

**OHIO EMERGENCY MANAGEMENT AGENCY
 DAMAGE AND NEEDS ASSESSMENT (Rev. MAY 2013)**

**** COUNTIES CAN CONSOLIDATE DATA FOR ALL IMPACTED ENTITIES/JURISDICTIONS OR CAN PROVIDE INDIVIDUAL ASSESSMENTS PROVIDED BY THOSE ENTITIES/JURISDICTIONS**

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| A. Name of Political Subdivision & Population | B. Name of County & Population |
| C. Type of Disaster & Date of Occurrence | D. Area Primarily Affected (East, N.E., All) |
| E. Contact Information Name: _____ Title: _____ Email: _____ Phone: _____ | |
| A. DEBRIS CLEARANCE | E. PUBLIC BUILDINGS, FACILITIES, EQUIPMENT |
| Public Roads \$ _____ Public Property \$ _____ Other \$ _____ TOTAL \$ _____ - | Public Buildings \$ _____ Building Contents \$ _____ Vehicles/Equipment \$ _____ Insurance Coverage _____% TOTAL LESS INSURANCE COVERAGE \$ _____ - |
| B. PROTECTIVE MEASURES | F. UTILITIES (PHYSICAL DAMAGE TO UTILITIES) |
| Response (Fire/Police) \$ _____ Protective Measures (sandbagging, etc) \$ _____ Public Works (barricades, temporary repairs) \$ _____ Emergency Power \$ _____ Other \$ _____ TOTAL \$ _____ - | Power transmission/distribution \$ _____ Water/Sewer Treatment Plants \$ _____ Sewers \$ _____ Other \$ _____ Insurance Coverage _____% TOTAL LESS INSURANCE COVERAGE \$ _____ - |
| C. ROAD SYSTEMS | G. PARKS AND RECREATIONAL (PUBLICLY OWNED) |
| Roads (surfaces, signals, embankment failures, etc.) \$ _____ Bridges (damaged and destroyed) \$ _____ Culverts (damaged and destroyed) \$ _____ Access Problems YES or NO TOTAL \$ _____ - | Parks (shelter houses, playgrounds, etc.) \$ _____ Recreational (marinas, athletic facilities, etc.) \$ _____ Other \$ _____ Insurance Coverage _____% TOTAL LESS INSURANCE COVERAGE \$ _____ - |
| D. WATER CONTROL FACILITIES | H. CURRENT COMMUNITY BUDGET INFORMATION |
| Dikes/Levees \$ _____ Dams \$ _____ Drainage Channels \$ _____ Other \$ _____ TOTAL \$ _____ - | 1) Annual Budget 2) Road and Bridge Budget 3) Public Works Budget 4) Date Fiscal Year Begins |

GRAND TOTAL PUBLIC: \$ _____ -

- * If "Other" is used, please provide brief explanation
- * Category B - For your own labor, only overtime/comp time should be claimed
- * Utilize FEMA Schedule of Equipment Rates to calculate cost for using your own equipment
- * Categories E-G - Please list percentage of insurance coverage and when calculating total, reduce by anticipated insurance proceeds. Please include deductibles.
- * Please utilize N. below to address specific long term impacts

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| I. INDIVIDUAL | | J. BUSINESS/INDUSTRY | |
| RESIDENTIAL STRUCTURE DESTROYED # (INCLUDES MOBILE HOME MAJOR # FARM HOUSES) MINOR # | | BUSINESSES DESTROYED # _____ MAJOR # _____ MINOR # _____ | |
| INSURANCE COVERAGE _____% | | NUMBER NOW UNEMPLOYED _____ ESTIMATED DURATION _____ INSURANCE COVERAGE _____% | |
| K. AGRICULTURAL | | | |
| FARM BUILDINGS DESTROYED # DAMAGED # | | CROPS DESTROYED # _____ DAMAGED # _____ | |
| MACHINERY/EQUIPMENT DESTROYED # DAMAGED # | | LIVESTOCK DESTROYED # _____ DAMAGED # _____ | |
| L. OTHER INFORMATION | | M. ADDITIONAL DISASTER INFORMATION | |
| DEATHS # _____ INJURED # _____ HOSPITALIZED # _____ EVACUATED # _____ SHELTERED # _____ ISOLATED # _____ | | IF A FLOOD OR WINTER STORM QUANTITY _____ DURATION _____ IF FLOOD , TYPE: SEWER BACKUP _____ CREEK/RIVER OVERFLOW _____ SHEET FLOW _____ OTHER _____ HOW LONG UNDERWATER? _____ DOES WATER CONTAIN HARMFUL CHEMICALS? _____ IF YES, WHAT CHEMICALS? _____ | |

N. LIST HERE ANY PERTINENT INFORMATION ABOUT THE DISASTER SURVIVORS WHICH WILL IMPACT RECOVERY FROM THIS INCIDENT; I.E., INSURANCE FACTORS, LONG-TERM UNEMPLOYMENT OR TEMPORARY HOUSING NEEDS. ALSO INCLUDE ADDITIONAL INFORMATION CONCERNING THE IMPACTED JURISDICTION; I.E. LONG TERM ROAD CLOSURES, TEMPORARY RELOCATION OF ESSENTIAL GOVERNMENTAL SERVICES, LONG TERM UTILITY OUTAGES, ETC. PLEASE INCLUDE MAPS OF THE IMPACTED AREAS.