

AGENCY DISCLOSURE NOTICE

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NONRESIDENTIAL

Background Information

1. Briefly describe the major purpose of this business facility? _____

2. What is the total number of buildings on site _____ Buildings
3. Number of years business has been at this location _____ Years
4. Please indicate the number of full time, part time, and total employees.
_____ Full Time _____ Part Time _____ Total Employees
5. How many shifts are there in your daily operation?
_____ Shifts per day
6. While at this location, approximately how many times has this facility experienced flood damage, including the flooding from the (date) floods?
_____ Times
7. Briefly describe any permanent flood mitigation measures that have been implemented to reduce potential flood damage. _____

8. How many days, if any, was this business closed due to the (date) flood?

_____ DAYS CLOSED

8a. Did your business set up temporary quarters at another location because of the (date) floods? (CIRCLE)

1. NO

2. YES

8b. How much additional money did the flood cost your business in increased operational expenses, such as temporary quarters, additional transportation, communications, or storage expenses?

\$_____ Total Additional Dollars

8c. Please describe additional costs.

Individual Building Information

*(Questions 9-21 are to be answered for your **primary building only**. If there are multiple buildings at the facility, a supplemental sheet is provided that asks for similar information.)*

9. Brief description of function of the primary building and its contents: _____

10. Prior to the (date) floods, what was the value of all equipment physically attached or anchored to this building, not including the building itself?

\$_____

11. Prior to the (date) floods, what was the value of all other equipment, furniture, supplies, raw materials, and inventory generally stored in this building?

\$_____

12. Prior to the (date) floods, what was the value of all vehicles generally stored at this building? \$ _____

13. Prior to the (date) flooding, what was the value of all other equipment, supplies, and inventory stored outside of, but in the immediate vicinity of this building? \$ _____

14. Excluding any basement or attic how many stories does this building have?
_____ STORIES

15. What is the average story height in this building?
_____ FEET

16. What year was this building constructed? _____

17. What is the shape of this building? (Circle one answer.)

1. Square
2. Rectangular
3. L-shaped
4. U-shaped
5. Very Irregular

18. What is the size of your building in square feet? (If respondent is unsure, ask for the dimensions and calculate.)

_____ SQUARE FEET

19. Indicate what type of heating and cooling system is used in your building?

Heating Only:

- | | |
|------------------------------------|------------------------------|
| 1. Forced Air | 6. Ceiling, Radiant Electric |
| 2. Gravity Furnace | 7. Baseboard, Electric |
| 3. Floor Furnace | 8. Baseboard, Hot Water |
| 4. Wall Furnace
(No Heat Ducts) | 9. Radiators, Hot Water |
| 5. Floor, Radiant Hot Water | 10. Radiators, Steam |

Heating and Cooling:

11. Warmed and Cooled Air
12. Heat Pump System

Cooling Only:

13. Evaporative Water Cooler (Single or Short Ducts)
14. Refrigerated, with Condenser and Ducts

20. Does this building have a basement? (CIRCLE)

0. NO

1. YES

20a. If yes, please indicate the total basement area, and the area in square feet or dimensions of the area that is finished and unfinished? (If respondent is unsure, ask for the dimensions and calculate.)

Total Area: _____ Square Feet

Finished Area: _____ Square Feet

Unfinished Area: _____ Square Feet

21. Please indicate the primary construction material for the building frame.

___ Block/Brick ___ Steel ___ Wood ___ Metal

(Check appropriate block)

22. Relative to the 1st floor elevation of the building, what is the current value of the contents and where are they located vertically? (up through 1st floor only)

Height (ft)	Equipment (\$)	Furniture (\$)	Inventory/products (\$)
0.0 ft			
1.0 ft			
3.0 ft			
6.0 ft			
8.0 ft			
Total			

Notes to interviewer:

- Shaded areas are for buildings with a subterranean level only. Please fill in appropriate values for the depth (e.g., -1.0 ft, -3.0 ft, -6.0 ft). Leave shaded areas blank if no subterranean level exists.
- The values in the columns should be a cumulative total, starting from the lowest level of the structure.

Physical Damage and Other Costs

23. How high in feet and inches did the water from _____ (year) flood reach on the inside of this building relative to the first floor of the building?

_____ FEET; _____ INCHES (ABOVE, BELOW) First Floor Level
 [CIRCLE]

24. Please estimate the damages to your business from past flooding events. Please give a single set of combined damages for all floors in all buildings.

