use Damage Assessment Key above)** |
| Source | Key | Comments |
| Telephone |  |  |
| Electrical |  |  |
| Cable |  |  |
| Wiring |  |  |
| Fixtures |  |  |
| Appliance |  |  |
| Natural Gas |  |  |
| Lines |  |  |
| Meter |  |  |
| Appliances |  |  |
| Water |  |  |
|  Pipes |  |  |
|  Fixtures |  |  |
| Sewer |  |  |
| Drain Lines |  |  |
| Heating Ducts |  |  |
|  |
| **Estimate of Damage (if Known)** | **Percent %** |
|  | **Dollar $** |
| **This report is to be transmitted to the Department Operations Center at (562) 906-4300 or 10100 Pioneer Blvd, 1st Floor, Santa Fe Springs** |
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