

COES 105 Situation Status / PSA Form

Rev 210314 For use by Organized Neighborhoods, CARES Preliminary Safety Assessment

Control No:

Assessment Date/time:			Street: Between: _____ and: _____	
Performed by:			Map Grid (County Grid):	
Command Post Location:			Number of Units Surveyed:	
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		Address:
1.4	Injuries, Presumed Dead	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. Units without power?		
5.1	Access	Roads blocked Other Obstructions		
Status Report Logged? (initials) Doc Unit Logged _____ OPS Desk Logged _____ Doc Unit Completed _____ COES103 COES104 COES103			Rollup _____	Signature: _____