|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |  | | |  | | |  | | |  | | |  | |  |  |  |
| Emergency  Volunteer |  |  | | |  | | |  | | |  | | |  | |  |  |  |
| TOTAL |  |  | | |  | |  | | | |  | | | |  |  |  |  |
| Comments: | | | | | | | | | | | | | | | | | | |
| Service Delivery: | **Yes** | **No** | | | **Partial** | | | | Explain Partial Service: | | | | | | | | | |

**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**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |
|  |  | | | | | | |

**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**