

# Assessment – Fire Recovery

## SOUTHERN BAPTIST DISASTER RELIEF

Assessor		Tracking Number (Office Use)	
Phone #		Job Priority	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Date			

**ATTACH THIS FORM TO "PROPERTY OWNER REQUEST FOR ASSISTANCE"**

Property Owner	
Work Location	

TYPE OF BUILDING	PROPERTY ACCESS
<input type="checkbox"/> Detached Home	<input type="checkbox"/> Dirt/Gravel
<input type="checkbox"/> Mobile/Modular Home	<input type="checkbox"/> Paved
<input type="checkbox"/> Out Building	<input type="checkbox"/> Steep <input type="checkbox"/> Up Hill <input type="checkbox"/> Down Hill
<input type="checkbox"/> Attached Home/Apartments	<input type="checkbox"/> Level
<input type="checkbox"/> Other	<input type="checkbox"/> Other

<b>FOUNDATION</b>			
<input type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Pier & Beam	<input type="checkbox"/> Stem Wall
<input type="checkbox"/> Other			

If Basement, Is there Heavy Equipment Access?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Basement Depth	
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<b>WORK DESCRIPTION</b>		
<input type="checkbox"/> Sifting	<input type="checkbox"/> Structure Demolition	<input type="checkbox"/> Debris Removal

Note sifting area on "Property Area" form.    Owner present during sifting?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
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<b>EQUIPMENT NEEDED</b>		
<input type="checkbox"/> Excavator/Back Hoe	<input type="checkbox"/> Metal Saw	<input type="checkbox"/> Cutting Torch/PPE
<input type="checkbox"/> Heavy Duty Chains	<input type="checkbox"/> Water Buffalo	<input type="checkbox"/> Tractor/Skid Steer
<input type="checkbox"/> Other Equipment		

Dumpsters Required?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Dumpsters on Site?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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***If Dumpster required, Homeowner is responsible for obtaining and payment.***

If NO, where will debris be Stacked/Separated?
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If YES, but dumpster unavailable, May debris be stacked at curb?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Will Ash and Debris need to be sprayed to control Dust?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, Is there a close by Water Source?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Location of Water Source	
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<b>HAZARDS</b>
Electrical
Other

Special Instructions (Notes)

**Assessor Instructions:**

1. Determine priority based on Special Needs of Owner and work requested. (See Property Owner Request for Assistance and Assessment-Priorities document).
2. Complete "Assessment-Property Area" and attach to Assessment Form.

Revised: July 6, 2017