Baton Rouge, Louisiana

Baptist Association of Greater Baton Rouge

Disaster Relief Assessment Manual
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MISSION STATEMENT

To provide physical, emotional, and spiritual help to victims of natural and man-made disasters, including floods, earthquakes, hurricanes, tornadoes, fires, and terrorist attacks, in North America and overseas

- Our primary goal is to provide assistance to anyone that is in distress because of a disaster.
- At every opportunity we must insure that the gospel is made known to each person that we have contact with.

TEAM CONCEPT

- Two – to three person teams are the best. Never go alone; you will go to many homes where the ladies are home alone. This is a good ministry for married couples to work together.
- A local person can save you a lot of time (pastors, lay people, retired people) since they know the area well.
- Know who is in charge of the disaster area. When you arrive at the disaster area, report to the person in charge in order to find out where the most critical damage is located. It is possible that you may have to go to the police, sheriff, or local emergency management.
- See if you can get some maps of the disaster area. One of the emergency services can help.
- Grid off maps and number the grids so other teams do not go over the same area twice.

Notes:
Make a zip lock bag of goodies for the kids.

QUALIFICATIONS FOR RECEIVING SOUTHERN BAPTIST ASSISTANCE

- Anyone who needs our help qualifies for our assistance. We will look at all damaged homes and buildings.
- Remember that we have been sent to minister to everyone. What we do might lead someone to Christ.
SETTING JOB PRIORITY

Priority 1
- Tree in house/building
- Tree on the roof
- Holes in roof.
- Anything that will expose the inside to weather. (missing windows, doors, or walls).
- If a tree has fallen and pulled the power line down from the house connection to the pole. Once the tree is removed, the power can be restored. Make sure the power is off.
- Blocked driveway
- Persons with special needs. (diabetes, oxygen, disability, etc.).
- Trees blocking the road
- Emergency operations personnel (police, fire, rescue, etc.).

Priority 2
- Trees in yard that hit a well-house or storage building.
- Smaller trees on house/building (no holes in roof).
- Large trees in yard; these jobs need expertise to cut trees up correctly.

Priority 3
- Small trees in yard that did not hit anything and are not blocking anything.
- Jobs that require people with minimal chainsaw experience.
- Small limbs and brush removal required.

AIDES FOR ASSESSORS

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<th>Camera</th>
<th>Forms</th>
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<td>Flash Light</td>
<td>Tape Measure</td>
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GENERAL INFORMATION

- Bring all jobs into the command center and go over them with the person who is assigning the crews.
- Make sure the Southern Baptist Disasters Relief Property Owners Request for Volunteer Assistance Form has been completed and signed by the property owner. Remember, we can’t send out a crew to do the work if the release form has not been signed.
- When filling the form out:
  - Make sure to get a street or highway directions if there is not street address.
  - Print all information
  - Get a subdivision along with the street address
- Get as much information on the proper form as possible.
- Note on the form if you need a professional, a bucket truck or crane.
- Where applicable, make a decision how much area needs to be cleared and note it on the form. Go over your results with the property owner.
- Dogs need to be relocated before the crew goes to the site.
- Interfaith and other religious groups will have people to help.
- Use the door hang tags as a means to let people know that you have been there.
- Use the assessed by tags to stick on the road in front of a place that has been assessed, this will help the crews to make sure that they are in the correct place.
- Get the contact numbers for the local Fire Department, Gas and Water Company, and Police Department or insure that there is a 911 service.
- Get the location of the local Post Office.
Property Owner’s Name: _______________________________ Date: ______________
Address: ___________________________________________ Subdivision: __________
City: __________________ State: ____________________ Zip Code: __________
Home Phone: ____________ Cell Phone: ______________ Work Phone: ____________

May we take pictures?  Yes  No.

Are there dogs present?  Yes  No, Are they contained  Yes  No.  (No work will be done with loose dogs)

Can work be done if owner not present:  Yes  No      (Never do a mudout job if the owner is not present).

