

**Early Response Team Site Assessment
STEP Form
The First STEP towards Relief**

NOTE

*This form is not intended to assess a home for repairs or rebuilding. It is used solely to assess whether or not it is an appropriate situation for an average Early Response Team or whether the situation is better suited for the services of specialized teams or professions.
This form can be used to guide the ERT in their goal to help survivors "prevent further damage".*

Address _____

Brief description of home: _____

of rooms _____ # Occupants _____ Currently occupied Y N

Date of this assessment _____

Name of Assessor _____

Home Owner (print) _____

Homeowner signature _____

Contact information _____

Is this the first assessment for this residence? Y N

If no, who did first? _____ when? _____

Access to property form signed? Y N

Has insurance company been contacted? Y N FEMA Y N (800-621-3362)

STEP CODE: **ST** = Special Team/skills needed **E** = Early Response Team appropriate **P** = Professionals recommended

Degree of damage: On scale of 1 to 5, with 1 being minor and 5 being major, heavily damaged, rate any space you note as damaged.

<input type="checkbox"/> Own <input type="checkbox"/> Rent	<input type="checkbox"/> Single Family Home <input type="checkbox"/> Multi Family Dwelling <input type="checkbox"/> Mobile Home	Chainsaw Needs <input type="checkbox"/> Priority <input type="checkbox"/> Routine <input type="checkbox"/> Not Needed	Blue Tarp Needs <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Residence <input type="checkbox"/> Yes <input type="checkbox"/> No
Can Residence be occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Foundation: Pier Slab Crawl space Basement _____ # Bedrooms _____ Stories

Water: City Well On Off Main shutoff or well location _____

Septic: City Septic Location of septic field _____

Electric: On Off Location of fuse box _____

Gas: City On Off Propane Location of main shutoff _____

Water level in house _____

Appliances that were immersed H/W Furnace W/D Sump pump Dishwasher AC

AC type (window or whole house) Other _____

Area	Item	Description	Damaged	Degree	Un-Damaged	Suspect	CODE	
Site		Overall appearance						
		Electrical wires/hook up						
		Gas hook up/tank						
		Septic tank/fields						
		wells						
		debris						
		fencing						
		Sidewalks/driveways						
		flammables						
	yard							
Exterior Assessment	Roof	Shingle						
		metal						
		Slate/tile						
		other						
	Foundation	Type						
	Walls	Brick/stone						
		siding						
		block						
		Windows						
Doors								
Interior Spaces	Walls	Composition						
		drywall						
		plaster						
		paneling						
		other						
		Water height Ft. Inches						
	Floors	Hardwood						
		carpet						
		other						
Interior Spaces	Ceilings							
	Cabinetry	Kitchen						
		Bath						
	Appliances	Refrigerator						
		Stove						
Other								
HVAC		Furnace						
		Duct work						
		other						
Other								

Additional Comments