



# Administration details

Use this form to record the event and property details, category of damage, priority and referrals.  
You may need to return to this page to add details as the team moves through the appropriate assessments.

## 1.0 Administration

Event  Date

Event type:  Fire  Flood  Storm  Landslip  HAZMAT  Single incident  
Other (specify)

Case number (if relevant)

Municipality of assessment

Team ID/sector

**Team lead/lead assessor**

Name

SIA role

Council, agency or organisation

Notes (e.g. other assessor names and roles)


## 2.0 Assessment

Assessment mode:  Onsite at property  Phone  ERC  Other (specify)

**Onsite assessment details – (If not 'onsite' skip to section 3.0)**

Is the site accessible for inspection?  Yes  No (If 'No', indicate reason below)

Unattended  Blocked access  Locked gates  'No entry' signage  Inappropriate time  
 Completely destroyed  Crime scene  Other (specify)

OHS or staff safety considerations (if applicable)

## 3.0 Location details

**Address**

Organisation/business/facility

Street address

Suburb  State  Postcode

Property ID number/PIC

Latitude/longitude

Type of location:  
(tick all that apply)

- Primary residence
- Secondary residence
- Farming hobby
- Farming
- Government
- Business
- Council asset
- Community facility
- Vacant land
- Natural environment

Other (specify)

Damage category: (if known)  
– refer to data dictionary

- Severe
- Major
- Moderate
- Minor
- Negligible
- Unknown/requires further assessment

Short description of damage at the location


Details of insurance coverage  
(if known)


Insurer(s)

--

Assessments likely to be required:

- Social
- EHO
- Built
- Economic
- Natural
- Unsure
- None

Has the property been assessed  
prior by another agency, partner  
or organisation?

- Yes
- No
- Unsure (Give details below)


Notes


#### 4.0 Relief details

Is this considered a high priority case for follow up, immediate needs or further assessment?

Yes  No (Give details below e.g. safety, complex issues, building safety)


#### Immediate needs/relief and recovery services required:

Immediate needs:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Emergency accommodation    | <input type="checkbox"/> Drinking water        | <input type="checkbox"/> Psychological/personal support |
| <input type="checkbox"/> Financial assistance/grant | <input type="checkbox"/> Emergency food        | <input type="checkbox"/> Child care/assistance          |
| <input type="checkbox"/> Aged care/assistance       | <input type="checkbox"/> Disability assistance | <input type="checkbox"/> Transport                      |
| <input type="checkbox"/> Health/medical assistance  | <input type="checkbox"/> Material aid          | <input type="checkbox"/> Safety/refuge                  |

Other (specify)

Farming/animals:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Veterinary assistance         | <input type="checkbox"/> Temporary fencing | <input type="checkbox"/> Livestock transport   |
| <input type="checkbox"/> Livestock feed                | <input type="checkbox"/> Livestock water   | <input type="checkbox"/> Fencing aid referral  |
| <input type="checkbox"/> Livestock emergency agistment | <input type="checkbox"/> Equipment/tools   | <input type="checkbox"/> Companion animal food |

Other (specify)

Advice and support:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Insurance advice                   | <input type="checkbox"/> Planning advice              | <input type="checkbox"/> Building advice           |
| <input type="checkbox"/> Centrelink support                 | <input type="checkbox"/> Legal services               | <input type="checkbox"/> Aged services             |
| <input type="checkbox"/> Business recovery advice (eco dev) | <input type="checkbox"/> Employee assistance referral | <input type="checkbox"/> Rates (deferral or waive) |

Other (specify)

Other:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Assistance with general clean up | <input type="checkbox"/> Sanitary contractor | <input type="checkbox"/> Sandbag recovery |
| <input type="checkbox"/> PPE                              | <input type="checkbox"/> Local laws          |   |

Other (specify)

#### Details


#### 5.0 Referrals

Referral 1 – Referred to

Referral is:  Open  Closed  In progress (Give details below e.g. date, referred by)


Referral 2 – Referred to

Referral is:  Open  Closed  In progress (Give details below e.g. date, referred by)


Referral 3 – Referred to

Referral is:  Open  Closed  In progress (Give details below e.g. date, referred by)






# Social

Use this form to assess the impact an event may have on the health and wellbeing of individuals, families and communities. This environment is primarily concerned with safety, security and shelter, health and psychosocial wellbeing.

