

Oklahoma Baptist Disaster Relief



Assessment Training Manual

Updated July 14, 2010

TABLE OF CONTENTS

Introduction	1
Requesting Volunteer Assistance	1
Procedure for Assessing Work Request	2
What Do We Leave with the Home Owner?	2
List of Equipment	2
Request Form for Volunteer Assistance	3
Assessment Form, Chain Saw	4
Assessment Form, Mud-out	5
Mud and Land Slide Assessment Form	6
Fire Clean-up Assessment Form	7
Chain Saw, Wind Storm, Roof Assessment Form	8
Damage Assessment Form – Frame House	9
Damage Assessment Form – Mobile Home	10
Temporary Roof Repair Assessment Form	11
Diagram – House Location on Lot	12

INTRODUCTION

Natural disasters can be considered as part of God's creative work in our world. When disasters occur, the Church has a great opportunity to present a witness of our love of Jesus Christ through helpful ministries to the victims.

Oklahoma Baptist Disaster Assessment Teams may consist of several teams of two individuals each who are among the first to respond to a disaster. The purpose of an assessment activity within the disaster response is to evaluate the type and extent of damage to individual homes. The team also provides for an effective flow of recovery work. This normally includes both chainsaw and mud-out, but may also include other types of disasters. Persons serving on an Assessment Team must have completed chain saw or mud-out and assessment training.

Volunteers will be able to share God's Plan of Salvation while evaluating and organizing an effective flow of chain saw or mud-out recovery work.

Remember that we have been sent to minister to everyone in need. What we do might lead someone to Christ.

REQUESTING VOLUNTEER ASSISTANCE

Make sure the home owner's name is printed clearly and the Release of Liability signed by the home owner. The home owner must sign the Release of Liability before recovery work can begin. The home owner must come into the office to sign the Release of Liability if they cannot meet with the assessor when they go to evaluate the damage and confirm the priority of the work. The Release must be signed by the home owner if different from the resident living in the house. It is the home owner's responsibility to obtain clearance from their insurance company concerning their request for specific work covered by the insurance.

Be specific that volunteers may not be available to help the person. Serious misunderstanding can occur when home owners are allowed to assume that their needs will be met just because they have given us the information. Actually their needs may be met by some other local church, organization, or professionals. They should not depend solely on this one request for assistance.

The Assessor will evaluate the work to be done and assign a priority according to the emergency nature of the work needed. The person taking the initial work request will ask the specific questions of the resident and give their best estimate of the category rating of A or B for the work request. This rating may or may not coincide with the Assessor's actual priority rating. The category rating will help determine which requests are emergencies.

Special circumstances do not determine the emergency type priority of work to be done but may help determine the order of work within a priority and other specific needs that can be met by a church or other organization.

Work requests that involve live utilities cannot be done by volunteers, but should only be done by utility companies or professionals. In most cases the balance of work needed can be done except for that part affected by the utilities.

PROCEDURE FOR ASSESSING WORK REQUEST

Setting of Categories and Priorities will be in two stages.

Stage 1 The initial stage is when a request for assistance is first received. The person receiving the initial request for help will ask the specific questions in order to place the work request in one of two Categories (A or B) that will roughly correspond to Priority 1 or 2 as determined by the Assessor.

Stage 2 The actual assessment must be done by a person trained in assessment work. The Assessor will verify the rating as the proper priority or change it according to their actual findings.

A proper assessment for each work request is necessary before any recovery work is started. The Release of Liability must be signed by the home owner before the work request is assigned to a recovery team. Each work order must be assigned a priority rating by the assessor, not by the person receiving the initial work request. All work requests in Categories A and B that originate through Baptist Disaster Relief must be properly completed and signed by the home owner and accounted for on the status summary chart or spreadsheet. Where equipment is available, a computer generated map and photo will be matched with the work request to facilitate the flow of work.

The Assessors may be responsible for coordinating the recovery work if a separate coordinator is not assigned by the Incident Command recovery coordinator. A status summary chart or spreadsheet should be used to provide a handy record of ongoing recovery work.

