

**Initial Damage & Community Needs Assessment Report  
(Initial Notification to Alaska DHS&EM)**

Reporting location \_\_\_\_\_  
(Name of Village/City/Borough) (date & time)

Reported by \_\_\_\_\_  
(Name) (title)

**NOTE: If this is a Borough report but does not include all affected cities and villages  
in the Borough, specify the city or towns excluded.  
(Example: Kenai Peninsula Borough less the City of Homer)**

Area(s) affected \_\_\_\_\_

Cause of Incident \_\_\_\_\_  
(e.g., flood, fire, windstorm, earthquake, landslide, etc.)

**Community Impacts and Immediate Needs  
(Insert approximate numbers in space provided)**

- |                         |       |                    |       |
|-------------------------|-------|--------------------|-------|
| A. Deceased             | _____ | F. Need food       | _____ |
| B. Injured              | _____ | G. Need water      | _____ |
| C. Missing              | _____ | H. Need sanitation | _____ |
| D. Require medical help | _____ | I. Need clothing   | _____ |
| E. Need shelter         | _____ |                    |       |

**Damage to Critical Lifeline Infrastructure (minor, major, or none)**

- |                        |       |                       |       |
|------------------------|-------|-----------------------|-------|
| A. Hospital/Clinics    | _____ | H. Communications     | _____ |
| B. Power Plants        | _____ | I. Railroads          | _____ |
| C. Fuel Supply         | _____ | J. Airports/Runways   | _____ |
| D. Roads               | _____ | K. Water Treatment    | _____ |
| E. Bridges             | _____ | L. Sewage Plants      | _____ |
| F. Schools             | _____ | M. Distribution Lines | _____ |
| G. Community Buildings | _____ | N. Heating Systems    | _____ |

**Damage to Residential, Commercial & Agricultural Property**

A. Dwelling Units % \_\_\_ \$ \_\_\_\_\_  
B. Commercial Bldg% \_\_\_ \$ \_\_\_\_\_

C. Farms & Ranches% \_\_\_ \$ \_\_\_\_\_  
D. Livestock % \_\_\_ \$ \_\_\_\_\_

Are there hazardous debris accumulations in public areas? \_\_\_ Yes \_\_\_ No (If yes, describe in remarks)

Is the local governing body operational and able to support response? Yes \_\_\_ No \_\_\_

**Potential Requests for State Support (check all that may apply)**

- A. Search and Rescue Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- B. Evacuation Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- C. Security/Protection Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- D. Medical and Health Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- E. Shelter and Clothing Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- F. Food Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- G. Water Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- H. Repairs to communication systems Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- I. Repairs to Bank Protection Yes \_\_\_ No \_\_\_ Unsure \_\_\_
- J. Other (Specify) \_\_\_\_\_

Designated Emergency Operations Center (EOC) Location \_\_\_\_\_

Primary EOC Contact Number \_\_\_\_\_

Alternate Communication Capabilities (VHF, Satellite, HF, etc.) \_\_\_\_\_

Estimated Local Funding Available for Immediate Response \_\_\_\_\_

Additional Comments / Situation Overview  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Filing Report \_\_\_\_\_

Date and Time \_\_\_\_\_

Next Situation Report Expected By \_\_\_\_\_