*Suggested roles – Secondary impact assessor, Support services.*

*Note: An 'Administration details' form must be completed in conjunction with this assessment, to record the address and primary contact details, etc.*

## 1.0 Primary contact

Complete area highlighted in grey for the primary contact only.

Name of primary contact	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
	Preferred name	<input type="text"/>
Contact details	Phone number (home/work)	<input type="text"/>
	Mobile	<input type="text"/>
	Email address	<input type="text"/>
Primary contact's relationship to property/location/asset:	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Employee <input type="checkbox"/> Guest <input type="checkbox"/> Unknown	
	Other (specify)	<input type="text"/>

Does the primary contact have a fixed address?  Yes, it matches the location address  Yes, but it's different to the location address\*  No fixed address  
(\*If ticked, detail forwarding address in section 5.0)

Age OR Age range Age  OR  Adult  Senior  Unknown

Gender:  Female  Male  Other

Primary language spoken  Translator needed?  Yes  No

Specific details/needs of the primary contact (e.g. dependency, aged, disabled, medication, personal support etc.)

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

### Secondary contact (if available)

Name of secondary contact	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
Relationship to primary contact	<input type="text"/>	
Contact details	Phone number (home/work)	<input type="text"/>
	Mobile	<input type="text"/>
	Email address	<input type="text"/>
Number or residents living at property	Adults <input type="text"/> + Children <input type="text"/> = Total <input type="text"/>	OR <input type="checkbox"/> N/A

Notes

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

**1.1 PERSON 2**

Name of person 2	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
Relationship to primary contact	<input type="text"/>	
Age OR Age range	Age <input type="text"/>	OR <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Primary language spoken	<input type="text"/>	Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
School attending (if relevant)	<input type="text"/>	
Specific details/needs of person 2 (e.g. dependency, aged, disabled, medication, personal support etc.)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

**1.2 PERSON 3**

Name of person 3	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
Relationship to primary contact	<input type="text"/>	
Age OR Age range	Age <input type="text"/>	OR <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Primary language spoken	<input type="text"/>	Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
School attending (if relevant)	<input type="text"/>	
Specific details/needs of person 3 (e.g. dependency, aged, disabled, medication, personal support etc.)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

**1.3 PERSON 4**

Name of person 4	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
Relationship to primary contact	<input type="text"/>	
Age OR Age range	Age <input type="text"/>	OR <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Primary language spoken	<input type="text"/>	Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
School attending (if relevant)	<input type="text"/>	
Specific details/needs of person 4 (e.g. dependency, aged, disabled, medication, personal support etc.)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

#### 1.4 PERSON 5

Name of person 5	Given name(s)	<input type="text"/>
	Surname	<input type="text"/>
Relationship to primary contact	<input type="text"/>	
Age OR Age range	Age <input type="text"/>	OR <input type="checkbox"/> Infant <input type="checkbox"/> Child <input type="checkbox"/> Teen <input type="checkbox"/> Adult <input type="checkbox"/> Senior
Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Primary language spoken	<input type="text"/>	Translator needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
School attending (if relevant)	<input type="text"/>	
Specific details/needs of person 5 (e.g. dependency, aged, disabled, medication, personal support etc.)	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

#### Notes


**If there are more than 5 people in the household, include details for each additional person on a separate page and attach to this document.**

Number of additional people (if applicable)	<input type="text"/>
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#### 2.0 Pets/companion animals

Type and number of each pet/companion animal (if applicable)	Cat <input type="text"/>	Dog <input type="text"/>	Horse <input type="text"/>	Rabbit <input type="text"/>
	Other (specify) <input type="text"/>			
Details (e.g. pets attending ERC, vet care needed, missing etc.)	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			
Details of deceased animals/carcasses that require immediate removal from the property	<input type="text"/>			
	<input type="text"/>			
	<input type="text"/>			

#### Notes


### 3.0 Household details

**Note: Specific details of health and public safety concerns at the location is to be recorded on the 'EHO assessment' form.**

Does the household have access to a functional refrigerator?