The assessor **MUST BE CLEAR** with the home owner or resident that **they are responsible for getting their work done by others if the Southern Baptist Disaster Relief Volunteer teams are not able to do their work.**

WHAT DO WE LEAVE WITH THE HOME OWNER?

The assessor must leave a copy of the *Homeowner Release and Assessment Form* with the home owner. It states that **Southern Baptist Volunteers may not be able to help them.** The form should be left only with priorities 1 and 2. If assessor rates the job priority 3, owner **must** be told priority rating.

Should it become necessary to reject the work request, the assessor has an opportunity to make suggestions for help from professionals and other organizations. Bibles and pamphlets are available to give to the resident along with a sincere and concerned prayer for their needs.

Reasons for rejection may include the following: mechanical, chemical, biological, or health hazards, Structure condemned or rebuilding unlikely. Severe mentally/emotionally disturbed person, dangerous animals, excessive demands or restrictions by owner.

LIST OF EQUIPMENT AND MATERIAL HELPFUL IN ASSESSMENT WORK

- Global Positioning System (GPS)
- Digital Camera
- Laptop
- Printer
- Other

Date _____

**RECOVERY
OKLAHOMA BAPTIST DISASTER RELIEF
REQUEST FOR VOLUNTEER ASSISTANCE**

Request
Number

Priority

Resident's Name Last _____ First _____ Mi _____

Street Address _____ (Include St., Ln., Ave., etc.)

City _____ State _____ Zip Code _____

Phone: Home (____) _____ Cell (____) _____ Other (____) _____

Immediate Special Needs _____ Is the home occupied? YES/NO _____

Is the Resident also the Landowner? YES/NO _____

If NO, Landowner's Name _____ Phone (____) _____

Caller's Name (if other than Resident) _____ Phone (____) _____

CATEGORY	CHAIN SAW	MUD-OUT
A _____	Is your front doorway blocked so you can't get out? Is your driveway blocked? Has a tree broken through your roof?	Flood water in house for several days at or above floor level. Furniture and fixtures water soaked. Complete mud-out and gut-out may be required. General condition is poor. (Note: General condition refers to a combination of foundation, floor, roof, trim, cabinets, frame, walls, etc.)
B _____	Is there a tree or large limb leaning against or on the house or a hazard in the yard?	Flood water in house for short period at or below floor level. House was opened and allowed to dry out. Only limited mud-out or gut-out required. General condition is medium.
Not A or B _____	If not A or B inform the caller that we will not be able to do their work because we have many emergency requests. Suggest they contact a local Southern Baptist Church for help. If not A or B do not assign a Request Number.	

For **CATEGORY A or B** complete the following:

Do you need to clear this request with your insurance company? YES / NO _____

Does the owner (or resident) wish to be present when the work is being done? YES / NO _____

Do you have a Church home? YES / NO _____ If YES, name of Church _____

Special Situations or Hazards _____

Inform the caller: **"We will have someone contact you"**.

Name of ICP person who took this request

Name of Assessor

Unit No. _____ Date Assigned _____ Date Completed _____

Blue Cap Name _____ Blue Cap Signature _____

If work incomplete, why? _____

Other Volunteers in Unit: _____

Chain Saw – Homeowner Release and Assessment Form

Request Number

Resident's Name – Last _____ First _____ Mi ____

Priority

Street Address _____ City _____

Homeowner's Telephone No. (If Resident is not the Owner) (_____) _____

HOMEOWNER RELEASE

THIS RELEASE MUST BE SIGNED BY THE HOMEOWNER BEFORE WORK BEGINS.

I, _____ hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers.

I understand that the SOUTHERN BAPTIST DISASTER RELIEF TEAM is a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said services will be provided. Additionally, I further understand THAT THIS IS NOT A CONTRACT TO PROVIDE SERVICES, AND VOLUNTEERS MAY NOT BE ABLE TO HELP ME.

Property Owner's Signature _____ *Date* _____

NOTE TO HOMEOWNER: PLEASE UNDERSTAND THAT WE WANT TO HELP YOU IN THIS TIME OF NEED, BUT ENOUGH VOLUNTEERS MAY NOT BE AVAILABLE. WE SUGGEST THAT YOU ALSO CONTACT A LOCAL SOUTHERN BAPTIST CHURCH OR OTHER ORGANIZATION FOR ASSISTANCE.

