

Records and Information Damage Assessment Report

Facility: _____

Location: _____

Name of person in charge at site: _____ Phone/Pager: # _____

Directions to site: _____

Where and to whom to report: _____

Identification needed: Yes No

Type of Damage: Fire Smoke Water Chemical Insect Other

Localized: Yes No Entire facility: Yes No

Extent of damage: Heavy Moderate Light

Description of damage: _____

Records and Information Damaged: _____

File housing damage: Yes No Describe: _____

Container damage: Yes No Describe: _____

Enclosure damage: Yes No Describe: _____

Vital Confidential Secure Security Code: _____

Vital records classification: V1 V2 V3

Media: _____

Stabilization techniques necessary: _____

Damage Category: Unharmd Damaged—requires recovery Destroyed/unsalvageable

Recovery Recommendations:

Recovery service: Internal

Recovery service pack and transport: Internal pack and transport

Number of internal personnel required: _____

Supplies needed: _____

Damage report completed by: _____ Date: _____