Yes  No  Unsure (Give details below)


Does the household have access to heating?

Yes  No  Unsure (Give details below)


Does the household have access to cooling?

Yes  No  Unsure (Give details below)


Have the occupants been affected/impacted by a past emergency event(s)?

Yes  No  Unsure (Give details below)


Does the household have access to transport (i.e. car)

Yes  No  Unsure (Give details below)


Does the resident intend to continue to occupy the site?

Yes  No  Unsure (Give details below)


Was a Resident Information Pack provided?

Yes  No  Unsure (Give details below)


Will the household need to apply for the replacement of essential water?

Yes  No  Unsure (Give details below)


**Note: If Yes, supply resident with a copy or details on how to access the 'Essential water replacement request/authorisation form' found on the [ffm.vic.gov.au](http://ffm.vic.gov.au) website and refer them to the control agency.**

#### Notes




**4.0 Attendance details**

Relief centre attendance:       In attendance       Have attended       Preparing to attend       Not attending  
     Unsure                       Unable to attend       NA

Recovery centre attendance:       In attendance       Have attended       Preparing to attend       Not attending  
     Unsure                       Unable to attend       NA

**5.0 Temporary address and contact details (if displaced/applicable)**

Organisation (if relevant)

Street address

Suburb	State	Postcode
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**Notes**


**6.0 Consent**

Do you allow the information collected as part of this assessment to be shared with other council departments, contractors or relevant relief and recovery agencies?       Yes       No

Signature of primary contact

Print name

Date

**7.0 Follow up assessment**

Follow up status:       Arranged at time of assessment       Follow up required       Not required

Follow up action required (if applicable)

**Notes**




### 3.0 Water supply

Is there an operational potable water supply to the property?

Yes  No  Unsure  N/A (Give details below)


Potable water source:

Mains  Tank  Bore  Surface Other (specify)

--

If a water tank is used, does it require cleaning/repair?

Yes  No  Unsure  N/A (Give details below)


Is water testing required?

Yes  No  Unsure  N/A (Give details below)


Is there tank or surface water used for stock or crop irrigation?

Yes  No  Unsure  N/A (Give details below)


#### Notes


### 4.0 Waste water

Is there an operational toilet onsite?

Yes  No  Unsure  N/A (Give details below)


Is the property connected to a mains sewer or septic wastewater?

Mains  Septic  Unsure  N/A (Give details below)


Is the waste water operational?

Yes  No  Unsure  N/A (Give details below)


Does the waste water system pose a public or environmental health risk?

Yes  No  Unsure  N/A (Give details below)


**If a septic tank is used, proceed below. Otherwise skip to section 5.0.**

What type of waste water treatment is used:  Primary  Secondary  Split system  Holding tank  
Other (specify)

Is a sand filter in use?  Yes  No  Unsure

What type of effluent disposal is used?  Absorption trenches  Subsurface irrigation  Offsite disposal  
Other (specify)

Method of application:  Gravity  Pump  Siphon Other (specify)

Is the septic system operational?  Yes  Yes, but requires repairs  No *(Give details below)*

*(If 'No' what is required in order for the septic system to be functional again?)*

Pump replacement  Emergency pump out  Effluent repair/service  Desludging  
 Tank repair/service  Tank replacement  Effluent system replacement  Complete replacement

Other (specify)

Details

**Notes**

**5.0 Clean up and removal**

Is there a requirement for removal of perishable materials (e.g. food from refrigerators)?  Yes  No *(Give details below)*

Is there a requirement for carcass removal?  Yes  No *(Give details below)*

**Notes**

**6.0 Hazards, safety, clean up**

Is the presence of asbestos likely?

Yes  No  Unsure *(Give details below)*


Is there an immediate requirement for asbestos removal/clean up?

Yes  No  Unsure *(Give details below)*


Is there a requirement for the clean up of PHOS CHEK (fire retardant)?

Yes  No  Unsure *(Give details below)*


Is there a requirement for the clean up of ash?

Yes  No  Unsure *(Give details below)*


Is there the presence or likelihood of mould growth?

Yes  No  Unsure *(Give details below)*


Is there the presence of or is there likely going to be a need for vector control (e.g. rats, mosquitos)?

