CTH NRG BLOCK CAPTAIN INCIDENT/ASSESSMENT REPORT

Zone/Block: **Block Captain:**

Date: **Assessment Made By:**

Address Surveyed:

INCIDENT

        Fire/Wild Fire   **Other (describe)**
        Earthquake

ASSESSMENT

    Occupants:

    Injuries:

    Hazards:

    Structure:

    Ingress/egress to residence:

    Roads/evacuation routes:

REPORTED TO INCIDENT COMMAND:

Date/Time:

DISPOSITION (as indicated by IC):

    To NRG Medical Team*:   **To CERT*:**
    To Search and Rescue*:   **Other:**
    To 911 Call Center:

*Note if dispatched and record time.

DISPOSITION / COMMENTS / NOTES: