

# 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 Disaster Response Coordinator or Area Leader**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.

Household/Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Best Contact Phone Number(s): \_\_\_\_\_

Person Contacted during this assessment (if any): \_\_\_\_\_

Names & conditions of injured, trapped, missing, transported, or deceased people:

*NOTE: Immediately report injured or trapped people to 911 & to Command Post*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Family Relocating?** Yes / No    **Where to?** (contact name, address & phone #):

**Utilities – Gas:** On/Off    **Water:** On /Off    **Electricity:** On/Off

**Structure(s)** (Check one of the following; use separate form for each structure)

- No Damage
- Affected: Still safely habitable with some damage
- Minor Damage: Not safely inhabitable; repairs needed
- Major Damage: Structural integrity damage; not safe to inhabit
- Destroyed – Total loss / structure nearly or entirely collapsed



**Other Notes –** (e.g., roof, windows, plumbing, chemical, downed trees, fires, blocked roads, gas leaks, water damage, downed power lines):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing this assessment: \_\_\_\_\_

Phone Number: \_\_\_\_\_