



Damage Assessment Report

Time Reported: _____

Name of Person Submitting Initial Alert: _____

General Description of Disaster Event: _____

External Support Requirements: _____

Impact Level on Key Resources: _____

Damage Magnitude (Serious, Moderate, Light): _____

Extent of Damage: _____

Estimated Recovery Time: _____

Utilities and Services (List affected utilities)

Hardware (List affected hardware)

Building Structure (List affected areas)

Personnel (List affected employees)

**BUSINESS CONTINUITY
PLANNING**

Vital Records (List affected vital records)

Other Resources (List other affected resources)

Overall Disaster Magnitude (Serious, Moderate, Light): _____

Other Assessment Information Regarding the Disaster Event

Prepared by: _____

Date: _____

Time: _____

