



Damage Inspection Worksheet

Inspector First Name (print):		Inspector Last Name (print):		Inspection Date:	
Incident Name:		Incident Number (e.g., CALNU_123456):		Incident Start Date:	
Physical Address					
Latitude (Degrees Decimal Minutes):			Longitude (Degrees Decimal Minutes): -		
Street Number (e.g., 1234):			Street Name:		
Street Type (e.g., Court, Hwy 50, Blvd):			Street Suffix (e.g., Apt 23, Bldg C, Lot 12):		
City:		State: CA		Zip Code:	
CAL FIRE Unit:		County:		Community:	
Structure Status					
<input type="checkbox"/> Destroyed (>50%) <input type="checkbox"/> Major Damage (26-50%) <input type="checkbox"/> Minor Damage (10-25%) <input type="checkbox"/> Affected (1-9%) <input type="checkbox"/> No Damage					
Where did the fires start on the structure (if Affected 1-9%): <input type="checkbox"/> Roof <input type="checkbox"/> Eaves <input type="checkbox"/> Vent <input type="checkbox"/> Siding <input type="checkbox"/> Window <input type="checkbox"/> Deck on Grade <input type="checkbox"/> Deck Elevated <input type="checkbox"/> Attached Patio Cover/Carport <input type="checkbox"/> Attached fence <input type="checkbox"/> Unknown					
What started the fire (if Affected 1-9%): <input type="checkbox"/> Direct flame impingement <input type="checkbox"/> Embers <input type="checkbox"/> Radiant heat <input type="checkbox"/> Unknown					
Structure defense actions taken by: <input type="checkbox"/> Civilian <input type="checkbox"/> Fire Department <input type="checkbox"/> Both <input type="checkbox"/> Unknown (Explain in comments section: E.g., Engine Company, Dozer Line, Retardant, or Civilian actions)					
Estimated vegetation clearance: <input type="checkbox"/> 0-30' <input type="checkbox"/> 30-100' <input type="checkbox"/> >100' <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable					
Distance of propane tank to structure: <input type="checkbox"/> 0-10' <input type="checkbox"/> 11-20' <input type="checkbox"/> 21-30' <input type="checkbox"/> >30' <input type="checkbox"/> Not Applicable					
Topography: <input type="checkbox"/> Chimney <input type="checkbox"/> Flat Ground <input type="checkbox"/> Ridge Top <input type="checkbox"/> Saddle <input type="checkbox"/> Slope					
Aspect of the land to the structure: <input type="checkbox"/> N <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> SE <input type="checkbox"/> S <input type="checkbox"/> SW <input type="checkbox"/> W <input type="checkbox"/> NW <input type="checkbox"/> No Aspect					
Structure Type					
Single Residences: Single Family: <input type="checkbox"/> Single Story <input type="checkbox"/> Multi Story Mobile Home: <input type="checkbox"/> Single Wide <input type="checkbox"/> Double Wide <input type="checkbox"/> Triple Wide <input type="checkbox"/> Motor Home (if used as a residence)					
Multiple Residences: Multi-Family (e.g. apartments): <input type="checkbox"/> Single Story <input type="checkbox"/> Multi Story					
Mixed Commercial/Residential: <input type="checkbox"/> Mixed Commercial/Residential					
Nonresidential Commercial: Commercial Building (e.g., Industrial, Manufacturing, Office, Retail): <input type="checkbox"/> Single Story <input type="checkbox"/> Multi Story <input type="checkbox"/> Church <input type="checkbox"/> Hospital (Medical) <input type="checkbox"/> School					
Other Minor Structures: <input type="checkbox"/> Utility or Miscellaneous Structure > 120 sq. ft.					
Infrastructure: <input type="checkbox"/> Infrastructure (Essential Services)			Agriculture: <input type="checkbox"/> Agriculture		
Number of units in the structure (if multiple unit structure): _____					
Non-Habitable Outbuildings < 120 sqft Count: _____					

Turn Page Over and Complete the Back