Special circumstances __________________________________________________________

Description of job _______________________________________________________________________
_____________________________________________________________________________________

RELEASE (Must be signed before work begins)

I, ____________________________________ hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my property or to my person, which may occur during the cleanup operation. I also understand that I will be held harmless for any injury that may occur to a volunteer. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers. I understand that the Southern Baptist Disaster relief teams are a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said service will be provided. Additionally, I further understand that THIS IS NOT A CONTRACT TO PROVIDE SERVICES, AND VOLUNTEERS MAY NOT BE ABLE TO HELP ME.

Property Owners Signature _______________________________ Date: ____________, 20____.

Assessed By: _____________________________________ Date: ____________________

Unit Assigned ___________________________________ Date: ___________________

Work Completed __________ Work Incomplete (list remaining items on back) ____________

Unit Director or Blue Cap signature: ______________________________

Time spent to complete job: _____ hrs _____ min.

Volunteer’s signature: (Use back of form if necessary)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

6
Flood / Mudout Assessment

Resident’s Name: _______________________________________

Type of structure: Frame Home: ______ Mobile Home: ______

Building Size: Width ______ Length ______ Stories ______

Basement: Yes ___ No ______

Standing Water: Basement ______ (depth) Crawl Space ______ (depth)

Water depth at highest: Living Space ______ Basement ______

Basement

Finished: Yes ___ No ___

Number of Rooms _______ Mold covering: __________________________

Mold Visible: Yes ___ No ___

Seepage Present: Yes ___ No ___

Type of Wall ________________________________

Mud/Silt/Debris Depth ________

Main Level

Number of Rooms: ______

Mold Visible: Yes ___ No ___

Floor covering __________________________

Mud/Silt/Debris Depth ________

Type of Wall _________________

Work Needed

Dewatering ______

Pressure Wash ______

Appliance Removal ______

Sanitize ______

Wall covering removal ______

Remove drywall ______

Remove debris ______

Remove insulation ______

Remove belongings ______

Can debris be stacked at curb? Yes ___ No ___

Dumpster required? Yes ___ No ___

If dumpster is required, the homeowner is responsible to contract for the dumpster.

Degree of Damage

Destroyed ______ Major ______ Minor ______ Affected ________
Mud and Land Slide Assessment

Resident’s Name: ________________________________

Equipment Needed
Bobcat with bucket and grabber _____
Trailer to haul bobcat _____
Dump truck(s) _____
Plastic sheeting _____
Sandbags and sand _____
Blockade material _____
Straw rolls _____

Assessments
Type of building: Home ____ Mobile Home ____ Outbuilding ____
Type of foundation: Slab ____ Stem Wall ____ Basement ____
Type of construction: Wood frame ____ Brick ____ Other ____
Siding: Wood ____ Metal ____ Stucco, brick, or rock ____
Right of way to property: Up hill ____ Down hill ____ Level ____
Distance of building to right of way: __________________________
Driveway: Paved ____ Up hill ____ Steep ____ Down hill ____ Steep ____
Distance for dumping mud: On property _________ Off property _________
Property owner’s written permission _______ State or county permission ________
Hillside mud slides or earth slides:
Need professional help ______ Can do ____ Can not do ____
Temporary stability of the slide:
Can do ____ Can not do ____ Requires plastic sheeting to cover slide area ____
Requires sandbagging ____ Requires straw rolls to divert water flow ____
Needs blockade at lower end of slide ____ Needs to be reseeded to stabilize ____

Comments or suggestions: ____________________________
________________________________________________________________________
Fire Cleanup Assessment

Resident’s Name: _______________________________________

Equipment Needed
Bobcat with bucket and grabber ____
Trailer to haul equipment ____
Flatbed to haul equipment ____
Excavator ____
Heavy duty chains ____
Gas-driven metal saw ____
Heavy duty cutting torch with extra tanks ____
Heavy duty wood chipper ____

Assessments
Type of building:  Home ____  Mobile Home ____  Outbuilding ____
Type of foundation:  Slab ____  Stem Wall ____  Basement ____
Type of construction:  Wood frame ____  Brick ____  Other ____
Siding:  Wood ____  Metal ____  Stucco, brick, or rock ____
Right of way to property:  Up hill ____  Down hill ____  Level ____
Distance of building to right of way: __________________________
Driveway:  Paved ____  Up hill ____  Steep ____  Down hill ____  Steep ____