Yes  No  Unsure *(Give details below)*


Is there evidence of overcrowding in the apartment/bedrooms?

Yes  No  Unsure *(Give details below)*


Other potential hazards onsite: *(tick all that apply)*

Hazardous chemicals       Gas cylinders       Broken glass       Chimney  
 Contaminated water       Hoarding

Other (specify)

Is a sanitary contractor required (e.g. waste disposal, hazardous water disposal, water tank cleaning, wastewater clean up, etc.)?

Yes  No *(Give details below)*


Are there any additional health and sanitation problems?

Yes  No *(Give details below)*


**Notes**


**7.0 Habitability**

**Note: If you ticked 'No' to potable water supply in section 3.0 AND 'No' to an operational toilet in section 4.0, the property is to be considered not habitable. Otherwise assess as required.**

Are there environmental health aspects present at the location that render the property **not habitable**?

Yes  No (Give details below)


**8.0 Habitable spaces/rooms**

**If property is considered habitable, proceed below. Otherwise skip to section 9.0.**

Which spaces/rooms are considered habitable?

Entire property  Kitchen  Living room  Laundry  Master bedroom  Master bathroom

Other bedroom(s) (specify)

Other bathroom(s) (specify)

Other room(s) (specify)

Details (e.g. specific areas considered not habitable):


**9.0 Environmental Health Officer (EHO) actions**

Orders or notices served/to be served:  Emergency order  Improvement notice  Notice to comply  Not served

Brief description of order/notice


EHO system reference number (if available)

--

Detail any remedial actions taken onsite


Were any resources supplied to the resident in order to assist (e.g. vector control, how to clean mould/flood damage)?

Yes  No (Give details below)


**Notes**






# Built

Use this form to assess the physical damage to businesses, primary and secondary residences and assets as well as commercial and industrial facilities.

**Suggested roles – MBS, SIA Assessor, Assets/Engineering personnel.**

**Note:** Only section 4.0 requires an MSB specifically. All other areas can be assessed by other personnel as needed

**Note:** An 'Administration details' form must be completed in conjunction with this assessment, to record the address and primary contact details, etc.

## 1.0 Structure details

Structures affected at the location – refer to data dictionary: (tick all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> House or stand alone unit  | <input type="checkbox"/> Terrace or town house  |
| <input type="checkbox"/> Building for common residential living<br>(e.g. guest house – not more than 12 people reside)  | <input type="checkbox"/> A building containing 2 or more sole occupancy units<br>(e.g. apartment building)  |
| <input type="checkbox"/> Mobile home  | <input type="checkbox"/> Caravan  |
| <input type="checkbox"/> Bungalow/granny flat   | <input type="checkbox"/> Office building for professional or commercial purposes  |
| <input type="checkbox"/> Hotel, motel, backpackers, boarding-house (e.g. a common place of living for a number of unrelated persons – more than 12 people reside) | <input type="checkbox"/> A building providing facilities for retail, services or dining direct to public<br>(e.g. café, hairdresser, shopping centre, petrol station) |
| <input type="checkbox"/> A building which is a car park (non-residential)   | <input type="checkbox"/> A building used as a wholesale showroom or storeroom   |
| <input type="checkbox"/> Factory, manufacturing, processing plant, workshop, laboratory   | <input type="checkbox"/> Health care building   |
| <input type="checkbox"/> Aged care building   | <input type="checkbox"/> Private garage   |
| <input type="checkbox"/> Private carport  | <input type="checkbox"/> Shed or outbuilding  |
| <input type="checkbox"/> Private bushfire shelter   | <input type="checkbox"/> Fences   |
| <input type="checkbox"/> Retaining/freestanding wall  |   |

Other (specify)

Notes (further details of the structure(s) e.g. number of floors)


## 2.0 Details of damage to structure(s)

Type of damage: (tick all that apply)  Fire  Flood  Storm  HAZMAT  Structural  Water  Heat

Other (specify)

Likely cause of damage:  Emergency  Pre-existing Other (specify)

Description of damage




**3.0 Details of damage to fences**

**Fence details:**

**Fences – internal (e.g. pool, electric)**

Type of fence  Length damaged

Damage details

Insured?  Yes  No  Unsure

**Fences – boundary/external**

Type of fence  Length damaged

Damage details

Insured?  Yes  No  Unsure

Do any of the fences share a boundary with a State Forest, State Park or National Park?  Yes  No  N/A (Give details below)