Date of the flooding event:	_____	Date of the flooding event:	_____
Contents damage estimate (\$):	\$_____	Contents damage estimate (\$):	\$_____
Structure damage estimate (\$):	\$_____	Structure damage estimate (\$):	\$_____
Number of lost business days:	_____ Days	Number of lost business days:	_____ Days
Amount of lost net income (\$):	\$_____	Amount of lost net income (\$):	\$_____
Cost of cleanup (\$):	\$_____	Cost of cleanup (\$):	\$_____

25. Please indicate the replacement value and damage or costs that you attribute to each of the following items.

	Replacement Value	Actual Damage or Cost
Damage to Transportation		
Roads, bridges, streets, walks, parking	\$ _____	\$ _____
Rail beds and tracks	\$ _____	\$ _____
Rerouting trains, trucks, cars, & buses	\$ _____	\$ _____
Docks and loading facilities	\$ _____	\$ _____
Damage to Buildings		
Foundation and supports	\$ _____	\$ _____
Floors (mark one) <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood	\$ _____	\$ _____
Floor covering (mark one) <input type="checkbox"/> Ceramic <input type="checkbox"/> Linoleum <input type="checkbox"/> Carpet	\$ _____	\$ _____
Exterior walls and insulation (mark one) <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Block/brick	\$ _____	\$ _____
Windows	\$ _____	\$ _____

	Replacement Value	Actual Damage or Cost
Interior walls and ceilings	\$_____	\$_____
Doors and moldings	\$_____	\$_____
<p>Damage to Building Utilities</p> <p>Indicate location: B=Basement, G=Ground floor, I=Intermediate floors, R=Roof</p>	Replacement Value	(year)Flood Actual Damage or Cost
Sewer systems ___ Storm ___ Industrial ___ Sanitary ___ B ___ G ___ I ___ R	\$_____	\$_____
Water supply systems ___ Treatment ___ Pipes ___ B ___ G ___ I ___ R	\$_____	\$_____
Water systems ___ Hot water ___ Softening ___ B ___ G ___ I ___ R	\$_____	\$_____
Communications systems ___ B ___ G ___ I ___ R	\$_____	\$_____
Electric power transformers	\$_____	\$_____

	Replacement Value	Actual Damage or Cost
___ Pole ___ Ground		
Electrical service entrance and meters ___ B ___ G ___ I ___ R	\$ _____	\$ _____
Engines/generators/alternators ___ B ___ G ___ I ___ R	\$ _____	\$ _____
Other Electrical control panels and circuit breakers ___ B ___ G ___ I ___ R	\$ _____	\$ _____
Wiring switches, outlets, lighting ___ B ___ G ___ I ___ R	\$ _____	\$ _____
Fuel supply ___ Oil tanks ___ Gas pipes/meters ___ B ___ G ___ I ___ R	\$ _____	\$ _____
Heating ___ Oil ___ Gas ___ Elect. ___ Air ___ Water	\$ _____	\$ _____

	Replacement Value	Actual Damage or Cost
<input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> R		
Air conditioning <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Cool <input type="checkbox"/> Purify <input type="checkbox"/> Dehumidify <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> I <input type="checkbox"/> R	\$ _____	\$ _____
Damage to Equipment, Appliances, and Furniture		
<input type="checkbox"/> Conveyors <input type="checkbox"/> Elevators <input type="checkbox"/> Escalators	\$ _____	\$ _____
Foundry furnaces and welding equipment	\$ _____	\$ _____
Machine tools and patterns	\$ _____	\$ _____
Other motors and engines	\$ _____	\$ _____
Compressors	\$ _____	\$ _____
Built-in refrigeration units	\$ _____	\$ _____
Hand and paint tools	\$ _____	\$ _____
Other equipment	\$ _____	\$ _____
Display cases, counters, and bins	\$ _____	\$ _____

	Replacement Value	Actual Damage or Cost
Appliances ___Oven ___Refrigerators ___Other _____	\$ _____	\$ _____
Vehicles kept at this location	\$ _____	\$ _____
Damage to:		
Parts/raw materials	\$ _____	\$ _____
Partly assembled/processed product	\$ _____	\$ _____
Inventory	\$ _____	\$ _____
General Costs		
Fighting the Flood		\$ _____
Evacuation ___Owner ___Tenant		\$ _____
Number of employees out of work		_____ Unemployed
Value of lost wages		\$ _____
Removal of debris and damaged items		\$ _____
Disinfecting, other cleaning and rehabilitation		\$ _____

	Replacement Value	Actual Damage or Cost
Replacement of records		\$ _____
Loss of gross income due to interruption of business		\$ _____
Loss of net income due to interruption of business		\$ _____
Increased alternative operating costs		\$ _____

26. Please indicate the approximate dollar value of damage from the (date) floods to the following categories:

Structure Damage = Damage to any building components, including foundation, walls, floors, doors, windows, roof, electrical system, heating and cooling systems, plumbing, attached carpeting, attached shelves and cabinets, and built-in equipment and appliances.

