



Help-Healing & Hope

Cleanup Job Assessment

How to assess jobs for chain saw, fire and flood recovery

Southern Baptist Disaster Relief Revised: 2014

With New England Revisions 2018

Mission Statement:

Southern Baptist Disaster Relief is a Christ- centered partnership of national, state and associational ministries serving through the local church to bring **help**, **healing** and **hope** to individuals affected by disasters.

Vision Statement:

Southern Baptist Disaster Relief will be a well- defined, unified disaster response organization, demonstrating the love of Christ by providing physical and spiritual help to those affected by disasters.



Contents

| | |
|--|-----------|
| <i>Introduction</i> | 4 |
| <i>Chapter 1: Team Concept</i> | 5 |
| <i>Chapter 2: Qualifications for Our</i> | 7 |
| <i>Chapter 3: General Information</i> | 8 |
| <i>Chapter 4: Chain Saw Cleanup</i> | 11 |
| Appendices | 14 |
| <i>Supplies for Assessors</i> | 13 |
| <i>Activities for Assessors</i> | 15 |
| <i>SBC Incident Command Org Chart</i> | 16 |
| <i>BCNE Type 1 Assessment Forms</i> | 17 |
| <i>Process Sheet for Team Handling</i> | 23 |
| <i>National Assessment Forms</i> | 24 |
| <i>BCNE Assessment Forms</i> | 32 |

Introduction

Southern Baptist Disaster Relief (SBDR) is a Christ-centered partnership of national, state and associational ministries serving through the local church to bring **help**, **healing** and **hope** to individuals affected by disasters. SBDR began in 1967 and has grown to be one of the largest and most respected disaster organizations in the U.S. and around the world.

Course Requirements & Prerequisites

Assessment is part of the Disaster Relief (DR) Recovery Ministry. While volunteers may take the classroom instruction at any point in their training, they should also have taken the applicable recovery trainings (flood and chainsaw) and have served on a recovery project before being activated as a Lead Assessor on an Assessment Team. Other members of the Assessment Team should have had the Assessment training. An exception to this might be the Chaplain, though it would be helpful if he/she too has been trained in assessment.

Assessment is a pivotal part of the disaster relief recovery ministry. Timely and accurate information about the size, footprint and effects of a disaster are the planning information that ensures that recovery from a disaster is as early and thorough as possible.

Purpose

The assessor helps determine:

- The scope of the disaster and whether SBC teams are needed
- What date declarations have been made: State emergency, or PDD
- If rapid response chaplain teams should be called in
- What agencies are managing the response and controlling access
- Whether partner MOUs are in place and will be honored
- If Red Cross Will request feeding/Shelter/ TCC or clean up help
- Whether staging areas and ICCs for SBC could/should be set up

Chapter 1: Team Concept

- Three person teams are desired. One trained and experienced person will be the Lead Assessor who asks most of the questions regarding the property to be cleaned. The second team member would concentrate on filling out the forms as the Lead Assessor talks with the property owner. The third member of the team should be a Chaplain who provides emotional and spiritual support and does a spiritual assessment. A Chaplain should be part of every Assessment Team. Owners and residents are often in serious emotional distress as they view their property.
- When you arrive at the disaster area, report to Incident Management Team (IMT) or proper authorities in order to find out where the most critical damage is located. If no IMT has been established, know who is in charge of the disaster area. It is possible that you may have to go to the police, sheriff, local fire department or local emergency management.
- The Lead Assessor should obtain detailed paper map(s) of the affected area. The Incident Management Team (IMT), local county offices, emergency services (e.g. fire department, 911 dispatch) may be able to provide you with maps.
- In some situations, when properties are scattered over great distances, a local guide or driver might be helpful. After several assessments, the Lead Assessor may trade roles with the second member of the team so that person can get experience leading the assessment.
- It will be helpful if copies of maps of the affected area, especially those parts in which homes were damaged, can be laminated, after affected streets have been marked. These maps should show streets, and prominent landmarks. Street signs and house numbers will likely have been destroyed in the disaster. It would be wise to have a hand compass for orienting the map in unfamiliar areas. These laminated maps will also be of great help to the Cleanup Unit Leader when they begin their work.
- In many areas a GPS device may be used by entering State, City, Street number, & Street name. This should give turn-by-turn directions to the address from wherever you are. In remote areas the device may not have all roads in their system. The GPS must have a direct line to the satellite, so it may not work in steep canyons or some back country areas.

- When multiple assessment teams are used, a master map should be marked off in grids, which are assigned to the various teams. This will reduce the likelihood of duplication.
- Assessors should wear DR shirts, caps, and badges and have official SBC Disaster Relief Business Cards with DR logo and room for assessor's name and contact information to give to property owner or disaster service personnel. Make sure to wear proper safety gear (refer to personal items in appendices).

Chapter 2: Qualifications for Our Assistance

Anyone that needs our help qualifies for our assistance. We will look at all damaged homes and buildings. **REMEMBER THAT WE HAVE BEEN SENT TO MINISTER TO ALL. WE HOPE THAT WHAT WE DO WILL LEAD SOMEONE TO CHRIST.**

SETTING JOB PRIORITIES

1. No Insurance:

Physical, medical or mental condition 65 years or older

Widow or widower Single with children.

Responders (Fire, Police, Clergy or other Emergency Personnel)

2. Under Insured:

Physical, medical or mental condition 65 years or older

Widow or widower Single with children

3. Fully insured: (provided insurance has given clearance for work.)

Buildings that were rental properties will not be cleaned unless special circumstances warrant the Assessor to recommend such cleaning because of immediate hardship on the renters and the Incident Commander concurs.

We do not usually cut up or remove destroyed cars, trucks or buses. (Some scrap companies will come and get these if they are moved to a place where they can be picked up.) If an RV or Motor Home was an occupied dwelling, we will cut up and move the rubble. We will, in some situations, cleanup garages, shops and other outbuildings; but, if a large amount of material and equipment was stored around the property, we may be limited in how much we can do. Residences and adjoining out buildings are our priority. Other cleaning will be a matter of availability of time and personnel. We may have to do initial cleaning of the residence and come back, if able, to do cleaning of outer property.

Chapter 3: General Information (The Process)

1. Before beginning assessment, find out from the State and/or local Incident Commander and other local Southern Baptist Disaster Relief leaders as much information as you can about state and local regulations and ordinances that will affect the cleanup. Items assessor needs to find out:
 - Rules for obtaining debris dumpsters, cost, what can go in each bin
 - How dumpsters are to be prepared for transportation
 - Requirements for hazardous waste disposal
2. Begin assessment work by contacting (usually the day before a desired appointment) and meeting with Property Owner's who have filled out the "Property Owner Request for Assistance" form. These may have been distributed at a government Local Assistance Center (LAC), Community Information meetings or at a Red Cross Assistance Center. Set mutually agreed time to meet and be sure to be at the site at that agreed time.
3. It is best not to schedule appointments too close together. Ample time should be allowed for travel and finding addresses in areas in which it is often easy to get disoriented or where the disaster has left obstructions. Time should be allowed for the team to minister to the property owner(s) and for the Chaplain to do his/her work.
4. Introduce yourself and other members of your team. The Chaplain should assess the emotional and spiritual status of owner and family. The Chaplain may ask permission to pray for the displaced family before ending the assessment. A copy of the Chaplain's assessment should be attached to the "Property Owners Request for Assistance" being careful not to violate confidentiality. This will assist the Cleanup Unit Leader and Chaplain in their ministry to the family. The Chaplain should have a Bible, and appropriate tracts available. Be sensitive to opportunities to minister and give witness.
5. Assessors should walk the property with the property owner, getting as much information as possible about the owner's desires. Using the "Property Owner Request for Assistance" form, **CLEARLY WRITE THE PROPERTY OWNER'S NAME, ADDRESS AND CONTACT INFORMATION**, and on any other accompanying sheets, including "House Located on Lot Supplement" form.

