

145 Part 1

Jefferson County Dept. of Emergency Management

PRELIMINARY DAMAGE REPORT - BUSINESS

PERSON REPORTING		DAY PHONE	ALTERNATE	NOTES AND ALERTS	
<input type="checkbox"/> REPORTING PARTY IS THE BUSINESS OWNER					
BUSINESS NAME (DBA):					
TYPE OF BUSINESS WHERE DAMAGE OCCURRED:					
<input type="checkbox"/> FINANCIAL		<input type="checkbox"/> RETAIL SALES	<input type="checkbox"/> FISHERY		
<input type="checkbox"/> SERVICE		<input type="checkbox"/> WAREHOUSE	<input type="checkbox"/> LOGGING		
<input type="checkbox"/> LODGING		<input type="checkbox"/> MANUFACTURING	<input type="checkbox"/> OTHER		
<div style="border: 1px solid black; width: 150px; height: 40px; margin-left: 20px;">(RESERVED FOR TIME STAMP)</div>					
NO. OF EMPLOYEES	FULL TIME	PART TIME	LOSS WAS: <input type="checkbox"/> PHYSICAL <input type="checkbox"/> ECONOMIC		FOR INTERNAL USE ONLY
OCCUPANT IS: <input type="checkbox"/> OWNER <input type="checkbox"/> LEASER		WAS BUSINESS CLOSED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DAMAGE TO: <input type="checkbox"/> STRUCTURE <input type="checkbox"/> CONTENTS		NO OF DAYS: <input style="width: 50px;" type="text"/>			
OCCUPIABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	EXPLAIN PRIMARY REASON				
ACCESSIBLE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PHYSICAL ADDRESS WHERE DAMAGE OCCURRED:		GENERIC LOCATION (Community / subdivision)			
		ACTUAL STREET ADDRESS			
		CITY/ZIP			
BUSINESS/CONTACT MAILING ADDRESS IF DIFFERENT THAN PHYSICAL ADDRESS:		STREET ADDRESS / P. O. BOX			
		CITY/STATE/ZIP			
ESTIMATED PRE-DAMAGE FAIR MARKET VALUE OF THE DAMAGED PROPERTY:		ESTIMATED LOSS TO THE STRUCTURE (in \$)			
ESTIMATED LOSS OF BUSINESS FURNISHINGS AND/OR INVENTORY (in \$):		IMPACT IS ESTIMATED AS: <input type="checkbox"/> DESTROYED <input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> AFFECTED			
INSURANCE TYPE: <input type="checkbox"/> BUSINESS CONTINUITY <input type="checkbox"/> FLOOD (NFIP) <input type="checkbox"/> EARTHQUAKE <input type="checkbox"/> NO INSURANCE					
INSURANCE DEDUCTIBLE (AMOUNT OR % OF FMV): <input style="width: 100px;" type="text"/>					

 **USE PART 2 (other side) FOR DESCRIPTION OF DAMAGE OR LOSS**

EOC 140 - DAMAGE REPORT - RESIDENCE (Revised Sept 25, 2008)
Return to: Jefferson County Emergency Management, 81 Elkins Rd., Port Hadlock, WA 98339
Phone: 360.385.9368 Fax: 360.385.9376



