

APPENDIX E1 INDIVIDUAL DAMAGE ASSESSMENT WORKSHEET

Village of South Barrington Emergency Management Agency

INDIVIDUAL DAMAGE ASSESSMENT WORKSHEET

Form # 01-002-Page 1 of 2

Report Number _____ Reporting Period: _____ to _____

Date Issued: _____ Time Issued: _____

Prepared By: _____ Call Back By: _____

Date Incident Occurred; _____

LOCATION	EVENT
<p>Street: _____</p> <p>City: _____</p> <p>Township: _____</p> <p>County: _____</p> <p>Geographical Area: _____</p> <p>_____</p> <p style="text-align: center;">PROPERTY</p> <p>Government _____ Public _____ Private _____ (check one)</p>	<p><input type="checkbox"/> Flood</p> <p><input type="checkbox"/> Tornado</p> <p><input type="checkbox"/> Winter Storm</p> <p><input type="checkbox"/> Thunder Storm</p> <p><input type="checkbox"/> HazMat</p> <p><input type="checkbox"/> WMD</p> <p><input type="checkbox"/> Fire</p> <p><input type="checkbox"/> Civil Disorder</p> <p><input type="checkbox"/> Other</p> <p>_____</p>

UTILITY SYSTEMS			
WATER	ELECTRICAL	SANITARY	TELEPHONE
<p><input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Inoperable</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Inoperable</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Inoperable</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Functional</p> <p><input type="checkbox"/> Inoperable</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Village of South Barrington Emergency Management Agency, cont.....

INDIVIDUAL DAMAGE ASSESSMENT WORKSHEET

Form # 01-002-Page 2 of 2

DAMAGE OF PROPERTY

Detailed Description: _____

ACTION TAKEN

Detailed Description of Efforts:

ANTICIPATED NEEDS

Detailed Description: _____

COMMENTS

Detailed Description: _____

FINAL ACTION

Livable Now ___ Livable/Needs Repairs ___ Not Livable/Condemn ___ (check one)

APPENDIX E2 DISASTER SITUATION REPORT

**Village of South Barrington Emergency
Management Agency**

DISASTER SITUATION REPORT

Form # 03-002-Page 1 of 4

Report Number _____
 Reporting Period: _____ to _____
 Date Issued: _____
 Time Issued: _____
 Prepared By: _____
 Call Back By: _____
 Date Incident Occurred: _____

LOCATION	EVENT	CASUALTIES	INCIDENT COMMANDER
Street: _____ City: _____ Township: _____ County: _____ Geographical Area: _____ _____ _____	<input type="checkbox"/> Flood <input type="checkbox"/> Tornado <input type="checkbox"/> Winter Storm <input type="checkbox"/> Thunder Storm <input type="checkbox"/> HazMat <input type="checkbox"/> WMD <input type="checkbox"/> Fire <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Other _____	# Deaths: _____ # Injuries: _____ # Treated and Released _____ # Admitted: _____	Name: _____ Title: _____ Call Back #: _____ Fax #: _____ Command Post Location: _____ IC Call Back #: _____ Radio Frequency: _____

DETAILED DESCRIPTION OF DAMAGE

RESIDENTIAL # Destroyed _____ # Major Damage _____ # Minor Damage _____

Comments: _____

COMMERCIAL # Destroyed _____ # Major Damage _____ # Minor Damage _____

Comments: _____

PUBLIC/GOVERNMENT # Destroyed _____ # Major Damage _____ # Minor Damage _____

Comments: _____

Village of South Barrington Emergency Management Agency DISASTER SITUATION REPORT

Form # 03-002-Page 2of 4

MASS CARE

Shelter Location: _____ # in Shelter; _____ POC/Phone #: _____
 Shelter Location: _____ # in Shelter; _____ POC/Phone #: _____
 Shelter Location: _____ # in Shelter; _____ POC/Phone #: _____
 Feeding Sites: _____ # Meals Served: _____ Provided By: _____
 Feeding Sites: _____ # Meals Served: _____ Provided By: _____
 Other: _____