6. The assessor should explain the process by stepping the homeowner through the “We Share Hope and Help after _____” brochure. Emphasize we do our work for free and the seriousness of mold.
7. In a fire or flood cleanup , find out from the property owner if an active water source is available to attach a water hose. This is often required so that dust and toxic ash particles can be kept to a minimum during the cleanup procedures and in pressure washing. The provision for the active water spigot is the responsibility of the property owner. When available, a trailer mounted water buffalo or a water truck can be used.
8. Ask property owner if a hazardous waste inspection has taken place. Let property owner know that he/she may be responsible for cost of disposal of such waste, if so ordered by the County. If they are knowledgeable of dangerous items such as asbestos are present, no work will be done until they are removed.
9. Be sure of location of any septic tank, gas, water and sewer lines or well heads on the property and identify them on the map of the property lot on the form.
10. Find out any special instructions the property owner has. Find out if there are particular salvage items on the property that the owner does not want on the debris piles.
11. Note on the appropriate “Clean-Up Assessment” form probable need for heavy equipment, chainsaw work, chop saw work or other specialized equipment.
12. Do not promise the property owners that we will clean his/her property on a given date. Emphasize that as a volunteer organization WE DO NOT HAVE unlimited funds, so we do our best to respond to every request in a timely way, but we have to do so as resources and volunteers are available. Let the owner know we will attempt to contact them on the day before we will begin cleanup, especially if they request to be present. For mud out response we recommend the property owner be present.
13. Assigned a priority reading.
14. With the property owner’s permission, take pictures of abnormal circumstances or situations to pass on to crews that are being assigned. On note pad, record the number of each picture, a brief description and the address of the property to be cleaned. At the end of the visit take a picture of the approach to the site, with the DR sign and property address visible. On a note pad, number each picture in order and note property and address for future reference.

15. If the property owner does not keep the assessment appointment, attempt to contact them again by phone and leave it a “sorry we missed you” notice with a contact phone number on their door.
16. Many times assessments are done not by receiving cases from 211, But instead I canvassing neighborhoods when we are in the area. In such cases using the “we share hope and help after _____” brochure in the introduction at the doorway can be very helpful.
17. The Assessor submits the forms to the Local Incident management Team (IMT). In the absence of the local IMT, forms will need to be submitted as required by the individual convention.
18. In some situations, assessors may have to seek out property owners on their own and offer them our ministry. If possible, get names and contact numbers of displaced families from Red Cross, Salvation Army, County government, local churches, or community service organization. Look for “The Person of Peace”, that individual in the community that can open doors and establish your credibility for the residents. When you have names and contact information, first try to call and set up appointments. You may even have to drive around the disaster area and stop and talk with people who are on their property. Even if they don’t request assistance, your visibility and your story will begin to spread through the community and open doors for you. Always remember, you are representing **Jesus**, our **Lord**, and witnessing to **His** love for these wounded people. Even if they are suspicious or even hostile, respond with grace and love.
19. If destroyed structures are off paved roads and have been occupied by persons who are very private, the Assessors will need to be cautious in their approach. Looters may have already violated their property. Some structures may not have been legally permitted. Do be cautious if there is evidence of illegal drug or other activities. **Do Not Be Judgmental**. The presence of questionable activities should be noted on appropriate forms. If the activity presents a real physical danger, terminate the assessment and notify the appropriate authorities.
20. Make sure all forms are filled out and there is clear directions for finding the property. A Map-Quest or Google Map print out to the address location might be obtained and attached.
21. Return all information to the Incident Management Team (IMT). The IMT will assign jobs to a Unit Leader and team.

Chapter 4: Chain Saw Cleanup

SETTING THE JOB PRIORITY

Priority 1

- Tree in house/building
- Tree on the roof
- Holes in the roof
- Anything that will expose the inside to weather. (Missing windows, doors, or walls)
- If a tree has fallen and pulled the power line down from the house connection to the pole. (Once the tree is removed, the power can be restored.) **Make sure the power is off.**
- Blocked driveway
- Persons with special needs. (Diabetes, oxygen, disability, etc.)
- Trees blocking the road
- Responders (police, fire, rescue, clergy, etc.)

Priority 2

- Trees in yard that hit a well house or storage building
- Smaller trees on house/building (no holes in roof)
- Large trees in yard; these jobs need expertise to cut trees up correctly

Priority 3

- Small trees in yard that did not hit anything and are not blocking anything
- Jobs that require people with minimal chainsaw experience
- Small limbs and brush removal required

Chain Saw Team Capability

Type A

- Can remove large trees from roofs & dangerous hanging limbs from trees
- Has worked with dangerous trees before
- Has an understanding of trees under pressure
- Has equipment that can cut trees 12" in diameter or larger
- Has equipment and personnel trained to climb and work in trees and on roofs

Type B

- Can remove 12" and smaller trees from roofs
- Has some experience with trees under pressure
- Has equipment and personnel trained to work from ladders on roofs with a shallow pitch

Type C

- Can cut up trees on the ground
- Can cut down small trees
- Has experience in running a chainsaw

Type D

- No chain saw
- Debris removal only
- Can work with another crew

Appendices

Supplies for Assessors

Personal Supplies:

- DR shirt, hat, ID badge
- Long pants
- Sunglasses
- Hard sole shoes or appropriate boots (no tennis shoes)
- Insect repellent
- Sunscreen
- Lip balm
- Compass
- Water bottle
- PPEs: Hardhat, Respirator - N95 or equivalent, Safety glasses
- Small personal first aid kit
- Lunch provision
- Snack food
- Drinking water
- Wide brim hat (for hot sunny days)
- Personal medications

If spending the night

- Sleeping bag & air mattress (single size) + pump or cot
- Pillow
- Flashlight
- Changes of clothing
- Laundry bag
- Personal health & hygiene needs
- Towel & wash cloth

