Kaiser Permanente Amateur Radio Network
Medical Center Damage Assessment Checklist

Emergency/Incident: _____ **Date:** _____ **MSG NO**_____

(SEQ. W/ OTHER MESSAGES)

Exercise: _____ **Facility Name:** _____ **Floor/Wing**_____

To be used to report back to Net Control or Emergency Operations Center. Not to be used for building safety assessment or inspection.

None Min Maj Destr *   **Damaged? Check appropriate Category, Provide comment only if necessary,**

(0) (1) (2) (3)   **Structural**

None (0)	Min (1)	Maj (2)	Destr* (3)	
☐	☐	☐	☐	a. **External walls:**_____
☐	☐	☐	☐	b. **Internal walls:** _____
☐	☐	☐	☐	c. **Roof:** _____
☐	☐	☐	☐	d. **Floors:** _____
☐	☐	☐	☐	e. **Stairwells/Fire exits** _____
☐	☐	☐	☐	f. **Other structural:** _____

Non-structural

None	Min	Maj	Destr	
☐	☐	☐	☐	g. **Food Services:** _____
☐	☐	☐	☐	h. **Neighborhood:** _____
☐	☐	☐	☐	i. **Public Roads in vicinity (access):** _____
☐	☐	☐	☐	j. **Mechanical equipment:** _____
☐	☐	☐	☐	k. **Elevators:** _____
☐	☐	☐	☐	l. **Other hazards:** _____

> **Key**
> None = No apparent damage detected.
>
> Minor = Some damage - does not hinder use.
>
> Major = Significant damage - must have reinforcement to use -
>
> Destroyed = Unusable / unsafe - for use due to significant hazard.

Yes   No   Limited   **Resources**   Available/Functional? Check appropriate box. Provide comment only if necessary.

Yes	No	Limited	
☐	☐	☐	m. **Electrical Power:** _____
☐	☐	☐	n. **Generator:** _____
☐	☐	☐	o. **Generator fuel: (based on 8 hr. usage)**_____
☐	☐	☐	p. **Water:** _____
☐	☐	☐	q. **Heat (steam/gas/etc.):** _____
☐	☐	☐	r. **Telephone (land):** _____
☐	☐	☐	s. **Medical Gas:** _____
☐	☐	☐	t. **Radios (system type):** _____
☐	☐	☐	u. **Other:**_____
☐	☐	☐	v. **Medical supplies** _____

Present   Need   **Staffing**

Present	Need	
_____	_____	w. **Medical Staff:** _____
_____	_____	x. **Nursing/Paramedical:** _____
_____	_____	y. **Ancillary/Support:** _____
_____	_____	z. **Other staff needed:** _____

When complete fax to Regional EOC at (fax) _____ or transmit via radio

Completed by . Name/call: _____ **Info. provided by:**_____