ASSESSMENT

Assessor's Name _____ Date _____

Note: If the Assessor rates the job Priority 3, the Assessor must tell the owner that we **will not** be able to do the job because we have many emergency requests. Suggest that the owner contact a local Southern Baptist Church or other organization for help.

What We Prayed For _____

Spiritual Material Left with Resident _____

CHAIN SAW WORK NEEDED

Number and size of trees to be cut:

large _____ medium _____ small _____ others _____

Good access for cutting and removal? YES / NO

Special Equipment needed: _____

Size and kind of crew needed: _____

Should part of this job be left for professionals? YES / NO

Any obvious safety problems or hazards to be avoided by the recovery team? YES / NO

If so, specify _____

Other comments or directions to help the Blue Cap locate and accomplish the job: _____

June 3, 2009

Mud-Out – Homeowner Release and Assessment Form

Request
Number

Resident's Name – Last _____ First _____ Mi _____

Priority

Street Address _____ City _____

Homeowner's Telephone No. (If Resident is not the Owner) (_____) _____

HOMEOWNER RELEASE

THIS RELEASE MUST BE SIGNED BY THE HOMEOWNER BEFORE WORK BEGINS.

I, _____ hereby release from liability and agree to hold harmless the volunteers for any damage or injury that may occur on my property, to any of my property or to my person, which may occur during the cleanup operation. I further understand and agree that there is no warranty, implied, written or oral, for any work performed on my property by said volunteers.

I understand that the SOUTHERN BAPTIST DISASTER RELIEF TEAM is a volunteer organization that has limited volunteers, limited financial and material resources, and makes no guarantee that said services will be provided. Additionally, I further understand THAT THIS IS NOT A CONTRACT TO PROVIDE SERVICES, AND VOLUNTEERS MAY NOT BE ABLE TO HELP ME.

Property Owner's Signature _____ *Date* _____

NOTE TO HOMEOWNER: PLEASE UNDERSTAND THAT WE WANT TO HELP YOU IN THIS TIME OF NEED, BUT ENOUGH VOLUNTEERS MAY NOT BE AVAILABLE. WE SUGGEST THAT YOU ALSO CONTACT A LOCAL SOUTHERN BAPTIST CHURCH OR OTHER ORGANIZATION FOR ASSISTANCE.

ASSESSMENT

Assessor's Name _____ Date _____

Note: If the Assessor rates the job Priority 3, the Assessor must tell the owner that we **will not** be able to do the job because we have many emergency requests. Suggest that the owner contact a local Southern Baptist Church or other organization for help.

What We Prayed For _____

Spiritual Material Left with Resident _____

MUD-OUT WORK NEEDED

- 1 Structure appears safe to work in: YES / NO, Doors and Windows: OPEN / CLOSED
- 2 Appx. sq. feet in house: _____ No. of rooms ____ Type of structure _____ Basement Size _____
- 3 Amount of Furniture to be moved: Large amount Medium amount Small amount None
- 4 Total Mud-Out Partial Mud-Out Comment _____
 Furniture Appliances Cabinets Bath Fixtures Floor Covering Window Curtains
- 5 Total Gut-Out Partial Gut-Out Trim Drywall
 Paneling Ceiling Bath Tile Kitchen Tile Other _____
- 6 Obvious Safety problems or Hazards to be avoided _____
- 7 Power Wash Mold Control
- 8 Size of Crew Needed: _____ Any thing to save: _____

Do not remove lath and plaster walls as it will weaken the structure.

Do not remove tongue and groove or sub flooring as it will weaken structure.