Task Related

- Clipboard or portfolio
- Notepad
- Pens / pencils
- Phone / Digital Camera

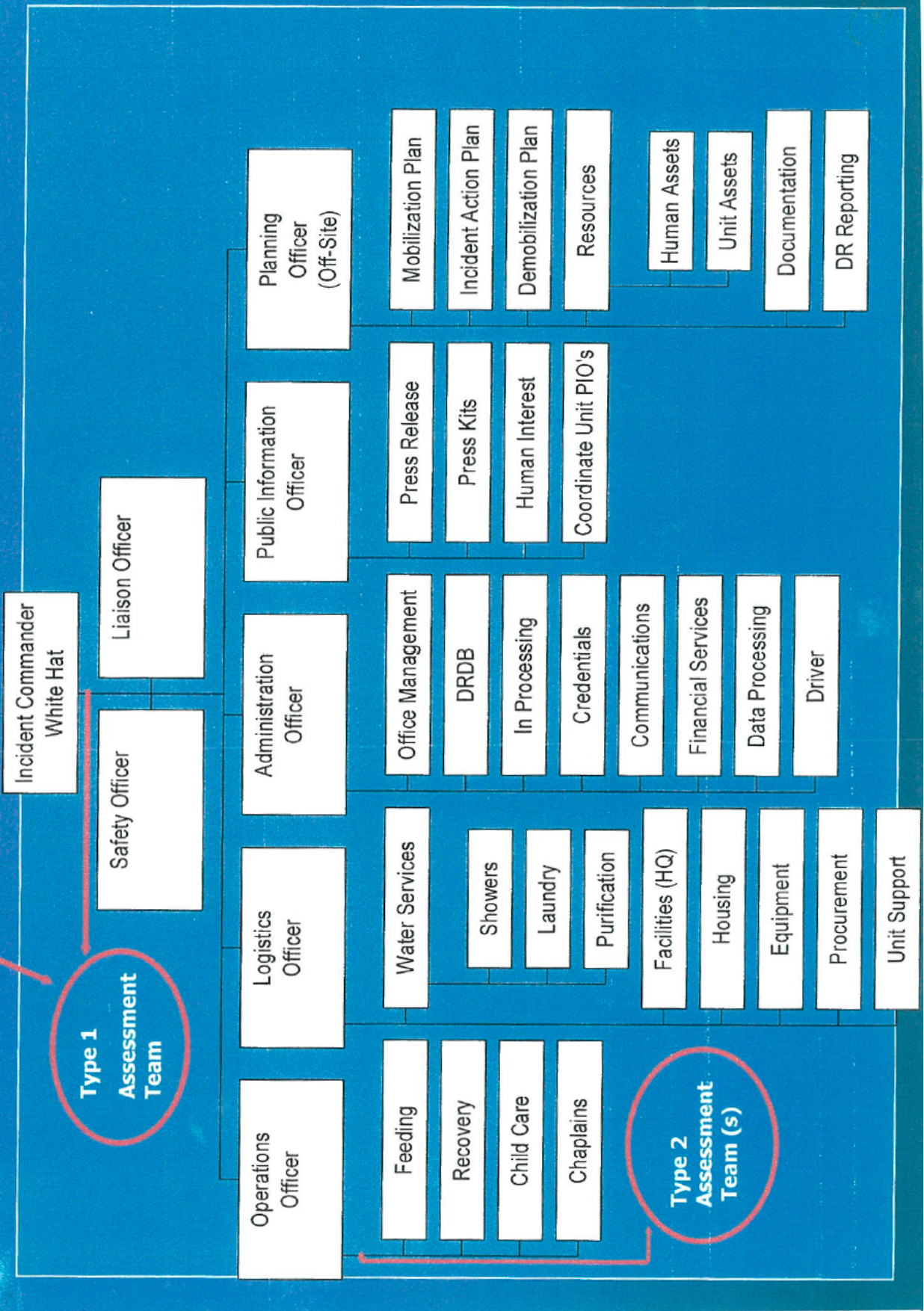
- Phone / GPS Device (optional)
- Black Permanent Marker / lumber crayons
- DR business cards
- Copies of Required Forms & brochures
- Whistle
- Rain gear
- First Aid Kit
- PPE's: gloves / steel toe boots / goggles / safety glasses / hard hat
- Measuring Tape / Rolling Distance Measuring Device (optional)
- Signs to Identify Properties we are cleaning –DR Logo, place for Owner Name & Address
- Plastic sheet protectors for signs
- Stakes to mark areas to be sifted and location of septic tank
- Heavy Duty Stapler – or hammer and tacks
- Tool Box
- LED flashlight & batteries
- Roll of yellow caution tape
- Street map of area
- List of Important Phone Numbers including:
 - Incident Management Team (IMT) or ICC
 - County Officials
 - Response Agency Personnel
 - Debris Bin Provider
 - Auto Recycle Company
 - Local Contacts
 - State DR Director

ACTIVITIES OF ASSESSOR:

- Deploy quickly to affected area as directed and coordinated by SBC DR leadership (BCNE)
- Perform both information gathering and spiritual triage activities
- Determine assessment area of interest and plan team housing/meals (at a local church, or with other partner agencies and facilities, etc.)
- Determine where incident managers are locating “Emergency Operations Centers” (EOCs)
- Go to EOCs and identify presents, capabilities and investigate response plans
- Determine how emergency managers plan to collect “requests for help” (211, Crisis Clean Up or EOC sign-up, etc.)
- Determine how vetted requests will be distributed to volunteer organizations
- Help distribute if possible SBC “How We Help” brochures, Especially in any disaster response centers
- Help determine whether and where staging areas and ICCs for SBC should be set up



Southern Baptist IC Organization



BCNE Type 1 Assessment Team Forms



Individual Assistance Damage Assessment Level Guidelines

| Damage Definitions | General Description | Things to Look For | Water Levels |
|---|--|--|---|
| DESTROYED Structure is a total loss. Not economically feasible to rebuild. | DESTROYED Structure leveled above the foundation, or second floor is gone. Foundation or basement is significantly damaged. | DESTROYED Structure leveled or has major shifting off its foundation or only the foundation remains. Roof is gone, with noticeable distortion to walls. | DESTROYED More than 4 feet in first floor. More than 2 feet in mobile home . |
| MAJOR Structure is currently uninhabitable. Extensive repairs are necessary to make habitable. Will take more than 30 days to repair. | MAJOR Walls collapsed. Exterior frame damaged. Roof off or collapsed. Major damage to utilities: furnace, water heater, well, septic system. | MAJOR Portions of the roof and decking missing. Twisted, bowed, cracked, or collapsed walls. Structure penetrated by large foreign object, such as tree. Damaged foundation. | MAJOR 2 to 4 feet in first floor without basement. 1 foot or more in first floor with basement. 6 inches to 2 feet in mobile home with plywood floors. 1 inch in mobile home with particle board floors. |
| MINOR Structure is damaged, and uninhabitable. Minor repairs are necessary to make habitable. Will take less than 30 days to repair. | MINOR Interior flooring / exterior walls with minor damage. Tree(s) fallen on structure. Smoke damage. Shingles / roof tiles moved or missing. | MINOR Many missing shingles, broken windows and doors. Loose or missing siding. Minor shifting or settling of foundation. Minor damage to septic system. | MINOR 2 inches to 2 feet in first floor without basement. 1 foot or more in basement. Crawlspace – reached insulation. Sewage - in basement. Mobile home , "Belly Board" to 6 inches. |
| AFFECTED HABITABLE Structure has received minimal damage and is habitable without repairs. | AFFECTED HABITABLE Chimney or porch damaged. Carpet on first floor soaked. Broken windows. | AFFECTED HABITABLE Few missing shingles, some broken windows. Damage to air conditioning units / etc. Some minor basement flooding. | AFFECTED HABITABLE Less than 2 inches in first floor Minor basement flooding. Mobile home , no water in "Belly Board". |

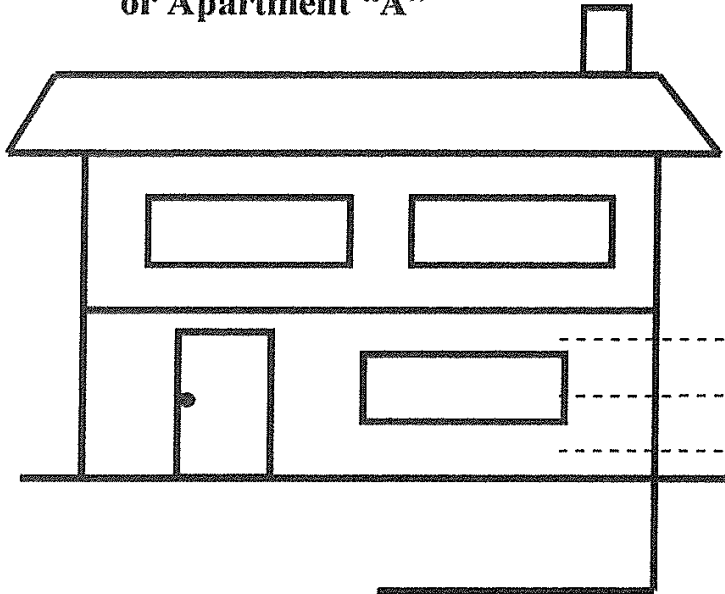
Tips: Estimating Water Depths

| | | |
|--|--|----------------------------------|
| Brick - 2 1/2 inches per course | Lap or aluminum siding - 4 inches or 8 inches per course | Stair risers - 7 inches |
| Concrete or cinder block - 8 inches per course | Door knobs - 36 inches above floor | Standard doors - 6 feet 8 inches |

On-Site Detailed Damage Assessment Worksheet Instructions

**Single Family Dwelling "S"
or Apartment "A"**

Flood



Destroyed – 60+”

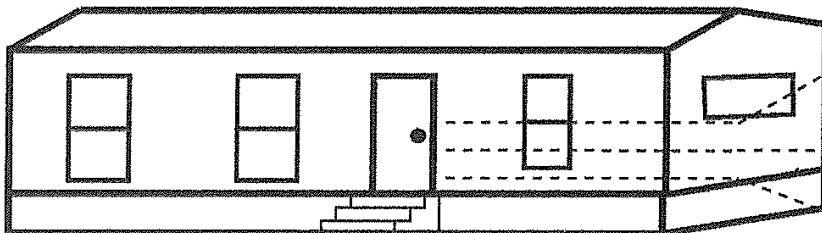
Major – 36” – 60”

