

COES 105 Situation Status / PSA Form

Rev 160128 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 COES103 _____
 OPS Desk Logged COES104 _____
 Doc Unit Completed COES103 _____
 Rollup _____