Other comments or directions to help the Blue Cap locate and accomplish the job: _____

June 3, 2009

Mud and Land Slide Assessment

Equipment Needed

Bobcat with bucket and grabber _____
Trailer to haul bobcat _____
Dump truck(s) _____
Plastic sheeting _____
Sandbags and sand _____
Blockade material _____
Straw rolls _____

Assessor: _____

Phone: _____

Date: _____

Location: _____

Assessments

Type of building: Home _____ Mobile Home _____ Outbuilding _____

Type of foundation: Slab _____ Stem wall _____ Basement _____

Type of construction: Wood frame _____ Brick _____ Other _____

Siding: Wood _____ Metal _____ Stucco, brick, or rock _____

Right of way to property: Up hill _____ Down hill _____ Level _____

Distance of building to right of way: _____

Driveway: Paved _____ Up hill _____ Steep _____ Down hill _____ Steep _____

Distance for dumping mud: On property _____ Off property _____

Property owner's written permission _____ State or county permission _____

Hillside mud slides or earth slides:

Need professional help _____ Can do _____ Can not do _____

Temporary stability of the slide:

Can do _____ Can not do _____ Requires plastic sheeting to cover slide area _____

Requires sandbagging _____ Requires straw rolls to divert water flow _____

Needs blockade at lower end of slide _____ Needs to be reseeded to stabilize _____

Comments or suggestions: _____

Fire Clean-up Assessment

Equipment Needed

- Bobcat with bucket and grabber
- Trailer to haul equipment
- Flatbed to haul equipment
- Excavator
- Heavy duty chains
- Gas-driven metal saw
- Heavy duty cutting torch with extra tanks
- Heavy duty wood chipper

Assessor: _____

Phone: _____

Date: _____

Location: _____

Assessments

Type of building: Home Mobile Home Outbuilding

Type of foundation: Slab Stem wall Basement

Type of construction: Wood frame Brick Other

Siding: Wood Metal Stucco, brick, or rock

Right of way to property: Up hill Down hill Level

Distance of building to right of way: _____

Driveway: Paved Up hill Steep Down hill Steep

Burned tree and brush removal

- Trees 10 in. Trees 20 in. or greater
- Logs can be used for blockade material to stabilize side of hill
- Trees can be cut up into: Firewood size Lumber logging size Chipped
- Brush can be: Cut six inches above ground level Leave root system in Chipped

Wood chips

- Blown 1 ½ inches over ground for ground cover
- Blown into pile for future use as mulch
- Haul off to dump

Comments or suggestions: _____

-

Chain saw • Wind Storm • Roof Assessment

Assessor: _____
Phone: _____
Date: _____
Location: _____

Describe electrical hazards _____

- Tree(s) on house/roof with hole(s)
- Tree(s) on house/roof with no holes
- Tree(s) blocking entrance to house or driveway
- Tree(s) down preventing reestablishment of power to home
- Tree(s) and limbs down near house preventing necessary repairs
- Tree(s) and limbs down that do not affect access or power to home
- We cannot lift trees off structure, but can help to cover and prevent further damage.
- Good access to street for debris removal
- Limited access to street for debris removal

Distance of trees to street _____

Type of roof: Shingle Roll roofing Metal Tile

Is any decking missing? Yes No Amount of plywood needed _____

Are trusses damaged: Yes No Can we repair without requiring engineering? Yes No

Percentage of shingles missing _____ % Tabs missing _____

- Whole shingles missing Decking visible

Materials needed

Shingle bundles _____

Tarp rolls _____

2x4 lengths _____

Furring strip bundles _____

2x6 lengths _____

Roofing cement tubes _____

30 lb. felt rolls _____

Flashing rolls _____

Roll roofing rolls _____

Comments _____

Work Needed

Number of trees needed to be cut: _____ Approx. size of trees: _____

Good access to tree(s) for cutting and removal? Yes No

Special requirements: Bucket Truck Tree Climbers Heavy Equipment Other _____

Tarp(s) needed on roof? Yes No How many? _____ Approximate size _____

Crew size _____

Not recommended Reasons _____

Comments: _____

Damage Assessment—Frame Home

System Damage (indicate percent)

Foundation _____

Interior Walls _____

Floor/Frame _____

Plumbing _____

Exterior Walls _____

HVAC _____

Roof _____

Electrical _____

Assessor: _____

Phone: _____

Date: _____

Location: _____

Observable Damage Defined

Foundation: If the foundation is undermined, partly missing, sagging or shifted, it is damaged. If these conditions are present, there's a good chance of damage to the floor, plumbing, electrical, HVAC and wall systems.

