Block Captain Follow Up Assessment

This form is to document "follow-up" assessments, after an initial "quick assessment" has been done and a report made to the Area Response Coordinator. In advance, pre-fill-in the name, address and contact information for each house in each block. Maintain one prepared form per household for use during an emergency and keep a copy of each at the meetinghouse.

Return completed forms to the Area Emergency Response Coordinator or Area Leader

Date:	Time:	a.m. /p.m.
Household/Business Na Address:		
Best Contact Phone Nu	mber(s):	
	ng this assessment (if any):	
Names & conditions of	injured, trapped, missing, transport injured or trapped people to 9	
Family Relocating?	es / No Where to? (contact	et name, address & phone #):
Utilities – Gas: On/	Off Water: On /Off E	lectricity: On/Off
No Damage	ne of the following; use separat	te form for each structure)
_	habitable with some damage	
	ot safely inhabitable; repairs nee	
	uctural integrity damage; not sa loss / structure nearly or entire	()
Other Notes – (e.g., roads, gas leaks, water dama	oof, windows, plumbing, chemical, do age, downed power lines):	owned trees, fires, blocked
		
Person Completing this	assessment:	
Phone Number:		