**Notes**

**4.0 Municipal building surveyor assessment (if applicable)**

*If any structure at the location requires an assessment by a Municipal building surveyor, please proceed below. Otherwise skip to section 5.0.*

**APPLICABLE STRUCTURE 1**

Structure affected (e.g. garage)

Status:  Damaged but still habitable/safe  Damaged but temporarily not habitable/safe  
 Not habitable/safe  Destroyed

Habitability/safety details

Orders or notices served/to be served:  Emergency order  Building notice  Building order (minor works)  Not served

What protection or building work is required in the order or notice?  Vacate  Make safe  N/A Other (specify)

Does the number of occupants exceed the occupancy permit?  Yes  No  Unsure  N/A (Give details below)

Pathway/MBS system reference no.

**Notes**

**APPLICABLE STRUCTURE 2**

Structure affected (e.g. garage)

Status:  Damaged but still habitable/safe  Damaged but temporarily not habitable/safe  
 Not habitable/safe  Destroyed

Habitability/safety details

Orders or notices served/to be served:  Emergency order  Building notice  Building order (minor works)  Not served

What protection or building work is required in the order or notice?  Vacate  Make safe  N/A Other (specify)

Does the number of occupants exceed the occupancy permit?  Yes  No  Unsure  N/A (Give details below)

Pathway/MBS system reference no.

**Notes**

**APPLICABLE STRUCTURE 3**

Structure affected (e.g. garage)

Status:  Damaged but still habitable/safe  Damaged but temporarily not habitable/safe  
 Not habitable/safe  Destroyed

Habitability/safety details

Orders or notices served/to be served:  Emergency order  Building notice  Building order (minor works)  Not served

What protection or building work is required in the order or notice?  Vacate  Make safe  N/A Other (specify)

Does the number of occupants exceed the occupancy permit?  Yes  No  Unsure  N/A (Give details below)

Pathway/MBS system reference no.

**Notes**





# Built – Public infrastructure

Use this form to assess the physical damage to Council assets, including roads and bridges as well as community and public buildings at the applicable location.

*Suggested roles – MBS, Assets/Engineering personnel.*

*Note: An 'Administration details' form must be completed in conjunction with this assessment, to record the address and primary contact details, etc.*

## 1.0 Damage specifics at location

Complete one section per asset at the applicable location (3 per from).

### APPLICABLE STRUCTURE 1

Structure affected (e.g. Smith's hall)

Structure/asset type

*\*Asset may be eligible for funding under NRFA, however arrangements should always be confirmed at the time of the emergency event.*

- Road\*       Bridge\*       Drainage pipe\*       Stormwater drain\*  
 Stormwater pit\*       Culvert\*       Footpath\*       Trails/walkways  
 A building of a public nature       Community facility

Other (specify)

Who owns the structure/asset?

- Council     State     Private     Unsure    Other (specify)

Who manages the structure/asset?

- Council     State     Private     Unsure    Other (specify)

Insurance details of affected structure/asset (if known)

  
  
  


Insurer(s)

### Damage details

Type of damage: (tick all that apply)

- Fire     Flood     Storm     HAZMAT     Structural     Water     Heat

Other (specify)

Likely cause of damage:

- Emergency     Pre-existing    Other (specify)

Details of damage to the structure and associated assets (e.g. contents of building)

  
  
  
  
  
  


Approximate length of damage (kms)

Road

Bridge

Footpath

Trail walkway

Other (specify)

### Notes

**APPLICABLE STRUCTURE 2**

Structure affected (e.g. Smith's hall)

Structure/asset type  Road\*  Bridge\*  Drainage pipe\*  Stormwater drain\*  
*\*Asset may be eligible for funding under NRFA, however arrangements should always be confirmed at the time of the emergency event.*  Stormwater pit\*  Culvert\*  Footpath\*  Trails/walkways  
 A building of a public nature  Community facility  
Other (specify)

Who owns the structure/asset?  Council  State  Private  Unsure Other (specify)