Floor: If it is shifted, sagging, or been submerged in water it is damaged. If these conditions are present, there's a good chance of damage to the electrical, HVAC, finish and wall systems.

Exterior Walls: If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these conditions are present, there's a good chance of damage to the roof, electrical, plumbing and HVAC systems.

Roof: If it is missing, sagging, collapsed, or submerged, it is damaged. If these conditions are present, there's a good chance of damage to wall and electrical systems. If the roof is flood damaged, all systems are damaged.

Non-Observable Damage Defined

Plumbing: If water supply or waste water items are broken or contaminated, it is damaged.

Electrical: If submerged, interior distribution system missing, or disconnected, it is damaged.

HVAC: If submerged, fuel source missing, or disconnected, it is damaged.

Interior Walls and Finish: If missing, sagging, collapsed or submerged (fully or partially), it is damaged.

Damage Categories Defined

- Destroyed:** All systems damaged or destroyed, habitation not possible.
- Major:** Four or more systems are damaged or destroyed. Damage exceeds 45% total damage.
- Minor:** One to three systems are damaged or destroyed.
- Affected:** Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: _____

Damage Assessment—Mobile Home

System Damage (indicate percent)

Foundation _____	Interior Walls _____
Floor/Frame _____	Plumbing _____
Exterior Walls _____	HVAC _____
Roof _____	Electrical _____

Assessor: _____
Phone: _____
Date: _____
Location: _____

Observable Damage Defined

Frame: If it is twisted, buckled or broken it is damaged. If these conditions are present there is likely damage to the wall and roof systems. If it has moved off the foundation (fully or partially), it is uninhabitable as all mechanical systems are disrupted and there is a safety factor.

Exterior walls: If they are missing, shifted, sagging, distorted, or cracked, they are damaged. If these conditions are present there is a good chance of damage to the roof and interior wall systems.

Roof: If it is missing, sagging, torn or punctured, it is damaged. If these conditions are present there is a good chance of damage to the wall systems.

Interior walls: If missing, sagging, collapsed, or submerged (fully or partially), they are damaged. This usually involves damage to the other three systems.

Damage Categories Defined

- Destroyed:** Two or more systems damaged or destroyed; habitation not possible.
- Major:** One system has substantial damage or has been destroyed.
- Minor:** One or two systems have superficial damage.
- Affected:** Some damage to structure; habitation is possible with no repairs.

Comments or suggestions: _____

Temporary Roof Repair

Assessor: _____

Phone: _____

Date: _____

Location: _____

Are there any electrical or other hazards? Yes No

If yes, describe _____

Trees on house

- Trees and limbs are near home, preventing necessary repairs after disaster
- Trees can be removed by team
- We can not lift trees off the structure, but we can help to cover and prevent further damage.

