

# INITIAL DAMAGE ASSESSMENT (IDA) SUMMARY REPORT FORM

OERS INCIDENT #

Complete green areas of form

OERS 24 hr line 1-800-452-0311

JURISDICTION:   
COUNTY:

NAME OF REPORTING OFFICIAL:

EMAIL:

TITLE:

TELEPHONE:

FAX:

DATE - TIME OF THIS REPORT:

DATE - TIME OF START OF EVENT:

EOC ACTIVATED: DATE:  TIME:

TYPE OF EMERGENCY:

EOC CLOSED: DATE:  TIME:

LOCAL EMERGENCY DECLARED: DATE:  TIME:

DESCRIBE THE GEOGRAPHIC BOUNDARIES (and attach map, if possible):

DEATHS:  INJURIES:  POP.STILL AT RISK:

CURRENT SITUATION AND EXISTING CONDITIONS:

IMPACTS OF THE DISASTER TO THE JURISDICTION:

Oregon Emergency Management

<b>IDENTIFY/DESCRIBE CONDITIONS THAT CONSTITUTE A HEALTH/SAFETY HAZARD TO THE GENERAL PUBLIC:</b>
<b>DESCRIBE THE POPULATION ADVERSELY AFFECTED DIRECTLY OR INDIRECTLY BY THE LOSS OF PUBLIC FACILITIES OR DAMAGES:</b>
<b>WHAT ECONOMIC ACTIVITIES ARE ADVERSELY AFFECTED BY THE LOSS OF PUBLIC FACILITIES OR DAMAGE?:</b>
<b>ACTIONS TAKEN / RESOURCES COMMITTED:</b>
<b>ASSISTANCE REQUESTED:</b>

3/10/2017 8:43

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