Burned tree and brush removal
Trees 10 in. ____  Trees 20 in. or greater ____
Logs can be used for blockade material to stabilize side of hill ____
Trees can be cut up into:  Firewood size ____  Lumber logging size ____  Chipped ____
Brush can be:  Cut six inches above ground level ____  Leave root system in ____  Chipped ____

Wood chips
Blown 1 ½ inches over ground for ground cover ____
Blown into bile for future use as mulch ____
Haul off to dump ____

Comments or suggestions: __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Assessor: _______________________
Phone: _______________________
Date: _______________________
Location: _______________________
_______________________________
_______________________________
Chainsaw – Wind Storm – Roof Assessment

Resident’s Name:_________________________________________________

NOT RECOMMENDED      Reason:_____________________________________________
_____________________________________________________________________________
Describe electrical hazards:_____________________________________________________
___ Tree(s) on house/roof with hole(s)
___ Tree(s) on house/roof with no holes.
___ Tree(s) blocking entrance to house or driveway.
___ Tree(s) down preventing reestablishment of power to home.
___ Tree(s) and limbs down near house preventing necessary repairs.
___ Tree(s) and limbs down that do not affect access or power to home.
___ we cannot lift trees off structure, but can help to cover and prevent further damage.

Type of roof:  Shingle ___ Roll roofing ___ Metal ___ Tile ___

Is any decking missing? Yes ___ No ___ Amount of plywood needed ________________

Are trusses damaged: Yes ___ No ___ Can we repair without requiring engineering? Yes ___ No ___

Percentage of shingles missing ___ %  Tabs missing ____

Whole shingles missing ___ Decking visible ___

Materials needed

Tarp(s) needed on roof? Yes ___ No ___ How many? _________ Approximate size ________________
Furring strip bundles ______ Metal Flashing rolls _____ Rubber Flashing _____________
Shingle bundles _______ Tarp rolls ___
2x4 lengths _____________ 2x6 lengths _____________
30 lb felt rolls ___________ Roll roofing rolls ________
Roofing cement tubes ______

Comments

Work needed

Number of trees needed to be cut: _____ Approximate size of trees: under 6” - 12” - 18” - 24” - 32” - Larger
Limbs only  Yes___ No___

Good access to tree(s) for cutting?  Yes ___ No ___
Good access for removal?  Yes ___ No ___
Good access to street for debris removal?  Yes ___ No ___
Limited access to street for debris removal?  Yes ___ No ___

Enough space on road for debris?  Yes ___ No ___ Other ______________________________________
Distance from trees/debris to street.____________

Saw size _____________ Pole saw ______________ Push pole _____________
Special requirements: Tree Climbers ___ Bobcat or Tractor ___ 4-wheeler & Trailer ___ other ________________

Crew size ______________________________________

Comments:__________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

Assessor:_______________________
Phone: __________________
Date: __________________
Location: ___________________

_____________________________
_______________________________
Damage Assessment – Frame Home

Resident’s Name: ____________________________________________

**System Damage (indicate percent)**

<table>
<thead>
<tr>
<th>Foundation</th>
<th>Interior Walls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor/Frame</td>
<td>Plumbing</td>
</tr>
<tr>
<td>Exterior walls</td>
<td>HVAC</td>
</tr>
<tr>
<td>Roof</td>
<td>Electrical</td>
</tr>
</tbody>
</table>

**Observable Damage Defined**

**Foundation:** If the foundation is undermined, partly missing, sagging or shifted, it is damaged. If these conditions are present, there’s a good chance of damage to the floor, plumbing, electrical, HVAC, and wall systems.

**Floor:** If it is shifted, sagging, or been submerged in water it is damaged. If these conditions are present, there’s a good chance of damage to the electrical, HVAC, finish and wall systems.

**Exterior walls:** If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these systems are present, there’s a good chance of damage to the roof, electrical, plumbing and HVAC systems.

**Roof:** If it is missing, sagging, collapsed, or submerged, it is damaged. If these conditions are present, there’s a good chance of damage to wall and electrical systems. If the roof is flood damaged, all systems are damaged.