Who manages the structure/asset?  Council  State  Private  Unsure Other (specify)

Insurance details of affected structure/asset (if known)

Insurer(s)

**Damage details**

Type of damage: (tick all that apply)  Fire  Flood  Storm  HAZMAT  Structural  Water  Heat  
Other (specify)

Likely cause of damage:  Emergency  Pre-existing Other (specify)

Details of damage to the structure and associated assets (e.g. contents of building)

Approximate length of damage (kms)  Road  Bridge  Footpath  Trail walkway  
Other (specify)

**Notes**

**APPLICABLE STRUCTURE 3**

Structure affected (e.g. Smith's hall)

Structure/asset type  Road\*  Bridge\*  Drainage pipe\*  Stormwater drain\*  
\*Asset **may** be eligible for funding under NRFA, however **arrangements should always be confirmed at the time of the emergency event.**  
 Stormwater pit\*  Culvert\*  Footpath\*  Trails/walkways  
 A building of a public nature  Community facility  
Other (specify)

Who owns the structure/asset?  Council  State  Private  Unsure Other (specify)

Who manages the structure/asset?  Council  State  Private  Unsure Other (specify)

Insurance details of affected structure/asset (if known)

Insurer(s)

**Damage details**

Type of damage: (tick all that apply)  Fire  Flood  Storm  HAZMAT  Structural  Water  Heat  
Other (specify)

Likely cause of damage:  Emergency  Pre-existing Other (specify)

Details of damage to the structure and associated assets (e.g. contents of building)

Approximate length of damage (kms)  Road  Bridge  Footpath  Trail walkway  
Other (specify)

**Notes**

**If there are more than 3 structures/assets at the location to be assessed, include the applicable details for each additional structure/asset on a separate page and attach to this document.**

Number of additional structures/assets (if applicable)

**2.0 Municipal building surveyor specifics (e.g. assessment of a public building) (if applicable)**

*If any structure at the location requires an assessment by a Municipal building surveyor, please proceed below. Ensure the 'Structure affected' title matches the assessment in section 1.0. Otherwise skip to section 3.0.*

**APPLICABLE STRUCTURE 1**

Structure affected (e.g. Smith's hall)

Status:  Damaged but still habitable/safe  Damaged but temporarily not habitable/safe  
 Not habitable/safe  Destroyed

Details

Orders or notices served/to be served:  Emergency order  Building notice  Building order (minor works)  Not served

What protection or building work is required in the order or notice?  Vacate  Make safe  N/A Other (specify)

Does the number of occupants exceed the occupancy permit?  Yes  No  Unsure  N/A (Give details below)

Pathway/MBS system reference no.

**Notes**

**APPLICABLE STRUCTURE 2**

Structure affected (e.g. Smith's hall)

Status:  Damaged but still habitable/safe  Damaged but temporarily not habitable/safe  
 Not habitable/safe  Destroyed

Details

Orders or notices served/to be served:  Emergency order  Building notice  Building order (minor works)  Not served

What protection or building work is required in the order or notice?  Vacate  Make safe  N/A Other (specify)

Does the number of occupants exceed the occupancy permit?  Yes  No  Unsure  N/A (Give details below)

Pathway/MBS system reference no.

**Notes**

**APPLICABLE STRUCTURE 3**

Structure affected (e.g. Smith's hall)

- Damaged but still habitable/safe     Damaged but temporarily not habitable/safe  
 Not habitable/safe     Destroyed

Details

  
  

Orders or notices served/to be served:

- Emergency order     Building notice     Building order (minor works)     Not served

What protection or building work is required in the order or notice?

- Vacate     Make safe     N/A    Other (specify)

Does the number of occupants exceed the occupancy permit?

- Yes     No     Unsure     N/A    (Give details below)

  

Pathway/MBS system reference no.

**Notes**

  
  
  

**3.0 Safety**

Hazards on or surrounding the location of the structure or asset: (tick all that apply)

- Asbestos     HAZCHEM     Chimney     Flood water  
 Gas cylinders     Dangerous/down trees     Putrescible waste     Roof cladding  
 Stray animal(s)     Swimming pool     Treated pine     Hazardous debris

Other (specify)

Detail any remedial actions taken onsite

  
  

**Notes**

  
  
  

**4.0 Follow up assessment**

Follow up status:

- Arranged at time of assessment     Follow up required     Not required

Follow up action required (if applicable)

  
  

**Notes**





# Economic

**Use this form for the economic assessment of an affected business or organisation.**

The economic environment considers the direct and indirect impacts that an event may have on business, primary producers and the broader economy.

