

# SITE INSPECTION REPORT

## CATEGORY E – BUILDINGS, VEHICLES, EQUIPMENT

Applicant	PA ID #	Applicant Representative	Applicant Representative Title
Site Inspection Date		Site Inspector Name	
Work Order #		Damage #	
Facility: <input type="checkbox"/> Building <input type="checkbox"/> Vehicles <input type="checkbox"/> Equipment			
GPS Latitude		GPS Longitude	
Physical Location (Address of Damage Site)	Date Damaged	Age of Facility	Legal Responsibility
		<input type="checkbox"/> Exact <input type="checkbox"/> Approximate Year Built:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of Stories	Roof Type	Roof Pitch	
		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Flat    <input type="checkbox"/> Gable  <input type="checkbox"/> Shed    <input type="checkbox"/> HIP  <input type="checkbox"/> Mansard           </div> <div> <input type="checkbox"/> 1/12    <input type="checkbox"/> 7/12  <input type="checkbox"/> 2/12    <input type="checkbox"/> 8/12  <input type="checkbox"/> 3/12    <input type="checkbox"/> 9/12  <input type="checkbox"/> 4/14    <input type="checkbox"/> 10/12  <input type="checkbox"/> 5/12    <input type="checkbox"/> 11/12  <input type="checkbox"/> 6/12    <input type="checkbox"/> 12/12           </div> </div>	
Basement <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Facility Description:</b> (Pre-disaster design, function, capacity, dimensions, and footprint) Facility Description Only <b>Buildings:</b> Roof Type/Material/Pitch/Exterior Siding, etc <b>Vehicles /Equipment:</b> Year/Make/Model			

Applicant Representative Signature: \_\_\_\_\_

DAR Signature (if applicable): \_\_\_\_\_

Facility Component Damages							
Site #	Damage Component Material/Model/Type/Capacity	Location Address/GPS/begin-end	Damage Dimensions: (L x W x D/L x Dia) Electrical/Mechanical/etc.				
Method of Repair (change in design, materials, size, capacity etc.)			Cause of Damage				
			FA		Quantity		
			CTR		Units		
			Both		% Complete		
Site #	Damage Component Material/Model/Type/Capacity	Location Address/GPS/begin-end	Damage Dimensions: (L x W x D/L x Dia) Electrical/Mechanical/etc.				
Method of Repair (change in design, materials, size, capacity etc.)			Cause of Damage				
			FA		Quantity		
			CTR		Units		
			Both		% Complete		
Site #	Damage Component Material/Model/Type/Capacity	Location Address/GPS/begin-end	Damage Dimensions: (L x W x D/L x Dia) Electrical/Mechanical/etc.				
Method of Repair (change in design, materials, size, capacity etc.)			Cause of Damage				
			FA		Quantity		
			CTR		Units		
			Both		% Complete		
Site #	Damage Component Material/Model/Type/Capacity	Location Address/GPS/begin-end	Damage Dimensions: (L x W x D/L x Dia) Electrical/Mechanical/etc.				
Method of Repair (change in design, materials, size, capacity etc.)			Cause of Damage				
			FA		Quantity		
			CTR		Units		
			Both		% Complete		
<b>Component Types:</b> 1-Exterior Building 2-Interior Building 3-Exterior Site 4-Vehicle 5-Equipment 6-Contents (Specify Each Component) 10-Median 11-Guardrail 12-Lighting 13-Signage 14-Culvert 15-Wall 16-Armor 17-Other (specify)			<b>Cause of Damage:</b> 1- Surface water flooding 2-Wind Driven Rain 3-Sewer Back up 4-Foundation Seepage 5-Lightning 6-High Winds 7- Rising Water or Storm Surge 8-Wind Blown Debris 9-Earthquake 10- Fire 11- Earthquake 12- Electrical Power Surge 13- Snow or Ice 14- Other				

**NOTE FOR SITE INSPECTOR:** Please ask the Applicant representative the following questions. Although the PDMG may have already asked some of these questions, the Applicant representative at the site inspection may have additional information. Use the Additional Notes section to record any additional explanation.

#### Mitigation Considerations

FEMA Public Assistance encourages protection of disaster-damaged facilities by providing assistance for cost-effective hazard mitigation measures that reduce or eliminate the risk of similar damage from happening again in a future event. For each question, elaborate on the answer in the space provided for comments.

<p>1. <b>Identify the specific cause of damage (such as water flowed into the basement through the stairwell, floodwater rose 3 FT high on the first floor, wind blew off the roof covering, and rainwater entered the building, windblown rain entered around the windows and doors, etc.).</b></p>	<p>2. <b>Does the Applicant plan to perform additional work to protect damaged facilities against similar damage in a future event?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>
<p>3. <b>Will the Applicant provide a proposal for hazard mitigation work?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>	<p>4. <b>Would the Applicant like FEMA to prepare a proposal for hazard mitigation work?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>

#### Insurance Considerations

FEMA is legally prohibited from duplicating benefits from other sources and will reduce eligible costs by the amount of insurance proceeds received.

<p>1. <b>Does the damaged facility have insurance coverage and/or is it an insurable risk (e.g., buildings, equipment, vehicles)?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>
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#### Environmental & Historic Preservation Considerations

FEMA is required to ensure that work complies with applicable environmental and historic preservations laws, regulations, and executive orders.

<p>1. <b>Is the damaged facility(ies) located within a floodplain or a coastal high hazard area and/or does it have an impact on a floodplain or wetland? Can the project site be impacted by flooding? Will work occur within 200 feet of a waterway/waterbody?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>	<p>2. <b>Is the damaged facility located within or adjacent to a Coastal Barrier Resource System Unit or an Otherwise Protected Area?</b>  <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure  <b>Comments:</b></p>
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Work Order # (if applicable): \_\_\_\_\_ Damage # \_\_\_\_\_

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<p>3. Will the proposed facility repairs/reconstruction change the pre-disaster conditions (e.g., footprint – including depth of footprint, material, location, capacity, use or function), including construction of an access road, establishing a staging area, or other work outside of the constructed right-of-way? If yes, describe changes or work outside of the constructed right-of-way. Provide detailed justification for the change (e.g. codes and standards).</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>	<p>4. Is the damaged facility(ies) listed on a local/state/national historic register or is it a locally recognized landmark? Is it older than 45 years? (Provide the age of the facility) Are there more, similar buildings near the site?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>
<p>5. Are there any large, undeveloped or undisturbed areas on, or near, the project site? (Select “yes” if there are large tracts of forestland, grassland, or naturally preserved areas, etc.)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>	<p>6. Are there any hazardous materials at or adjacent to the damaged facility?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>
<p>7. Are there any other environmental or controversial issues associated with the damaged facility and/or work item? (select yes if facility is a road maintained by a Tribal Government or if the project necessitates the establishment of a new borrow area or the horizontal expansion of an existing borrow area.)</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>	<p>8. Are there any known endangered species in the work area?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unsure</p> <p>Comments:</p>
<p>Additional Notes / Comments:</p>	