Minor – 12” – 36”

**Affected – 0” – 12”
including basement
flooding**

Mobile Home "M"

Flood



Destroyed – 48+”

Major – 24” – 48”

Minor – 6” – 24”

Affected – 0” - 6”

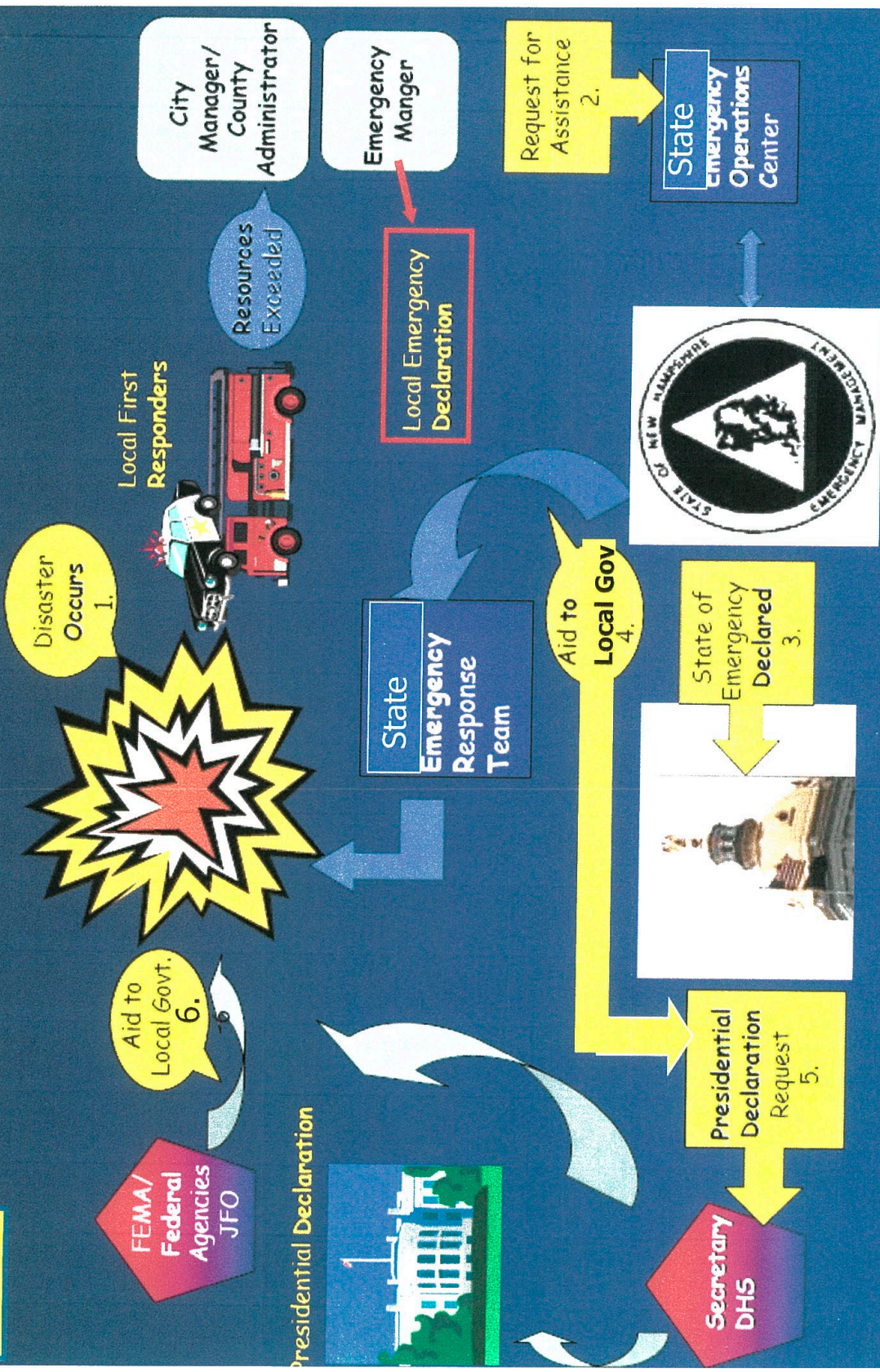
Non-Flood Damage considerations:

| Destroyed: | Major: | Minor: | Affected: |
|---|---|--|--|
| <ul style="list-style-type: none"> -Total collapse -Shifted on Foundation -Not economically feasible to repair -MH walls collapsed -MH turned over -MH frame buckled or significantly twisted | <ul style="list-style-type: none"> -Large portions of roof missing or debris penetration -One or two walls missing -Slight twisting or bowing of MH frame -Forceful penetration of MH walls with debris | <ul style="list-style-type: none"> -Minor structural damage -Damage to small sections of roof -Numerous broken windows -Large portions of roofing material and/or siding missing -Penetration damage where it is believed no structural damage has occurred | <ul style="list-style-type: none"> -Some shingles and/or siding missing -Debris against or around dwelling -Structure damage considered to be nuisance -MH skirting is damaged or missing -Dwelling is livable without repairs. |

217

| American Red Cross | | Area Assessment Worksheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|----------------|---------------------------|---------|-----------------|--|--|---|--|----------------------------|------------|---------|------|---------|--|--------|---------|-----|---------|--|--------|---------|-------|---------|--|-----------|---------|--|--|--|---------------|---------|--|--|--|
| DR #: | DR Name: | State: | County: | City/Community: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | Date: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Geographic Reference: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| West Boundary | North Boundary | | | East Boundary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="5" style="text-align: center;">Approximate # of Dwellings/Units Impacted: _____</td> </tr> <tr> <td style="width: 20%;">Destroyed:</td> <td style="width: 10%;">_____ %</td> <td style="width: 10%;">SFD:</td> <td style="width: 10%;">_____ %</td> <td style="width: 50%;"></td> </tr> <tr> <td>Major:</td> <td>_____ %</td> <td>MH:</td> <td>_____ %</td> <td></td> </tr> <tr> <td>Minor:</td> <td>_____ %</td> <td>Apt.:</td> <td>_____ %</td> <td></td> </tr> <tr> <td>Affected:</td> <td>_____ %</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Inaccessible:</td> <td>_____ %</td> <td></td> <td></td> <td></td> </tr> </table> | | | | | Approximate # of Dwellings/Units Impacted: _____ | | | | | Destroyed: | _____ % | SFD: | _____ % | | Major: | _____ % | MH: | _____ % | | Minor: | _____ % | Apt.: | _____ % | | Affected: | _____ % | | | | Inaccessible: | _____ % | | | |
| Approximate # of Dwellings/Units Impacted: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Destroyed: | _____ % | SFD: | _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Major: | _____ % | MH: | _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minor: | _____ % | Apt.: | _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Affected: | _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inaccessible: | _____ % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">General Information:</td> </tr> <tr> <td style="width: 50%; height: 100px;"> _____ _____ _____ _____ _____ </td> <td style="width: 50%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Basements Prevalent? _____</td> </tr> </table> | | | | | General Information: | | _____ _____ _____ _____ _____ | | Basements Prevalent? _____ | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Information: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| _____ _____ _____ _____ _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Basements Prevalent? _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| South Boundary | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Instructions: <ul style="list-style-type: none"> • Complete the top line with the appropriate information for the area you are reporting on. • Geographic Reference: Use this section to document the name of an area or a mobile home park or apartment complex name. • Boundaries: Provide the street names for each of the geographic boundaries that make up the area assessment. If there are more than four or less than four boundaries because of angled or curved streets, document that as well. Be creative and informative in your documentation. • Approximate number of dwellings/units Impacted: Document to the best of your ability the approximate number of dwellings or units within the area you are reporting on. • Description of damage: Provide a breakout of the degree of damage by percentage for the approximate number of dwellings/units impacted and provide a breakdown by dwelling type as well, if possible. • Basements Prevalent?: Document if basements are prevalent in this area with a Yes or No. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Disaster Response at the State Level



PROCESS SHEET ASSESSMENT TEAM HANDLING

NOTES: 1. Scheduling of Assessment Teams is the responsibility of OPS, ADMIN, and the Recovery Coordinator working in Coordination.

