



Preliminary Damage Assessment



Objective:

Assess damage to building and make informed recommendation of either **GO** (occupation and operations should continue) or **NO-GO** (continued occupation or operations not recommended) within 15 minutes of the Damage Assessor arriving on scene.

NOTE: This Preliminary Damage Assessment Form is part of the online training course "**Preliminary Damage Assessment**". Enroll in the course at TEAM-Solutions.US.

Planning Assumptions:

- ☐ The Preliminary Damage Assessment is intended to address only the critical functions needed to make a **GO** or **NO-GO** recommendation. A follow-up assessment may still be needed to fully evaluate the extent of damage, estimated costs, needed repairs and other unmet needs.
- ☐ **GO** means that the assessor recommends that operations and the occupancy of staff, visitors and patients be continued in the area assessed. There may be *some* damage and a need for further evaluation but the immediate risk is not high enough to cease typical operations.
- ☐ **NO-GO** means that the assessor recommends that operations and the occupancy of staff, visitors and patients be discontinued in the area assessed. There is enough damage observed during the preliminary assessment that continued operations and occupancy pose an unacceptable risk.
- ☐ Life Safety is always your **FIRST** Priority and comes before Preservation of Property: *Protect yourself, your colleagues and then your patient, in that order.* If a life safety issue or other emergent need is present, address the life safety need before addressing this form.
- ☐ The Preliminary Damage Assessment is a *job aid* to assist in collecting information that will be used to help make the broader decision about continuity of operations and further actions. The Preliminary Damage Assessment is the first step in a comprehensive process, so it is not expected to be the complete answer to a complex situation. Filling out the form should not come before the job of making important life safety decisions.

How to Fill Out the Preliminary Damage Assessment:

- ✓ Insure that you, your colleagues and your patients are in a low risk area *and* that efforts are underway to contain the incident (shut off gas, secure area, etc.) before filling out the form.
- ✓ Insure that the header information is completed and legible.
- ✓ Add as much or as little to the rest of the form in order to achieve the **GO** or **NO-GO** objective.
- ✓ Since the form will be evaluated by someone who is not on-scene, the information recorded should illustrate as accurately as possible the actual incident conditions. Write legibly and annotate your impressions clearly.



Preliminary Damage Assessment



DATE Assessed		Name of Incident	
TIME Assessed		Name of Assessor	
Building Name		Assessor Contact #	
Location		Title/Unit of Assessor	
Recommendation?	GO or NO-GO	Signature of Assessor	

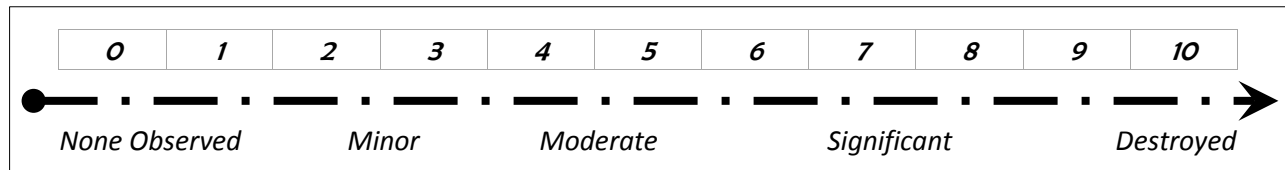
1. **Summary statement that supports recommendation.** *Include cause of damage or type of incident (flood, power loss, violent weather, fire, etc.):*

2. **How BIG is the Damaged Area?** *Sketch and describe the impacted area below.*

Comments:



3. How BAD is the Damaged Area overall? *Draw a vertical line through or an oval around the most applicable descriptions.*



4. Damage Indicators – EXTERNAL *Note your general impressions and then fill out chart as needed:*

[illegible]



Preliminary Damage Assessment



5. **Damage Indicators – INTERNAL** *Note your general impressions and then fill out chart as needed:*

FUNCTION	IN Service	OUT of Service	OTHER	COMMENT
Personnel				
Staff				
Patients				
Visitors				
Power				
Lighting				
Emergency / Exit Lighting				
HVAC				
Refrigerators / Freezers				
Back-up Power				
Elevators				
Security System				
Electrical System				
Portable Equipment				
Fire/Smoke Detectors				
Utilities				
Oxygen / Med Gasses				
Natural Gas				
HVAC				
Tanks and Pumps				
Water Supply				
Sprinkler System				
Fire Extinguishers/Hoses				
Waste Disposal				
Housekeeping				



Preliminary Damage Assessment



FUNCTION	IN Service	OUT of Service	OTHER	COMMENT
Structural				
Vertical Support				
Horizontal Support				
Connections				
Doorways				
Flooring				
Elevator Shaft				
Drop Ceiling				
Stairwell				
Ingress & Egress				
Interior Windows				
Exterior Windows				
Lighting Fixtures				
Signage				
Wall / Ceiling Fixtures				
Plumbing				
Info Tech (IT)				
Internet / WiFi				
Network – Staff				
Network – Patient Care				
Network – Guest				
Telephone – Internal				
Telephone – External				
Network – Cellular				
Cameras				
ID Scanners				
Computers				
Radios				
Printers/Scanners/Copiers				
Computer Cables				
Intercoms / Paging				
Security System				



Preliminary Damage Assessment



FUNCTION	IN Service	OUT of Service	OTHER	COMMENT
Medical				
Autoclaves				
Pharmaceuticals				
Medical Records				
Medical Equipment				
Medical Supplies				
Biological Material				
Medical Gasses				
Hygiene Facilities				
Laboratory / Chemicals				
Other				
Food supplies				
Cleaning Supplies				
Admin Capability				
Support Capability				
Furniture				
Office Supplies				
Misc. Room Contents				
Evacuation Devices				

6. Emergency Repairs or Corrective Action Already Taken:

7. Recommended Next Actions. *List recommended mitigation, resources or other solutions.*

ACTION	WHO?	COMMENT
1.		
2.		
3.		
4.		
5.		