

The following screen shots are in order based on program (Individual Assistance or Public Assistance).

Department of Homeland Security  
Federal Emergency Management Agency  
**Damage Assessment Tool**  
OMB Control Number: 1660-0009  
Expiration: 03-31-2016

**PAPERWORK BURDEN DISCLOSURE  
NOTICE**

**FEMA Form 009-0-140**

Public reporting burden associated with the data collection is 33 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and submitting this form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless a valid OMB control number is displayed on this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW., Washington, DC 20472-3100, Paperwork Reduction Project (1660-0009) NOTE: Do not send your completed form to this address.

For questions on conducting damage assessments, refer to [FEMA's Damage Assessment Operations Manual](#)

**Incident ID Number**

**Which program is this assessment for? \***

*(Surveys will be combined in the future)*

- Individual Assistance
- Public Assistance

**What caused the damage?**

*(select all that apply)*

- |  |  |
|--|--|
| <input type="checkbox"/> Drought                     | <input type="checkbox"/> Earthquake        |
| <input type="checkbox"/> Explosion                   | <input type="checkbox"/> Fire              |
| <input type="checkbox"/> Flood                       | <input type="checkbox"/> Hurricane         |
| <input type="checkbox"/> Landslide                   | <input type="checkbox"/> Mudslide          |
| <input type="checkbox"/> Severe Storm                | <input type="checkbox"/> Snowstorm         |
| <input type="checkbox"/> Straight-Line Winds/Derecho | <input type="checkbox"/> Terrorism         |
| <input type="checkbox"/> Tidal Wave                  | <input type="checkbox"/> Tornado           |
| <input type="checkbox"/> Tropical Depression         | <input type="checkbox"/> Tropical Storm    |
| <input type="checkbox"/> Tsunami                     | <input type="checkbox"/> Volcanic Eruption |
| <input type="checkbox"/> Winter Storm                | <input type="checkbox"/> Other             |

## Public Assistance

### Potential Applicant Information

*Potential Applicant Name:*

*Choose the Applicant Type:*

- Government Entity
- Private Non-Profit

*Street Number:*

*Street Name:*

*Unit/Suite:*

*City:*

*State/Territory:*

*Which type of assessment would you like to submit?*

- Debris Removal (A)
- Emergency Protective Measures (B)
- Roads and Bridges (C)
- Water Control Facilities (D)
- Buildings, Equipment and Content (E)
- Utilities (F)
- Beaches, Parks, Transit, and Other (G)

## Debris Removal

*Where is the debris located?*

*(select all that apply)*

- Agricultural Land
- FHWA Roads
- Flood control works under the authority of NRCS
- Natural, unimproved land
- Other Public Property
- Private Roads
- Public Right of Way
- Public Roads
- Waterways
- Other

*Choose the types of debris:*

*(select all that apply)*

- Construction and Demolition (C&D) debris
- Sand/Silt/Soil/Mud/Rocks
- Vegetative debris
- Hazardous debris
- Putrescent debris
- Vehicles
- Vessels
- Wet debris
- White goods
- Other

*Provide the common name for the disposal facility:*

*(and GPS coordinates in the next section)*

*Will the debris be hauled to a staging location to disposal?*

- Yes
- No
- Unknown

## Emergency Protective Measures

*Select all emergency activities required for the incident:*

- Emergency Operations Center
- Evacuation and Sheltering
- Fire Fighting
- Flood Fighting
- Medical Care and Transport
- Provision of Supplies and Commodities
- Road Closures and Security
- Safety Inspections
- Search and Rescue
- Snow Related Activities
- Other

*Describe the impacts to the community that required these activities:*

*Were resources donated to assist with emergency work?*

- Yes
- No
- Unknown

## **Roads and Bridges**

*Is this road/bridge a federal aid road?*

- Yes
- No
- Unknown

*Is this a private road/bridge?*

- Yes
- No
- Unknown

*Choose the type of facility:*

- Road (no culvert)
- Road with culvert
- Bridge
- Low Water Crossing



*Enter the common name for the facility:*

*Describe the damage to the facility:*

*Describe the necessary repairs:*

## **Water Control Facilities**

*Are repairs to this facility the responsibility of USACE or NRCS?*

- Yes
- No
- Unknown

*Choose the facility type:*

- Coastal Shoreline Protection Devices
- Dams and Reservoirs
- Drainage Channels and Navigational Waterways
- Irrigation Facilities
- Levees
- Pumping Facilities
- Sediment/Debris Retention/ Detention Basins
- Other

*Choose the purpose of the facility:*

- Agricultural
- Flood Control
- Hydropower
- Navigation
- Recreation
- Water Supply
- Other

## **Buildings, Equipment and Content**

*Choose the facility type:*

*(select all that apply)*

- Building
- Building Contents
- Equipment
- Vehicles

*Enter the common name for the facility:*

*Describe the damage to the facility:*

*Describe the necessary repairs:*

## Utilities

*Choose the type of facility:*

- Water Storage and Distribution
- Storm Water/Wastewater Treatment, Collection, and Delivery
- Power Generation, Transmission, and Distribution Facilities
- Communication
- Natural Gas Transmission and Distribution

*Enter the common name for the facility:*

*Describe the damage to the facility:*

*Describe the necessary repairs:*

## **Beaches, Parks, Transit, and Other**

*Choose the type of facility:*


- Parks and Recreational Facilities
- Beaches
- Mass Transit Facilities
- Other

*Enter the common name for the facility:*

*Describe the damage to the facility:*

*Describe the necessary repairs:*

## Photos of damage

1 of 5 

Capture using camera or upload  
from device



*Please provide GPS coordinates for  
the facility:*

No Location



*Is the work complete?*

- Yes
- No
- Unknown

*Is the facility covered under an  
existing insurance policy for the  
hazard?*

- Yes
- No
- Unknown

*Were emergency repairs necessary to lessen an immediate threat to life, safety or property?*

*(separate from restoration costs)*

- Yes
- No
- Unknown

*Enter cost of the restoration work:*

*(dollars)*

*How was the cost estimate developed?*

- Real Cost (based on submitted receipts, invoices, and other documentation)
- Certified Estimate (developed and signed by engineer or other qualified personnel)
- Calculated Estimate (based off of cost/rate schedule information)
- Informed Estimate (based on historic costs for similar type of work)
- Best Guess (made due to unknown cost, variables, or unknown damage)

## Individual Assistance

*Owner or Renter? \**

- Owner
- Renter

*Choose the type of dwelling: \**

- Single Family
- Multi-Family
- Manufactured Home

*Is the property insured? \**

- Yes
- No
- Unknown

*Is this home occupied at least 6 months per year? \**

- Yes
- No
- Unknown

*Are the utilities functional? \**

- Yes
- No
- Unknown

*Does this dwelling appear to be low income? \**

- Yes
- No
- Unknown



*Water Depth (inches): \**


*Which part of the home was impacted? \**

- Basement
- Living Area

*Level of damage assessed: \**

- Inaccessible
- Affected
- Minor
- Major
- Destroyed

**Please provide photo(s) of the damage:**

1 of 3 

*(no images of addresses)*



**Please provide the street address:**

*Street Number: \**

*Street Name: \**

*City/Town: \**

*State/Territory: \**

*Zipcode \**

*Provide the GPS coordinates: \**

*No Location* 

*Provide any additional narrative information here:*