Annex 2

Forms for damage assessment(*)

Summary

DATE: ____ __ ____ __
dd mm yy

J-1 **Water Supply Damage Assessment Form**

Name of Surveyor _____ Function/Title _____

Component	Name and Exact Location	Damage Description	Present Capacity %	Needs: Manpower/ Equipment	Estimated Repair (days)	Action Time	Condition of Access Routes
Source							
Collection							
Transmission							
Treatment Plant							
Storage Tanks							
Distribution							

(*) Adapted from *Guidelines for Assisting Caribbean Goverments in the Event of a Disaster*. PAHO/WHO, CPC Barbados, 1999.

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE : _____ _____ _____
dd mm yy

J-2

Name of Surveyor _____ Function/Title _____

Name of Lab Technician _____

Sample Point	N°	Date	Time	pH	Res. Cl_2	Turb.	F. Col.	Color	Odor

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ – _____ – _____
dd mm yy

J-3	Water Source*

Name of Surveyor _____ Function/Title _____

Name of Water Source _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Type of water source:

Spring ☐ River Intake ☐ Well ☐ Dam ☐ Infiltration Gallery ☐

Other (indicate): _____

Is the source operating normally? (circle one) YES NO

Flow before disaster _____ l/s Flow after disaster _____ l/s

Describe turbidity/appearance of water:

Describe any blockage of roads	**Describe needs to provide access**

Describe damage to source	**Describe needs to repair damage**

* If water is treated at source, use form for Treatment Plant (J-6)
If water is pumped from source, use form for Pumping Station (J-7)

Damage and Needs Assessment Forms (WATER SUPPLY) Date: ____ ____ ____ dd mm yy

J-4	Storage Tanks

Name of Surveyor _____ Function/Title _____

Name of Water Source _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Type of tank

Steel ☐ Rubber ☐ Concrete ☐ Fiberglass ☐ Underground ☐ Above ground ☐ Elevated ☐

Shape of tank

Square ☐ Round ☐ Conical ☐ Rectangular ☐ Other ☐ Describe _____

Size of tank _____ m^3

At _____ hours (indicate time) the tank is:

Full ☐ 3/4 Full ☐ 1/2 Full ☐ 1/4 Full ☐ Empty ☐

Tank outlet valve present?

No ☐ Yes ☐ Open ☐ Closed ☐

Is tank and/or contents secured against unauthorized users? (check one) YES ☐ NO ☐

Describe any visual indications of damage:	Describe needs pertaining to damage:

Any Other Comments:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ dd _____ mm _____ yy

J-5	Transmission Lines

Name of Surveyor _____ Function/Title _____

From: _____ To: _____ Diagram No.: _____

Length (m): _____ Diameter: (mm): _____ Type: _____ Nominal Pressure: _____

No. of stream crossings: _____ No. of crossings damaged: _____

Access:

Track ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Describe damage to lines:

Location	Damages	Access	Urgent Action

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ dd _____ mm _____ yy

J-6	Treatment Plant

Name of Surveyor _____ Function/Title _____

Name of Treatment Plant _____

Name of Plant Supervisor _____ Tel: _____

Name of Plant Operator _____ Tel: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Main Treatment Process

Coagulation/Flocculation		Roughing filter	
Rapid sand filter		Disinfection	
Slow sand filter		Reservoirs	

Other, please indicate: _____

Is Treatment Plant operating normally? (check one) YES ☐ NO ☐

Capacity before disaster: _____ l/s Capacity after disaster: _____ l/s

Flow at entrance to plant before disaster: _____ l/s Flow at entrance to plant after disaster: _____ l/s

Describe turbidity/appearance of:

Incoming water	Treated water

Power Supply

	Yes		No		Yes		No
Mains		(kVA)		Standby		(kVA)	

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ – _____ – _____
dd mm yy

J-6	Treatment Plant (continued)

Describe damages to power supply:

Mains	
Transformer	
Standby	
Controls	

Describe needs pertaining to damages to power supply:

Describe general condition of treatment plant:

Describe any structural damage:

Describe needs pertaining to structural damage:

Describe condition of laboratory:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ dd _____ mm _____ yy

J-6	Treatment Plant (continued)

Describe any damages to equipment (air valves, piping, pressure tanks, dosing equipment, flow and level recorders, pressure gauges, washouts, etc.)