**Non – Observable Damage Defined**

**Plumbing:** If water supply or waste water items are broken or contaminated, it is damaged.

**Electrical:** If submerged, interior distribution system missing, or disconnected, it is damaged.

**HVAC:** If submerged, fuel source missing, or disconnected, it is damaged.

**Interior Walls and Finish:** If missing, sagging, collapsed or submerged (fully or partially), it is damaged.

**Damage Categories Defined**

**Destroyed:** All systems damaged or destroyed, habitation not possible.

**Major:** Four or more systems are damaged or destroyed. Damage exceeds 45% total damage.

**Minor:** One of three systems are damaged or destroyed.

**Affected:** Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: __________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
Damage Assessment – Mobile Home

Resident’s Name: __________________________________________

System Damage (indicate percent)
Foundation ____  Interior Walls ____
Floor/Frame ____  Plumbing ____
Exterior walls ____  HVAC ____
Roof ____  Electrical ____

Observable Damage Defined

Frame: If it is twisted, buckled or broken it is damaged. If these conditions are present there is likely damage to the wall and roof systems. If it has moved off the foundation (fully or partially), it is uninhabitable as all mechanical systems are disrupted and there is a safety factor.

Exterior walls: If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these systems are present, there’s a good chance of damage to the roof and interior wall systems.

Roof: If it is missing, sagging, torn or punctureed, it is damaged. If these conditions are present, there’s a good chance of damage to wall systems.

Interior walls: If missing, sagging, collapsed, or submerged (fully or partially), they are damaged. This usually involves damage to the other three systems.

Damage Categories Defined

Destroyed: All systems damaged or destroyed, habitation not possible.
Major: Four or more systems are damaged or destroyed. Damage exceeds 45% total damage.
Minor: One of three systems are damaged or destroyed.
Affected: Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: __________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Temporary Roof Repair Form

Resident’s Name:_____________________________________

Are there any electrical or other hazards?  Yes ____  No ____
If yes, describe: ____________________________________________

Trees on house
____ Trees and limbs are near home, preventing necessary repairs.
____ Trees can be removed by team
____ We can not lift trees off the structure, but we can help to cover and prevent further damage.

Roof
Type of roof:  Shingle ____  Roll roofing ____  Metal ____  Tile ____
Is any decking missing?  Yes ____  No ____  Amount of plywood needed ______________________
Are trusses damaged?  Yes ____  No ____
Can trusses be repaired without requiring engineering?  Yes ____  No ____
Percentage of shingles missing ____  Percentage of tabs missing ____
Whole shingles missing ____  Decking visible ____

Materials needed
Shingle bundles ____   Tarp rolls ____
2 x 4 lengths ____   Furring strip bundles ____
2 x 6 lengths ____   Roofing cement tubes ____
30 lb. felt rolls ____   Flashing rolls ____
Roll roofing rolls ____

Size of crew needed for the job: ______________________________________________________

Will owner be present?  Yes ____  No ____
If owner will not be present, should work be done?  Yes ____  No ____
If not recommended, why?  _______________________________________________________

__________________________________________________________________________________

Comments or suggestions:  __________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

Assessor:_______________________
Phone: __________________
Date: __________________
HOUSE LOCATED ON LOT

Resident’s Name: ______________________________________________________________________

LOCATE AND MARK THE FOLLOWING USE THESE SYMBOLS

1. Property Lines

2. Septic tank and drain lines

3. Well and water lines

4. Gas tank and lines

5. Location of brush, debris

PL

ST

Well

Gas

BD
Home Damage Assessed
By __________________________
SORRY WE MISSED YOU
WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE, SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL US AT ___________________________

LOCATION: ________________________________________________
Date: ___________________________   Time:  __________________________   Crew Chief/Assessor

SORRY WE MISSED YOU
WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE, SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL US AT ___________________________

LOCATION: ________________________________________________
Date: ___________________________   Time:  __________________________   Crew Chief/Assessor

SORRY WE MISSED YOU
WE CAME BY TO HELP WITH YOUR REQUEST FOR ASSISTANCE, SORRY WE MISSED YOU. PLEASE CONTACT US AT THE LOCATION BELOW OR CALL US AT ___________________________

LOCATION: ________________________________________________
Date: ___________________________   Time:  __________________________   Crew Chief/Assessor