**Suggested roles – SIA assessor, Economic development personnel.**

**Note: An 'Administration details' form must be completed in conjunction with this assessment, to record the address and primary contact details, etc.**

## 1.0 Details of affected business/organisation

Services:  
(tick all that apply)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Small/medium business | <input type="checkbox"/> Industrial/manufacturing | <input type="checkbox"/> Hospitality/restaurant | <input type="checkbox"/> Essential services |
| <input type="checkbox"/> Tourism               | <input type="checkbox"/> Retail                   | <input type="checkbox"/> Non-profit             | <input type="checkbox"/> Cinema/art centre  |
| <input type="checkbox"/> Leisure centre        | <input type="checkbox"/> Child care               | <input type="checkbox"/> Medical                | <input type="checkbox"/> Education          |

Other (specify)

Primary production:  
(tick all that apply)

- |                                |                                      |                                      |   |
|--------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Beef  | <input type="checkbox"/> Pork        | <input type="checkbox"/> Chicken     | <input type="checkbox"/> Egg production |
| <input type="checkbox"/> Dairy | <input type="checkbox"/> Viticulture | <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Horticulture   |
| <input type="checkbox"/> Crops | <input type="checkbox"/> Forestry    | <input type="checkbox"/> Equine      | <input type="checkbox"/> Mining         |

Other (specify)

Who manages the business?

- Council
  State
  Private
  Unsure
 Other (specify)

**Notes** (further details of the business/organisation)


## 2.0 Economic assessment

How is the business affected by the emergency?

- Directly
  Indirectly
  Both
 (Give details below)


Overview of how the emergency will or has impacted the business/organisation economically




### 3.0 Financial specifics

Approximate value of impact  OR  Further assessment needed before value can be determined

Details of insurance coverage for the business/organisation (e.g. business interruption insurance, or what's insured, what's not)


Insurer(s)

--

Can the business continue to operate in its current premises?  Yes  No  N/A (Give details below)


Does the business have an alternate premise it can operate from?  Yes  No  N/A (Give details below)


Can the business be restored or rehabilitated?  Yes  No  N/A (Give details below)


Does the business require relief services/referrals?  Yes  No  Unsure

**Note: Specific details of assistance/referrals is to be recorded on the 'Administration details' form.**

#### Notes


### 4.0 Follow up assessment

Follow up status:  Arranged at time of assessment  Follow up required  Not required

Follow up action required (if applicable)


#### Notes




# Natural

Use this form to assess air and water quality; land degradation and contamination; plant and wildlife damage/loss; and national parks, cultural and heritage sites.

The natural environment considers the impact that an event may have on a healthy and functioning environment, which underpins the economy and society.

**Suggested roles – SIA assessor, Environmental personnel.**

**Note: An 'Administration details' form must be completed in conjunction with this assessment, to record the address and primary contact details, etc.**

## 1.0 Administration

Who owns the site?  Council  State  Private  Unsure Other (specify)

Who manages the site?  Council  State  Private  Unsure Other (specify)

### Notes


## 2.0 Environmental assessment

Select category impacted at the location: *(tick all that apply)*

Park/reserve  Air quality  Forest  Wildlife  Soil  
 Cultural site  Vegetation  Waterway  Body of water

Other (specify)

How is the location affected by the emergency?  Directly  Indirectly  Both *(Give details below)*


Type of damage:  Degradation  Contamination  Erosion  Loss  Fire damage  Decrease in quality

Other (specify)

Description of impact/damage at the site


Likely cause of damage?  Emergency  Pre-existing Other (specify)

Do protection measures need to be established?  Yes  No *(Give details below)*


Can the site be restored or rehabilitated?  Yes  No *(Give details below)*


Will the damage have any secondary impacts (e.g. farming in the vicinity, tourism, community activities)?  Yes  No *(Give details below)*


