



Structural Damage Assessment

State of Oklahoma • Department of Emergency Management
Telephone (405) 521-2481 • FAX (405) 521-4053

Type of Event:	Date of event:	Date of Assessment:	Assessment Team Members:										
	Time of event:	Time of Assessment:											
City: _____ County: _____													
Street Location/Other: _____													
Street Number	Damage Level				Primary Residence				Insurance			Notes	
	Affected	Minor	Major	Destroyed	Yes	No	Own	Rent	F	P	N		
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													
S					USE THE CODES TO COMPLETE THIS FORM								
M					S -	Single Family Dwelling	Type of Insurance						
A					M -	Mobile Home	F - National Flood Insurance						
P					A -	Apartment Building (number of Units)	P - Property & Casualty Insurance						
B					P -	Public Building (Specify in notes, Church, School, Hospital, Etc.)	N - No Insurance						
Category Total					B -	Businesses							
Page Total					PLEASE USE BLACK BALLPOINT PEN • PLEASE PRINT LEGIBLY								