

Division: _____ Team Leader's Name: _____

Neighborhood/Block: _____ Cell Phone: _____

Address	Time	✓	✓	Hazards ✓			Structural ✓				People #				Notes	✓ See Attached Notes			
				Fire	Gas Leak	Electrical	No Damage	Minor Damage	Major Damage	Destroyed	Minor Injury	Delayed	Immediate	Deceased			Trapped	Need Shelter	
123 Sample Street	11:54 AM	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	2	2	2	2	Wires down at back of property.	+
	AM																		+
	PM																		+
	AM																		+
	PM																		+
	AM																		+
	PM																		+
	AM			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	2	2	2	2		+
	PM																		+
	AM																		+
	PM																		+
	AM																		+
	PM																		+
	AM			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	2	2	2	2		+
	PM																		+
	AM																		+
	PM																		+
	AM																		+
	PM																		+

Instructions for Rapid Needs Assessment Form(RNA)

1. Assure **safety of your home** and family
2. Gather appropriate **forms** for your assignment.
3. The addresses may be preprinted on your forms. If not, fill them in by hand as you do the survey. Blank lines at the bottom are for addresses found but not listed, or to re-do a line with errors.
4. Fill in **headings** as requested.
5. **Assessments Type:** Quick Assessment and Life Safety Assessment.
 - Quick Assessment:** the goal is to do a rapid visual assessment of a neighborhood identifying major problems. Your team should not stop to offer assistance except help, but you must keep moving to complete your assessment as quickly as possible.
 - Life Safety Assessment:** the goal is to thoroughly check the neighborhood for situations involving life safety. Examples are: individuals trapped in rubble, injuries and severity, fires, gas leaks, etc. This is a slower, more detailed assessment. Your team may also be attempting to contact residents and/or look in more detail at each residence. Unless you have been instructed otherwise, you should still not get involved in helping to solve the problems you find. Your job is to get the assessment done. There will most likely be other teams assigned help resolve the problems you identify.
6. Go to listed address.
7. Record the **time**.
8. Place a checkmark if address is **located**.
9. Place a checkmark if residents are **contacted**.
10. Check for **hazards** and place a checkmark for hazards identified.
11. Check for **structural damage** (see below) and place checkmark in appropriate box.
12. Check the status of the **occupants**. Indicate the number of people: who fall under each of the four triage levels (see below), those trapped, and those needing shelter.
13. Place a checkmark in the **attached notes checkbox** if you have made notes on a separate paper and attach paper to form.
14. Return completed form as instructed.

Structural Damage

Affected- minimal damage to structure. Habitable without repairs

Minor- damaged, uninhabitable, but habitable quickly with repairs

Major- uninhabitable, needs extensive repairs, failure of structural elements

Destroyed- damaged beyond repair, complete failure of structure.

Simple Triage And Rapid Treatment