2. Assessment Teams consist of (ideally) 1 technical assessor and one assessment trained CISM Qualified chaplain.

5/24/2011 Rev 1

1. The In-briefing Assessment team in-briefing will be done (ideally) by ICP Operations representative at the Situation Conference Room.
2. Each Assessment Team will be given a daily package containing (ideally) six job packages. These packages will be assembled and logged out to the Assessment Team by the ICP ADMIN representative.
3. If the ADMIN team has not set appointment times with clients already, then the Assessment Teams will call ahead to set appointment times with Clients.
4. If the originally-scheduled appointment cannot be met, the Assessment team will call clients to keep them informed and get a new appointment time.
5. Each Assessment Team will utilize the "Disaster Relief Travel Mileage Log" to log mileage and time for all assessment-related travel. For logging the duration of the actual onsite assessment, each job assessment package has spaces on the "Homeowner Request for Assistance" form.
6. Before leaving a job location, the assessment team will evaluate the recorded information and determine if any condition warrants "Called-In Emergency Assistance" or whether it is OK to turn in the assessment jobs completed at the end of the day.
7. Upon return of the Assessment Team to ICP Operations, the team will complete all paperwork pertaining to the jobs that have been assessed.
8. The completed Assessment packages will be received, reviewed, and dispositioned by the ICPC OPS representative (or designated ICP ADMIN person) and turned over to the ICP ADMIN for Master Job Log update and re-filing of Job Packages.
9. ICP Admin and OPS will update the daily report input and record changes to the daily report.
10. The Assessment team will be released for the day after all paperwork has been reviewed, and the jobs that were not able to be assessed non-completed jobs have been turned in or identified for next-day scheduling.

48)

NATIONAL ASSESSMENT FORMS

| | | | |
|----------|--|--------------|--|
| Assessor | | Job Number | |
| Phone # | | Job Priority | 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> |

Office Use Only

Southern Baptist Disaster Relief Property Owner Request for Assistance

THIS IS NOT A CONTRACT



Date _____

Property Owner _____ Occupant (If Different) _____

Address

House # _____ Street _____

City _____ County or Parrish, State _____ Zip _____ Latitude _____

Longitude _____ Phone 1 _____

Phone 2 _____ Phone 3 _____

Special Needs

Wheelchair Hearing Impaired Visually Impaired Mentally Impaired Responder

Other (Explain) _____

Does property have... Homeowner's Insurance? Flood Insurance?

Is this your primary residence? Yes No

Can work be done without the property owner present? Yes No _____ Initial

Permission granted for team to take photos of property and persons Yes No _____ Initial

Electricity is... On Off

Water is ... On Off

Gas is ... On Off

Provide a brief description of the work that needs to be done:

I (Print Name) _____ hereby release from liability and agree to hold harmless the Southern Baptist Convention Disaster Relief volunteers, their representatives, agents and or employees for any damage or injury that may occur on my property, including personal property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers. I **understand that the Southern Baptist Disaster Relief is a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said service will be provided.** Additionally, I further understand **THAT THIS IS NOT A CONTRACT TO PROVIDE SERVICES!**

Property Owner's Signature _____

Dated: this _____ day of _____ 20____

Attach appropriate assessment forms to this document

| | | | |
|-----------------------|--|---------------|--------|
| Work Completed (Date) | | Unit Director | |
| Assessor | | Phone # | Job #: |
| Last Name | | Address: | |

Southern Baptist Disaster Relief Chain Saw Assessment Form



Type of team needed

| A <input type="checkbox"/> | B <input type="checkbox"/> | C <input type="checkbox"/> | D <input type="checkbox"/> |
|--|--|---|--|
| Chainsaw Unit plus required equipment and trained personnel to climb and work in trees | Chainsaw Unit plus required equipment and trained personnel to work from ladders and roofs | Chainsaw Unit that only works from the ground and has all of the required equipment and trained personnel | Any Ministry other than a Chainsaw unit (i.e. Mobile Cleanout Unit) with 1 or more chainsaws |

Climbers Needed Yes No
 Heavy Equipment Needed Yes No
 Specify _____

Priority 1

Downed trees that prevent re-establishment of power to home: Yes No
 Tree(s) or limbs blocking entrance to the house or driveway: Yes No
 Trees on house Yes No
 Trees on roof Yes No
 Is roof punctured? Yes No
 Need temporary roof repair? (Attach Temporary Roof Repair form) Yes No
 Special Instructions: _____

Priority 2

Tree(s) and or limbs near house, preventing necessary repairs: Yes No
 Tree(s) and or limbs on well house or storage building: Yes No
 Large tree(s) in yard need to be cut up to manageable size for removal: Yes No
 Special Instructions: _____

Priority 3

Tree(s) in front yard needs to be cut to manageable size for removal: Yes No
 Small limbs and brush removal needed: Yes No
 Tree(s) in back/side yard need be cut to manageable size for removal: Yes No
 Special Instructions: _____

Other Information

Can debris be stacked at curb? Yes No
 If no, where should debris be placed? _____
 Number and size of trees to be cut/moved: _____ 5"-15" _____ 16"-25" _____ 25"-35" _____ >35"

Notes: _____

Attach this document to the Property Owner Request for Assistance form

| | | | |
|-----------------------|--|---------------|--------|
| Work Completed (Date) | | Unit Director | |
| Assessor | | Phone # | Job #: |
| Last Name | | Address: | |

Southern Baptist Disaster Relief Flood Recovery Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding

Damage visible from exterior Foundation Exterior walls

Is property safe for entry/work? (Structural or environmental) Yes No

Does property have a basement? Yes No

Are air-flow barriers needed? Yes No

| Basement | | | | | |
|----------------------|--|---------------------------------|----------------------------------|----------------------------------|------------------------------------|
| Water line: | 1"-6" <input type="checkbox"/> | 7"-12" <input type="checkbox"/> | 13"-36" <input type="checkbox"/> | 37"-48" <input type="checkbox"/> | Above 48" <input type="checkbox"/> |
| Floor covering: | None <input type="checkbox"/> | Carpet <input type="checkbox"/> | Tile <input type="checkbox"/> | Wood <input type="checkbox"/> | Cement <input type="checkbox"/> |
| How many rooms? _ | | | | | |
| Is mud/silt present? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Depth of mud/silt _____" |
| Is mold visible? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Wall type: | Wood (Paneling) <input type="checkbox"/> | | Drywall <input type="checkbox"/> | Block <input type="checkbox"/> | |
| First Floor | | | | | |
| Water line: | 1"-6" <input type="checkbox"/> | 7"-12" <input type="checkbox"/> | 13"-36" <input type="checkbox"/> | 37"-48" <input type="checkbox"/> | Above 48" <input type="checkbox"/> |
| Floor covering: | None <input type="checkbox"/> | Carpet <input type="checkbox"/> | Tile <input type="checkbox"/> | Wood <input type="checkbox"/> | Cement <input type="checkbox"/> |
| How many rooms? _ | | | | | |
| Is mud/silt present? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Depth of mud/silt _____" |
| Is mold visible? | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| Wall type: | Wood (Paneling) <input type="checkbox"/> | | Drywall <input type="checkbox"/> | Block <input type="checkbox"/> | |

To be removed:

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Debris | <input type="checkbox"/> Cabinets-Kitchen/Bathroom | <input type="checkbox"/> Insulation |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Flooring * (Note Below) | <input type="checkbox"/> Hot Water Heater |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Drywall | <input type="checkbox"/> Content |

Exceptions: _____

Floors to be removed _____

Needs:

Packing boxes needed Yes No

Water Source - Can use neighbors? Yes No # of feet away _____

Dumpster - Property owner is supplying Yes No

If one is required, property owner is responsible for providing.