Roof

Type of roof: Shingle Roll roofing Metal Tile

Is any decking missing? Yes No Amount of plywood needed _____

Are trusses damaged: Yes No

Can trusses be repaired without requiring engineering? Yes No

Percentage of shingles missing _____ Percentage of tabs missing _____

Whole shingles missing Decking visible _____

Materials needed

Shingle bundles _____

Tarp rolls _____

2 x 4 lengths _____

Furring strip bundles _____

2 x 6 lengths _____

Roofing cement tubes _____

30 lb. felt rolls _____

Flashing rolls _____

Roll roofing rolls _____

Size of crew needed for the job: _____

Will owner be present? Yes No

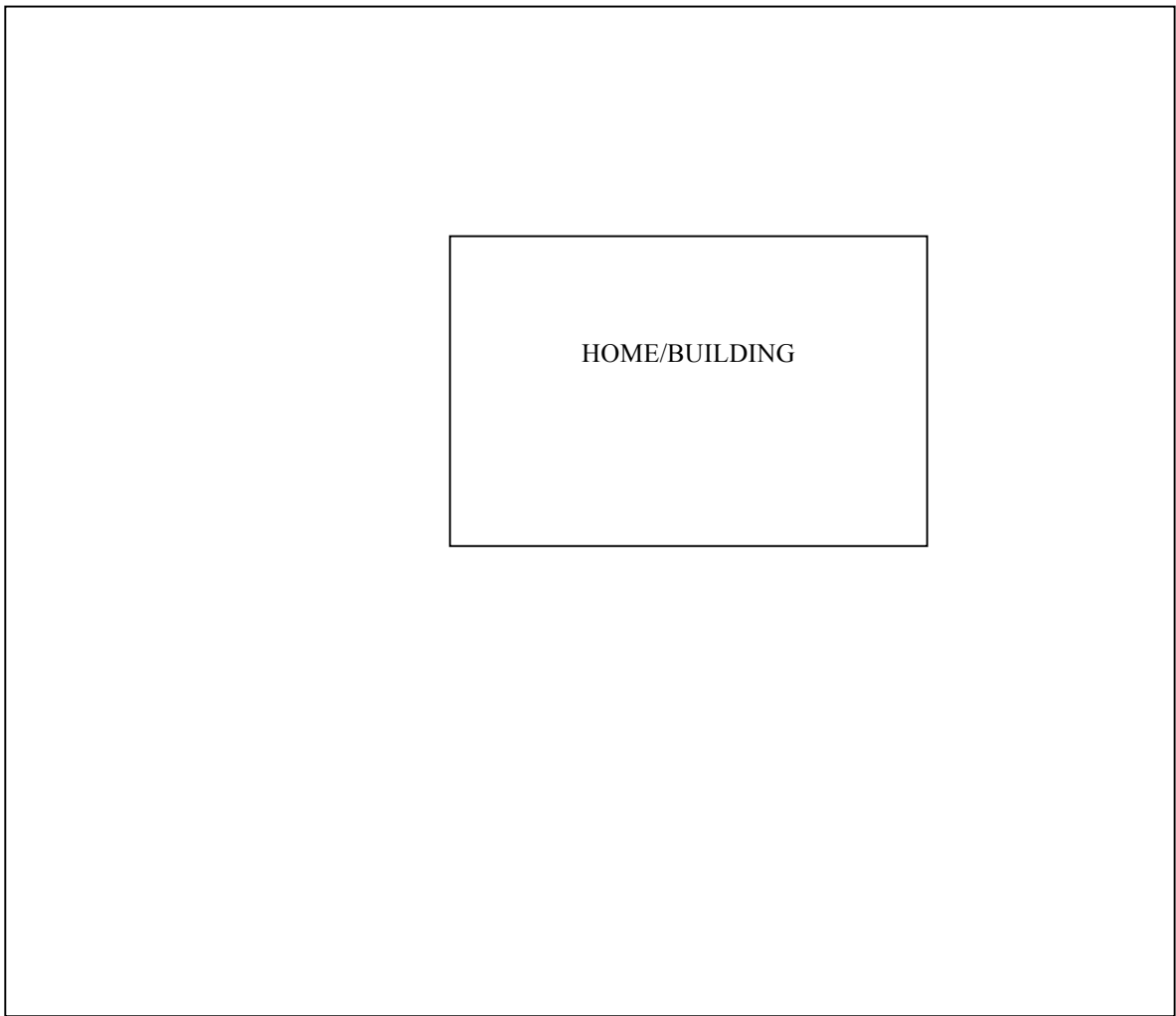
If owner will not be present, should work be done? Yes No

If not recommended, why? _____

HOUSE LOCATED ON LOT

PL

PL



PL

PL

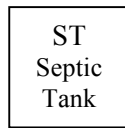
LOCATE AND MARK THE FOLLOWING

USE THESE SYMBOLS

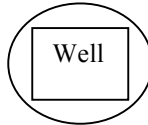
1. Property lines

PL

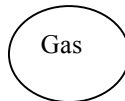
2. Septic tank and drain lines



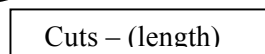
3. Well and water lines



4. Gas tank and lines



5. Location of cuts and length (18", 24", etc.)



6. Location of brush debris

