

**CAPTAIN'S DISASTER REPORT – PHYSICAL INJURY & BUILDING DAMAGE**

Date: \_\_\_\_\_

Bldg No. \_\_\_\_\_ Cul-de-Sac No. \_\_\_\_\_

Preparer: \_\_\_\_\_

→ *Captain: please circle critical items that need priority attention.*

BUILDING DAMAGE – Check ✖ if NO SIGNIFICANT damage			If no ✖ then see reverse side form for Building Damage Details					
Manor No.	NAME	PHYSICAL INJURIES – Check ✖ type of Injuries						INJURY REMARKS
		Bleeding	Burns	Broken Limbs	Fallen, can't get up	Medical (heart, oxygen, asthma)	Non Emergency Assist Needed	

**CAPTAIN'S DISASTER REPORT – BUILDING DAMAGE DETAILS** (If combined form not checked)

Date: \_\_\_\_\_

Bldg No. \_\_\_\_\_ Cul-de-Sac No. \_\_\_\_\_ Time \_\_\_\_\_

Preparer: \_\_\_\_\_

Unit No.	Still Inside		Structure/Building Damage – note number damaged									Remarks
	Person(s)	Pet(s)	Elevator	Stairs	Doors	Windows	Water	Power	Fire	Un-Livable	Livable	