Can debris be stacked at curb? Yes No

If no, where should debris be placed? _____

All surfaces need: Pressure Washing Sanitizing

Attach this document to the **Property Owner Request for Assistance form**

| | | | |
|-----------------------|--|---------------|--------|
| Work Completed (Date) | | Unit Director | |
| Assessor Last Name | | Phone # | Job #: |
| | | Address: | |

Southern Baptist Disaster Relief Temporary Roof Repair Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding

Are there any Electrical Hazards: Yes No

If yes, describe _____

Trees on house: Yes No

Can teams remove trees? Yes No

There are trees or limbs near home, preventing needed repairs: Yes No

We cannot remove trees off the structure, but we can cover to help reduce further damage:

Type of Roof: Shingle Roll Roofing Metal Tile

Is deck missing: Yes No

Are trusses damaged: Yes No

Does jurisdiction allow that trusses be repaired without requiring engineering: Yes No

Percentage of shingles missing: _____%

Percentage of tabs missing: _____%

Whole shingles missing: Yes No

Is there an electrical source available? Yes No

Where? _____

Dumpster - Property owner is supplying Yes No

If one is required, property owner is responsible for providing.

Can debris be stacked at curb? Yes No

If no, where should debris be placed? _____

Materials Needed:

| | | |
|------------------------------|---------------------------------|-----------------------------|
| Plywood _____ 4' x 8' Sheets | Plastic Sheeting Rolls 20'x100' | Roofing Cement _____ Tubes |
| Shingles _____ Bundles | 30# Felt _____ Rolls | Flashing _____ Rolls |
| _____ 2x4 Length _____ | Roll Roofing _____ Rolls | _____ Rolls of Roofing Tape |
| _____ 2x6 Length _____ | Furring Strip _____ Bundles | _____ Nails |

Other materials: _____

Attach this document to the **Property Owner Request for Assistance form**

| | | | |
|-----------------------|--|---------------|--------|
| Work Completed (Date) | | Unit Director | |
| Assessor Last Name | | Phone # | Job #: |
| | | Address: | |

Southern Baptist Disaster Relief Fire Recovery Assessment Form



Type of building(s): Home Guest House Mobile Home Outbuilding
 Foundation: Slab Stem Wall Basement
 Construction: Vinyl Siding Wood Metal Stucco/Brick

Square Footage of building(s): _____

Square footage of lot: _____

Driveway: Dirt/Gravel Paved Level Steep Uphill Downhill

Concerns

Chemicals Stray animals
 Poison Ivy/Oak Poisonous snakes

Has there been a hazardous waste inspection? Yes No

Equipment Needed:

| | | |
|--|--|--|
| Are there areas to be sifted? Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> Tractor/Skid Steer with Bucket and Grabbers | <input type="checkbox"/> Wood Chipper |
| | <input type="checkbox"/> Excavator/Back Hoe | <input type="checkbox"/> Dumpster/Debris Container |
| | <input type="checkbox"/> Cutting Torch/PPE | <input type="checkbox"/> Heavy Duty Chains |
| If yes, are they noted on the House Located | <input type="checkbox"/> Powered Metal Saw/PPE | <input type="checkbox"/> Water Buffalo |
| | <input type="checkbox"/> Chainsaw/PPE | <input type="checkbox"/> |

on Lot Supplement? Yes No

What should be done with items of value located? _____

Attach this document to the **Property Owner Request for Assistance** form

| | | | |
|-----------------------|--|---------------|--------|
| Work Completed (Date) | | Unit Director | |
| Assessor | | Phone # | Job #: |
| | | | |

| | | | |
|-----------|--|----------|--|
| Last Name | | Address: | |
|-----------|--|----------|--|

Southern Baptist Disaster Relief House Located on Property Form



In the space below or an additional page sketch an outline of the property, indicating the dimensions:

Indicate slope of land by arrows (the longer the arrow, the steeper the slope):



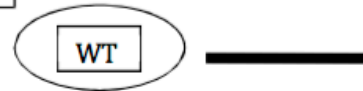
Locate and outline the house, garage and other buildings on property, giving dimensions:

Draw and label (by name if possible) frontage roads (streets) adjoining property and driveway(s).

Locate and identify septic tank and drain lines:



Locate and identify water source, well, cistern and water lines



Locate propane tank and line or natural gasline



Locate and identify areas to be sifted.



Identify significant trees to be saved and those to be cut down.



Suggest location for saved salvage, debris bins, hazardous waste, cut logs, brush debris

Indicate **North** direction of property on drawing with arrow and letter.



Sorry We Missed You

SOUTHERN BAPTIST DISASTER RELIEF

SORRY WE MISSED YOU

WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE. SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL:

_____.

LOCATION:

Date: _____ Time: _____ Job #: _____

Assessor



Sorry We Missed You

SOUTHERN BAPTIST DISASTER RELIEF

SORRY WE MISSED YOU

WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE. SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL:

_____.

LOCATION:

Date: _____ Time: _____ Job #: _____

Assessor



BCNE Assessment Forms

Best time to call back: _____

Assessor appointment date / time _____

| |
|--------------------------------------|
| Job No. _____ |
| Chainsaw / Mudout |
| PRIORITY: 1 2 3 |
| Team A B C D (A most capable) |



Southern Baptist Disaster Relief Property Owner Request for Volunteer Assistance

Date (mm/dd/yyyy) _____ Special Note _____

Property Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Phones: Primary _____ Alternate(s) _____ / _____

How many people reside at this home? _____ Ages of all persons residing here _____

Do you have insurance? Yes No If yes, name of insurance carrier _____

Will owner be present? Yes No If no, should work be done? Yes No

Are you: Owner? Renter? (We prioritize Single family / Owner occupied rentals) This is: *Primary* or *Secondary* Residence

Special circumstances _____

Description of assistance: _____

RELEASE (must be signed before work begins)

I, _____, hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers. **I understand that the Southern Baptist Disaster Relief teams and/or members of any Partner organization teams working on my property are volunteer organizations that have limited volunteers, limited financial and material resources, and make no guarantee that said service will be provided.** Additionally, I further understand that **THIS IS NOT A CONTRACT TO PROVIDE SERVICES.**

OPTIONAL: In addition, I do do not authorize FEMA to disclose any or all of the claim information under FEMA Application Number _____ pursuant to and consistent with 28 U.S.C. § 1746.

Property Owners Signature _____

Today's date: (mm/dd/yyyy) _____

| | |
|-----------------------|--|
| Unit Assigned _____ | Date _____ |
| _____ | Work |
| Completed (Y/N) _____ | Work Incomplete (list remaining items) _____ |

CALLER ADDT'L NOTES:

| |
|---|
| Attempted Calls: LMCB =Left Msg for Callback NO ANS =No Answer |
| 1 _____ |
| 2 _____ |
| 3 _____ |



**Baptist Convention of New England
Property Damage Assessment – Rev 8**

Assessor(s): _____

Property Owner: _____

Phone Number(s): _____

Street Address: _____ City/Town _____ St _____ Zip _____

How will debris disposal be handled? _____

Will tarps be needed for sorting belongings (keep piles)? Yes No Can / Has homeowner requested dumpster? Yes No

Is the house reachable by car / trailer? Yes No Is the house / property safe to work in / on? Yes No

Explanations of any of the above:

General Description of Damage Type: Flood Tree Snow load Wind/Hurricane, Other _____

Describe the House for Applicable Work:

| | |
|---|---|
| Style: <input type="checkbox"/> Ranch <input type="checkbox"/> Colonial <input type="checkbox"/> Split Level <input type="checkbox"/> Cape Other: _____ | Where is electrical service?: |
| Grade: <input type="checkbox"/> Above <input type="checkbox"/> At / On <input type="checkbox"/> Below | Where is water service?: Available?: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Rooms Overall: | Is Natural gas or propane disconnected? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Number of Rooms affected and type: ____ LR; ____ BR; ____ K; ____ Bath; Other _____ | Is there forced air / ducting? <input type="checkbox"/> Yes <input type="checkbox"/> No Has it been operated since event? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Square footage of affected area: | Year House was built (before / after 1975?): |
| Has city / town building inspector checked house? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has house been condemned? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Detail Description Flood / Tree / Snow load / Wind/Hurricane / Fire / Other _____
Damage:

Family Elements

| |
|---|
| Age Range: |
| Particular Health Concerns: |
| Do they appear to be coping well? <input type="checkbox"/> Yes <input type="checkbox"/> No, If not, what is observed? |
| Does the family need temporary relocation? <input type="checkbox"/> Yes <input type="checkbox"/> No |

| |
|-----------------------------|
| Recommended Priority |
| HIGH - 1 |
| MEDIUM - 2 |
| LOW- 3 |

Flood Damage

What type of **foundation** does the house have?

