SAN MARCOS FIRE DEPARTMENT
DAMAGE ASSESSMENT FORM

Date: Time:	Event:	Person/Team Reporting:	Page # of

		Burning	Out	Gas Leak	Water Leak	Electric	Chemical	Light	Moderate	Heavy	Delayed	Immediate	Trapped	Dead	Access	No Access	Assigned	Completed	
Time	**Location/Address**	**Fires**		**Hazards Present**				**Structure Damage**			**People**				**Roads**		**/**	**X**	**Comments**