

# NET Form 1: DAMAGE ASSESSMENT

Neighborhood Emergency Team	Date (yyyy/mm/dd)	Date/time received by TL
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Person Reporting (please print)	Person Receiving (please print)
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	Burning	Out	Gas Leak	H2O Leak	Electric	Chemical	Damaged*	Collapsed**	Injured	Trapped	Deceased	Road Access?	Dangerous Animals?
Location	Fires		Hazards				Structures		People #		Y/N	Y/N	

\* DAMAGED: Indicate Light (L), Medium (M) or Heavy (H) # PEOPLE: Indicate number of people  
 \*\* COLLAPSED: Indicate as Partial (P), Partial Front (PF), Partial Rear (PR) or Partial Side (PS)