- Stone Concrete poured Concrete Block Granite Pillars-Piers Crawl Space

Where was the highest water level? (Basement, Ground floor, second floor) _____

How high was the water on that level? _____

Were the electrical outlets under water? Yes No If yes, how many? _____

Is the **basement** finished? Yes No

Are there items to be carried out of the basement / affected floors? Yes No If yes, name larger items:

Is there access to the basement from outside? Yes No If yes, what kind?:

- Bulkhead- number of steps: _____ Walkout door Staircase – number of steps: _____ Window

What type of **walls** were affected? Check all that apply:

- Stone Sheet rock Concrete / Block Particle Board Plywood Fiberboard

- Wainscot / shiplap Plaster Masonite wallboard Other: _____

Type of **floors** and damage:

- Asbestos (see below) Vinyl sheet Vinyl tile Wood Concrete Yes, subfloor affected

Other Work Needed

- Dewatering Wall covering removal Remove / sort belongings
 Appliance removal Remove debris Remove insulation

Asbestos

Are house and all components new since 1975? Yes No If not, check for potential asbestos in both walls and floors. Has any suspicious material been observed? Describe:

Tested? Yes No

Molds

Is there visible mold growing on walls, floors, ceilings or furnishings? Yes No Describe:

Multiple species? Yes No Circle level of growth: Light Moderate Heavy

Is there detectable mold odor? Yes No

Any other pertinent information:

Fire Cleanup Assessment

Assessor:

Phone:

Date:

Location:

Equipment Needed

Bobcat with bucket and grabber _____
Trailer to haul equipment _____
Flatbed to haul equipment _____
Excavator _____
Heavy duty chains _____
Gas-driven metal saw _____
Heavy duty cutting torch with extra tanks _____
Heavy duty wood chipper _____

Assessments

Type of building: Home _____ Mobile Home _____ Outbuilding _____

Type of foundation: Slab _____ Stem wall _____ Basement _____

Type of construction: Wood frame _____ Brick _____ Other _____

Siding: Wood _____ Metal _____ Stucco, brick, or rock _____

Right of way to property: Up hill _____ Down hill _____ Level _____

Distance of building to right of way: _____

Driveway: Paved _____ Up hill _____ Steep _____ Down hill _____ Steep _____

Burned tree and brush removal

Trees 10 in. _____ Trees 20 in. or greater _____

Logs can be used for blockade material to stabilize side of hill _____

Trees can be cut up into: Firewood size _____ Lumber logging size _____ Chipped _____

Brush can be: Cut six inches above ground level _____ Leave root system in _____ Chipped _____

Wood chips

Blown 1 ½ inches over ground for ground cover _____

Blown into pile for future use as mulch _____

Haul off to dump _____

Comments or suggestions: _____

Damage Assessment—Frame Home

| |
|-----------------|
| Assessor: _____ |
| Phone: _____ |
| Date: _____ |
| Location: _____ |
| _____ |
| _____ |

System Damage (indicate percent)

Foundation _____
Floor/Frame _____
Exterior Walls _____
Roof _____

Interior Walls _____
Plumbing _____
HVAC _____
Electrical _____

Observable Damage Defined

Foundation: If the foundation is undermined, partly missing, sagging or shifted, it is damaged. If these conditions are present, there's a good chance of damage to the floor, plumbing, electrical, HVAC and wall systems.

Floor: If it is shifted, sagging, or been submerged in water it is damaged. If these conditions are present, there's a good chance of damage to the electrical, HVAC, finish and wall systems.

Exterior Walls: If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these conditions are present, there's a good chance of damage to the roof, electrical, plumbing and HVAC systems.

Roof: If it is missing, sagging, collapsed, or submerged, it is damaged. If these conditions are present, there's a good chance of damage to wall and electrical systems. If the roof is flood damaged, all systems are damaged.

Non-Observable Damage Defined

Plumbing: If water supply or waste water items are broken or contaminated, it is damaged.

Electrical: If submerged, interior distribution system missing, or disconnected, it is damaged.

HVAC: If submerged, fuel source missing, or disconnected, it is damaged.

Interior Walls and Finish: If missing, sagging, collapsed or submerged (fully or partially), it is damaged.

Damage Categories Defined

Destroyed: All systems damaged or destroyed, habitation not possible.

Major: Four or more systems are damaged or destroyed. Damage exceeds 45% total damage.

Minor: One to three systems are damaged or destroyed.

Affected: Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: _____

Damage Assessment—Mobile Home

System Damage (indicate percent)

Foundation _____
Floor/Frame _____
Exterior Walls _____
Roof _____
Interior Walls _____
Plumbing _____
HVAC _____
Electrical _____

Assessor:

Phone:

Date:

Location:

Observable Damage Defined

Frame: If it is twisted, buckled or broken it is damaged. If these conditions are present there is likely damage to the wall and roof systems. If it has moved off the foundation (fully or partially), it is uninhabitable as all mechanical systems are disrupted and there is a safety factor.

Exterior walls: If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these conditions are present there is a good chance of damage to the roof and interior wall systems.

Roof: If it is missing, sagging, torn or punctured, it is damaged. If these conditions are present there is a good chance of damage to the wall systems.

Interior walls: If missing, sagging, collapsed, or submerged (fully or partially), they are damaged. This usually involves damage to the other three systems.

Damage Categories Defined

Destroyed: Two or more systems damaged or destroyed; habitation not possible.

Major: One system has substantial damage or has been destroyed.

Minor: One or two systems have superficial damage.