UTILITY SYSTEMS

WATER	ELECTRICAL	SANITARY
<input type="checkbox"/> Functional <input type="checkbox"/> Inoperable Date/Time Back In Service: _____ Numbers Affected: _____ Owned BY: _____ POC: _____ Call Back #: _____ Comments: _____ _____ _____	<input type="checkbox"/> Functional <input type="checkbox"/> Inoperable Date/Time Back In Service: _____ Numbers Affected: _____ Owned BY: _____ POC: _____ Call Back #: _____ Comments: _____ _____ _____	<input type="checkbox"/> Functional <input type="checkbox"/> Inoperable Date/Time Back In Service: _____ Numbers Affected: _____ Owned BY: _____ POC: _____ Call Back #: _____ Comments: _____ _____ _____

TELEPHONE	CELLULAR
<input type="checkbox"/> Functional <input type="checkbox"/> Inoperable Date/Time Back In Service: _____ Numbers Affected: _____ Owned BY: _____ POC: _____ Call Back #: _____ Comments: _____ _____ _____	<input type="checkbox"/> Functional <input type="checkbox"/> Inoperable Date/Time Back In Service: _____ Numbers Affected: _____ Owned BY: _____ POC: _____ Call Back #: _____ Comments: _____ _____ _____

Village of South Barrington Emergency Management Agency DISASTER SITUATION REPORT

Form # 03-002-Page 3of 4

INFRASTRUCTURE

POLICE	FIRE	EMS	HOSPITALS	AIRPORTS-R/R
<input type="checkbox"/> Functional	<input type="checkbox"/> Functional	<input type="checkbox"/> Functional	<input type="checkbox"/> Functional	<input type="checkbox"/> Functional
Comments: _____ _____ _____	Comments: _____ _____ _____	Comments: _____ _____ _____	Comments: _____ _____ _____	Comments: _____ _____ _____

ROADWAYS/BRIDGES

ALL OPEN

ROAD CLOSED AT:

DATE/TIME OPEN: _____

BRIDGES CLOSED AT:

DATE/TIME OPEN: _____

ACTION TAKEN

Detailed Description of Efforts: _____

Village of South Barrington Emergency Management Agency DISASTER SITUATION REPORT

Form # 03-002-Page 4 of 4

ACTION TAKEN (continued)

Detailed Description of County, State and Federal Efforts: _____

ANTICIPATED NEEDS

Detailed Description: _____

COMMENTS

Detailed Description: _____

APPENDIX E3 CCEMA INCIDENT FLASH REPORT

COOK COUNTY EMERGENCY MANAGEMENT AGENCY
INCIDENT FLASH REPORT

Date Received: _____

Time Received: _____

Received By: _____

NAME OF LOCAL JURISDICTION:		
FORM COMPLETED BY:		TITLE:
CALL BACK PHONE NUMBER:	DATE:	TIME:
1. Type of condition, emergency, or disaster:		
2. Date and time of occurrence:		
3. Describe the affected area of the jurisdiction:		
4. Describe road conditions including roadways and highways that are impassable:		
5. Estimated number of casualties: A. Deaths _____ B. Injuries _____ C. Homeless/Stranded _____		
6. Estimated number of homes damaged:		
7. Estimated number of homes destroyed:		
8. Estimated number of businesses / industries damaged:		
9. Estimated number of businesses / industries destroyed:		
10. Briefly describe the damage to public buildings (i.e., extent of damage, service disruptions, estimated cost - if known):		
11. Briefly describe the damage to utility system (i.e., extent of damage, service disruptions, estimated cost - if known):		
12. Describe local actions taken or to be taken:		
13. Describe outside assistance needed or requested:		
14. Has a disaster declaration been made?	YES	NO
15. Comments:		

INSTRUCTIONS

1. This information should be faxed to the Lake County Emergency Management Agency as soon as possible.
LAKE COUNTY EMA FAX NUMBER: 847-377-7015
1. Update the information (whether situation either deteriorates or improves) as necessary.
3. This form is meant for local government/municipal use. *This Report not intended to be used by private citizens.*