

COES 105 Situation Status / PSA Form

Rev 080519 For use by Organized Neighborhoods, CARES Preliminary Safety Assessment

Control No: _____

Assessment Date/time:	Street: Between: _____ and: _____
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Performed by:	Map Grid (Chamber Map):
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Command Post Location:	Number of Units Surveyed:
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Ref	Category	Subcategory	Count	Notes/Addresses (use back of page if necessary)
1.1	Injuries, Minor	Able to walk away from the incident		
1.2	Injuries, Delayed	Regular breathing, and Capillary refill <2 sec, and Answers questions, responds to commands		Address: _____
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented OR TRAPPED		Address: _____
1.4	Injuries, Presumed Dead	Unconscious, no respiration		Address: _____
2.1	Structure, Light Damage	<ul style="list-style-type: none"> • Superficial Damage • Broken Windows • Cracked or fallen plaster • Main damage is to contents 		
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> • Large amount of cracking on exterior • Small cracks around doors and foundations • No outward sign of structural damage 		Address: _____
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> • Partial or full collapse • Building is off foundation • Structural damage to the building 		Address: _____
3.1	Fire	Fire, Any situation, note if extinguished		Address: _____
4.1	Hazards	Gas Leaks		Address: _____
4.2	Hazards	Sewer Leaks		Address: _____
4.3	Hazards	Water Main Breaks		Address: _____
4.4	Hazards	Electrical Power, Lines Down. Power in the neighborhood?		
5.1	Access	Roads blocked Other Obstructions		

Status Report Logged? (initials) Doc Unit Logged _____ OPS Desk Logged _____ Doc Unit Completed _____ COES103 _____ COES104 _____ COES103 _____	Rollup _____
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