Affected: Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: _____

Temporary Roof Repair Form

Assessor: _____

Phone: _____

Date: _____

Location: _____

Are there any electrical or other hazards? Yes _____ No _____

If yes, describe _____

Trees on house

____ Trees and limbs are near home, preventing necessary repairs after disaster

____ Trees can be removed by team

____ We can not lift trees off the structure, but we can help to cover and prevent further damage.

Roof

Type of roof: Shingle _____ Roll roofing _____ Metal _____ Tile _____

Is any decking missing? Yes _____ No _____ Amount of plywood needed _____

Are trusses damaged: Yes _____ No _____

Can trusses be repaired without requiring engineering? Yes _____ No _____

Percentage of shingles missing _____ Percentage of tabs missing _____

Whole shingles missing _____ Decking visible _____

Materials needed

Shingle bundles _____

Tarp rolls _____

2 x 4 lengths _____

Furring strip bundles _____

2 x 6 lengths _____

Roofing cement tubes _____

30 lb. felt rolls _____

Flashing rolls _____

Roll roofing rolls _____

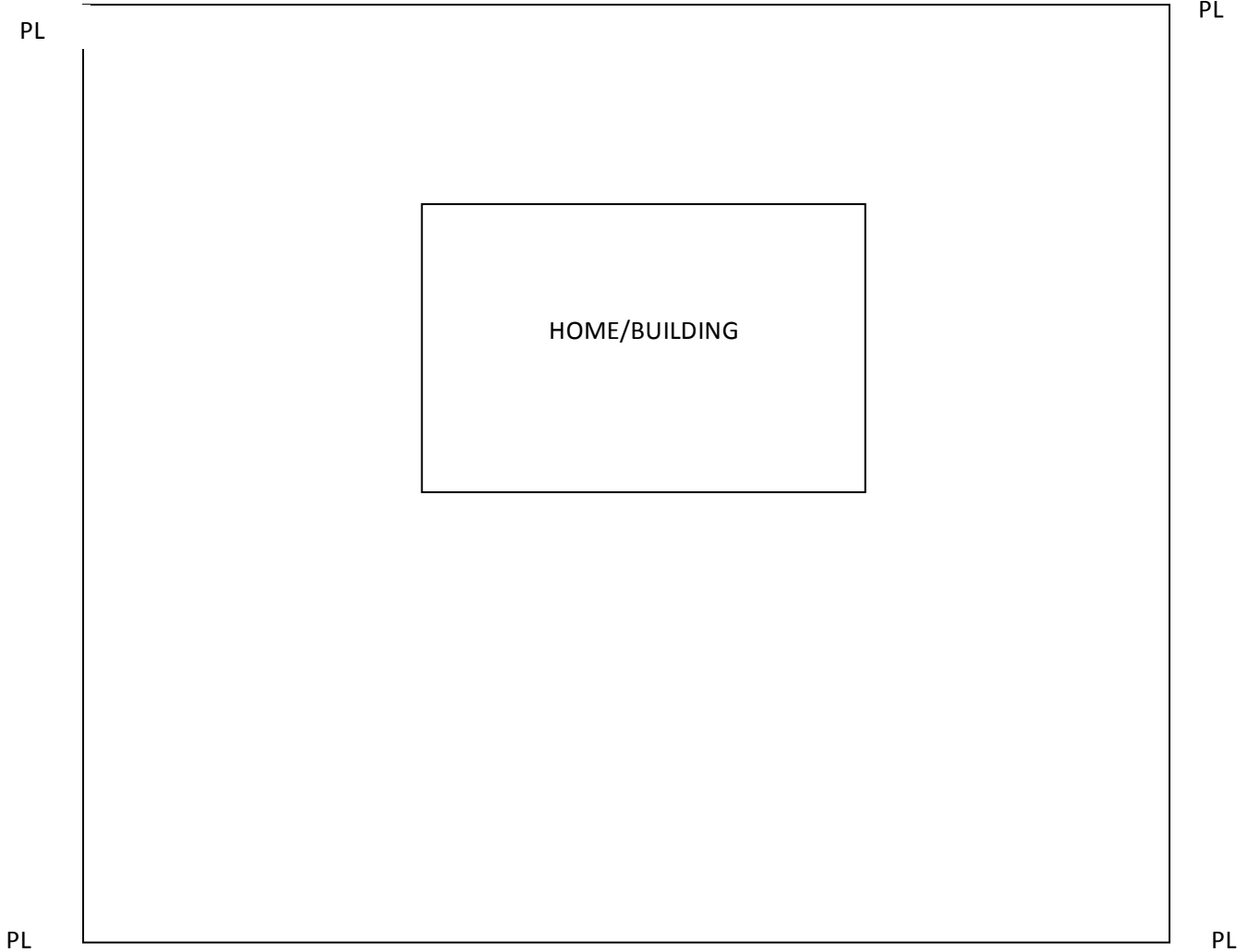
Size of crew needed for the job: _____

Will owner be present? Yes _____ No _____

If owner will not be present, should work be done? Yes _____ No _____

If not recommended, why? _____

HOUSE LOCATED ON LOT



| LOCATE AND MARK THE FOLLOWING | USE THESE SYMBOLS |
|-------------------------------|-------------------|
|-------------------------------|-------------------|

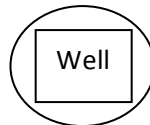
1. Property lines

PL

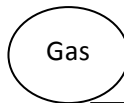
2. Septic tank and drain lines



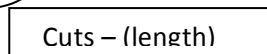
3. Well and water lines



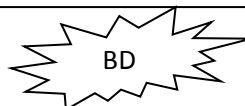
4. Gas tank and lines



5. Location of cuts and length (18", 24", etc.)



6. Location of brush debris



ASSESSMENT TEAM CHECKLIST

The Assessment Kit:

Property Owners Forms
 Writing utensil
 Clipboard
 SBC DR ID
 Business cards

Maps/GPS
 Cell phone
 Hard hat
 N95 masks
 Work boots

Rubber boots
 Flashlight
 Sorry We Missed You
 Hand sanitizer
 Bibles/tracts

Be prepared to:

- Explain how you got the homeowner's name
- Explain who we are, what we do and why
- Walk in messy muddy smelly dark places
- Give advice
- Witness
- Pray

Contacts/Information

SBCDR Command Office Address _____ Ph# _____

Local church _____

Pastor _____ Ph# _____

White Hat _____ Ph# _____

Electric Company _____ Gas Company _____

American Red Cross _____

Salvation Army _____

Emergency Management _____ 211?

Status of disaster declaration _____

Disaster Recovery Center Address _____

Ph# _____ Website _____

Debris removal arrangements _____

General guidelines for assessors:

- Ask the IC or a local Blue Hat which assessment form should be used.
- One person drives, the other navigates/makes phone calls/does paperwork.
- Don't do assessments alone. If you don't have a partner, ask for a local SBC church planter or pastor.
- Call ahead but make the visit even if there is no answer.
- For Chain Saw assessments: LOOK UP!
- For Mud-Out: Walk around the house. Look for foundation damage inside and out.
- Don't trust another organization's assessment. Put *your* eyes on it!
- Don't give your assessments to another organization.
- Don't make promises you can't keep e.g. "We will definitely do this job."
- Be very sensitive to the homeowner's loss and frustration.
- On the work order, estimate how long the job will take for a team of eight.
- ONLY the homeowner signs the work order.
- The assessment you do is **not** for your team only.

JOB PRIORITY SETTING WORKSHEET

Put down "1" point for each qualified item.

Priority 1

Home qualifies for this priority with a score of 7 or higher for this category

- ___ · Major / minor damage to home.
- ___ · Flooded 1st floor / 6 ft. water in basement.
- ___ · Tree in house/building.
- ___ · Tree on the roof.
- ___ · Holes in roof / foundation.
- ___ · Flooded finished basement.
- ___ · Significant debris / content removal needed (1 or more 30 yard dumpsters)
- ___ · Anything that will expose the inside to weather (missing windows, doors, or exterior walls).
- ___ · If a tree has fallen and pulled the power line down from the house connection to the pole. Once the tree is removed, the power can be restored. Make sure the power is off.
- ___ · Blocked driveway.
- ___ · Persons with special needs (diabetes, oxygen, disability, wheelchair, etc.).
- ___ · One or more children in the home.
- ___ · Elderly persons (retired / over 68yr with mobility issues).
- ___ · No or limited insurance.
- ___ · Mud out / tear out / cleansing would dramatically affect restoration of most home systems.
- ___ · Emergency personnel (police, fire, rescue, etc.)

_____ **TOTAL**

Priority 2

Home qualifies for this priority with a score of 6 or higher for this category

- ___ · Minor damage to home.
- ___ · Trees in yard that hit a well-house or storage building.
- ___ · Smaller trees on house/building (no holes in roof).
- ___ · No or limited insurance.
- ___ · 2 ft. or more of flooded finished / unfinished basement with lots of contents.
- ___ · 2 in. to 2 ft. of flood on 1st floor.
- ___ · Flooded crawl space up to floor joists & insulation, but not floor of 1st floor.
- ___ · Older adult(s) (58 to 68yr.)
- ___ · One or more children in the home.
- ___ · Large trees in yard; these jobs need expertise / special equipment to cut trees up correctly.

_____ **TOTAL**

Priority 3

Home qualifies for this priority with a score of 6 or higher for this category

- ___ · Affected damage to home.
- ___ · Small trees in yard that did not hit anything and are not blocking anything.
- ___ · Jobs that require people with minimal chainsaw experience.
- ___ · Small limbs and brush removal required.
- ___ · Homeowner has already cleared contents and done some tear out of flooded home.
- ___ · Simple Cleansing or sanitation – tear out / carry out was complete.
- ___ · Adult(s) in reasonable health from 25 to 58 yr. and handy friends to lend a hand.
- ___ · 2 in. or more of flooded finished / unfinished basement with lots of contents.
- ___ · 2 in. or less of flood on 1st floor.

_____ **TOTAL**

