OREGON EMERGENCY MANAGEMENT
INFRASTRUCTURE (PUBLIC ASSISTANCE) INITIAL DAMAGE ASSESSMENT FIELD DATA COLLECTION FORM

NAME OF PUBLIC (GOVERNMENT) OR PRIVATE NONPROFIT AGENCY: _____ **COUNTY:** _____

(List damage and emergency response costs for only one agency on each form. Use more than one form per agency if necessary. Only certain private nonprofits should be included on this form. Additional Instructions for this form on reverse side.)

Category	Brief Description of Damage or Cost	Location	Date of Occurance	Estimated Cost	Comments (Impacts)

Inspector's Name: _____ **Contact Information:** _____ **Date:** _____

This Page Total by Categ

Total A	*$0*	*Total E*	*$0*
Total B	*$0*	*Total F*	*$0*
Total C	*$0*	*Total G*	*$0*
Total D	*$0*	*Total*	*$0*

Total
$0.00