Equipment damaged	Needs

Indicate what chemicals are available and/or needed

Chemicals or reagents	Quantity Available	Quantity Needed

Any Other Comments:

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: ____ dd ____ mm ____ yy

J-7	**Pumping and Booster Station**

Name of Surveyor: _____ Function/Title _____

Name of Water Source: _____ Area: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Pumps	Type of pump(s)				Pump specifications				
	Submersible	Ram Pump	Multi-stage	Other	Volts	Amps	Cycles (Hz)	Speed (RPM)	Brand Name
1									
2									
3									
4									
5									

Power Supply

	Yes	(kVA)	No
Mains			

	Yes	(kVA)	No
Standby			

Describe Damages to Power Supply

Mains	
Standby	
Transformer	
Controls	

Describe any structural damage:

Describe needs pertaining to structural damage:

Describe any damages to equipment (pumps, valves, air valves, washouts, surge tanks, piping, flow recorders, pressure gauges, etc.)

Damage and Needs Assessment Forms (WATER SUPPLY)

DATE: _____ _____ _____
dd mm yy

J-7	Pumping and Booster Station (continued)

Equipment damaged	Needs

Any Other Comments:

Summary

DATE: ____ __ ____ __ ____
dd mm yy

J-8	Water Supply Compilation Sheet

Name of Surveyor _____ Function/Title _____

Community	% of Capacity Remaining	Urgent Needs < 1 week	Medium-Term Needs > 1 week

Damage and Needs Assessment Forms (SEWERAGE)

DATE: _____ dd _____ mm _____ yy

J-9	**Distribution System**

Name of Surveyor: _____ Function/Title: _____

Name of Water Source: _____ Area: _____ Population served: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Location	Pipe		Nature of Damage	Access
	Size	Type		

DATE: _____ _____ _____
dd mm yy

J-10 Sewage Treatment Plant

Name of Surveryor _____ Function/Title _____

Name of Treatment Plant _____

Name of Plant Supervisor _____ Tel: _____

Name of Plant Operator _____ Tel: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Main Treatment Process

Ponds		Oxidation ditch	
Trickling filters		Extended aeration	
Activated sludge		Anaerobic digestion	

Other, please indicate: _____

Is Treatment Plant operating normally? (check one) YES ☐ NO ☐

Capacity before disaster: _____ l/s Capacity after disaster: _____ l/s

Flow at entrance to plant before disaster: _____ l/s Flow at entrance to plant after disaster: _____ l/s

Describe turbidity/appearance of:

Incoming residual water	Treated residual water

Power Supply

	Yes	(kVA)	No
Mains			

	Yes	(kVA)	No
Standby			

Damage and Needs Assessment Forms (SEWERAGE)

DATE: _____ – _____ – _____
dd mm yy

J-10	Sewage Treatment Plant (continued)

Describe damages to power supply:

Mains	
Standby	
Transformer	
Controls	

Describe needs pertaining to damages to power supply:

Describe general condition of treatment plant:

Describe any structural damage:

Describe needs pertaining to structural damage:

Describe condition of laboratory:

DATE: ____ -- ____ -- ____
dd mm yy

J-10	Sewage Treatment Plant (continued)

Describe any damages to equipment (blowers, pumps, valves, piping, pressure tanks, dosing equipment, flow recorders, skimmers, grit removers, laboratory, etc.)

Equipment damaged	Needs

Indicate what chemicals are available and/or needed

Chemical or reagent	Quantity Available	Quantity Needed

Any Other Comments:

Damage and Needs Assessment Forms (SEWERAGE)

DATE: _____ dd _____ mm _____ yy

J-11	Sewer Systems

Name of Surveyor: _____ Function/Title: _____

Location: _____

Access:

Truck ☐ 4WD-Jeep ☐ Car ☐ Foot ☐ Boat ☐ Air ☐ No Access ☐

Location	Pipe		Nature of Damage	Access
	Size	Type		

Damage and Needs Assessment Forms (SEWERAGE)

DATE: ____ / ____ / ____
dd mm yy

J-12	**Sewerage Compilation Sheet**

Name of Surveyor _____ Function/Title _____

Community	% of Capacity Remaining	Urgent Needs < 1 week	Medium-Term Needs > 1 week