

Seascape CERT Disaster House Survey
Follow the Instructions on the Back of this Survey

DATE:		PERSON REPORTING:											
TIME:		SEASCAPE CERT TEAM											
FILL IN THE NAMES OF EVERYONE IN THE HOUSE, YOUR ADDRESS AND PHONE, AND A CONTACT NAME AND PHONE WHERE YOU CAN BE REACHED BELOW.	BURNING	IS IT OUT?	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS
	NAME / ADDRESS / PHONE AND CONTACT NAME / PHONE	FIRE	HAZARDS			HOUSE		PEOPLE			ROAD		

Tear Here-----Tear Here

DATE:		PERSON REPORTING:											
TIME:		SEASCAPE CERT TEAM											
FILL IN THE NAMES OF EVERYONE IN THE HOUSE, YOUR ADDRESS AND PHONE, AND A CONTACT NAME AND PHONE WHERE YOU CAN BE REACHED.	BURNING	OUT	GAS LEAK	H2O LEAK	ELECTRIC	CHEMICAL	DAMAGED*	COLLAPSED	INJURED	TRAPPED	DEAD	ACCESS	NO ACCESS
	NAME / ADDRESS / PHONE AND CONTACT NAME/PHONE	FIRE	HAZARDS			HOUSE		PEOPLE			ROAD		

Seascape CERT Disaster House Survey
Follow the Instructions on the Back of this Survey

**Tack the Top Part of this Survey to the Front Door –
Bring the Bottom Part of this Survey to Seascapes Park**

Important: Fill in the same information on the top and bottom of the other side of this sheet.

Fire

1. Check your house for fire.
2. Write **YES** if there is a fire and **NO** if there isn't a fire.
3. If there is a fire, write the location of the fire.
4. If you put the fire out, write **YES** next to "Is it Out?"
If it is still burning, write **NO** next to "Is it Out?"

Gas

1. Check your house for gas.
2. Write **YES** if there is a gas leak and **NO** if there isn't a gas leak.
3. Write the location of the gas leak. (Turn off the gas in your house if there is a leak).

Water (H2O)

1. Check your house for water leaks.
2. Write **YES** if there is a water leak and **NO** if there isn't a water leak.
3. Write the location of the water leak. (Turn off the water in your house if there is a leak).

Electric

1. Check your house for electrical problems.
2. Write **YES** if there is an electrical problem and **NO** if there isn't an electrical problem.
3. Write the location of the electrical problem. (Turn off all electrical devices in your house).

Chemical

1. Check your house for chemical spills.
2. Write **YES** if there is a chemical spill and **NO** if there isn't a chemical spill.
3. Write the type and location of the chemical spill. (Clean up simple spills).

Damaged/Collapsed

1. Check your house for damage.
2. Write **YES** if the house is damaged and write where it is damaged. Write **NO** if it isn't.
3. Write **YES** next to Collapsed if your house is collapsed and **NO** if it isn't.

Injured

1. Check everyone in the house and determine how many people are injured.
2. Write **YES** if there are injured and write "life threatening" if the injuries are life threatening.
3. Write **NO** if no one is injured.

Trapped

1. Check everyone in the house to see if they are trapped.
2. Write **YES** if people are trapped, the location, and write "life threatening" if the situation is life threatening. Write **NO** if no one is trapped.

Dead

1. Check everyone in the house.
2. Write **YES** if anyone is dead, the location, and how many. Write **NO** if no one is dead.

Access/No Access

1. Write **YES** if there is access. Write **NO** if there is not access and list the obstacle.

**Tack the Top Part of this Form to the Front Door –
Bring the Bottom Part of this Survey to Seascapes Park**