Content Damage = Damage to unattached equipment, supplies, raw materials, and inventory.

Vehicles and Outside Property Damage = Damage to vehicles parked on premises; damage to inventory, materials, and equipment kept outside; and damage to signs, landscaping, and parking areas.

Preventive Costs = Costs of moving contents prior to and after flooding to avoid damage, costs of flood fighting.

Clean Up Costs = Costs of labor and materials to clean up interior and outside of building.

Business Record Replacement Costs = The financial costs and unpaid hours for reconstructing business records that were damaged by the flood.

TYPE OF DAMAGE	AMOUNT OF COST OR DAMAGE
STRUCTURE DAMAGE	\$ _____
CONTENT DAMAGE	\$ _____
VEHICLE DAMAGE	\$ _____
PREVENTIVE COSTS	\$ _____
CLEANUP COST	\$ _____
LANDSCAPING AND OUTSIDE PROPERTY	\$ _____

UNPAID HOURS OF TIME FOR CLEAN AND REPAIR	_____ UNPAID HOURS
BUSINESS RECORD REPLACEMENT COSTS	\$ _____

27. How long did the water remain in this building?

_____ DAYS _____ HOURS

Damage Susceptibility

28. At what elevation, relative to the 1st floor of the building, does flood damage to **contents** begin? (+ or – ; will only be negative if there is a subterranean level) _____ feet

29. Please estimate damage to contents corresponding with water depths above/below the building's 1st floor elevation. (Express damage in either **\$ or % of total value.**)

Flood Depth	Equipment			Furniture			Inventory/products		
	Low	Most Likely	High	Low	Most Likely	High	Low	Most Likely	High
-6.0 ft									
-3.0 ft									
-1.0 ft									
0.0 ft									
0.5 ft									
1.0 ft									
3.0 ft									
6.0 ft									

Notes to interviewer:

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- The values in the columns should be a cumulative total, starting from the lowest level of the structure.
- **Other Information**

30. Is there a seasonal variation in the value of inventory in this building? Yes No

If yes, what is the average total value of your inventory during the following time periods:

January – March \$ _____ April – June \$ _____
 July – September \$ _____ October – December \$ _____

31. Other than the principal structures, are there any other valuable items on your property that flood waters could damage, such as not readily movable (landscaping, electrical equipment, pipes, trailers on blocks, etc.)?

Type	Current Value (\$)	Height Above Ground (ft.)

- Movable (cars, trucks, trailers, etc.)

Type	Current Value (\$)

Flood Warning and Response

32. Just before (date) floods, how did you first become aware that flooding might reach your business? (CIRCLE ONE ANSWER)

1. E-MAIL
2. TEXT MESSAGE
3. SOCIAL NETWORKING WEBSITE (FACEBOOK, TWITTER, SNAPCHAT, etc.)
4. TV
5. RADIO
6. TELEPHONE BY A PUBLIC OR EMERGENCY WORKER
7. TELEPHONE BY OTHER
8. FACE TO FACE BY PUBLIC OR EMERGENCY WORKER
9. FACE TO FACE BY OTHER
10. LOUDSPEAKER
11. SIREN
12. C.B., HAM RADIO or POLICE SCANNER
13. NEWSPAPER
14. OBSERVING THE CREEK OR RIVER WATER LEVELS
15. OTHER _____

32a. How many hours were there between the time you became aware that flooding might reach your business until the water actually reached your business property?

_____ HOURS

33. What actions, if any, did you take to safeguard your business property immediately prior to flooding and what were the dollar damages prevented by each action?

(PLEASE CIRCLE YES OR NO FOR EACH ACTION LISTED AND INDICATE THE DOLLARS DAMAGE PREVENTED FOR EACH ACTION.)

Damage Preventive Action	Took Preventive Action		Dollar Damage Prevented	
	(CIRCLE)		\$_____ or Circle DK for Don't Know	
1. Moved contents to higher ground	Yes	No	\$_____	DK
2. Elevated contents to a higher spot in the building	Yes	No	\$_____	DK
3. Shut off electrical equipment	Yes	No	\$_____	DK
4. Sandbagged the outside of the building	Yes	No	\$_____	DK
5. Used another type of temporary barrier	Yes	No	\$_____	DK
6. Moved vehicles to higher ground	Yes	No	\$_____	DK

7. Other action: _____	Yes No	\$ _____ DK
8. None	Yes No	\$ _____ DK

34. Emergency Measures/Plans:

34a. What emergency measures/plans, if any, would you take to reduce damage if you were forewarned of eminent flooding? _____

34b. What is your estimated cost to implement these emergency measures?

\$ _____

34c. How much time in man hours is required to implement these emergency measures?

_____ MAN HOURS