Commonwealth of Virginia - Department of Emergency Management - **Search and Rescue Program**

Disaster Search and Assessment Form

Task # _____

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#	Time	Structure Type A C M S	**Hasty:** Street Name ***Primary/Secondary:*** *Address*	Block # Start *Coordinates (USNG)*	Block # End *Occupant Name*	# Evac	# SIP	# Trapped	# DOA	Evac Destination	Released To	# Pets Evac	# Pets SIP	**Needs:** Food-F Water-W Meds-M Hazards-H Other	Initial Structural Damage Assessment 0-5	Utilities Electric Water Gas
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