

COES 105 Situation Status / PSA Form (2023)

Rev 231016 For use by Organized Neighborhoods, CARES Preliminary Safety Assessment

Control No: _____

Assessment Date/time:	Street: Between: _____ and: _____
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Performed by:	Map Grid (County Grid):
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Command Post Location:	Number of Units Surveyed:
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Ref	Category	Subcategory	Count	Notes/Addresses (use back of page if necessary)
1.1	Injuries, Minor	Able to walk away from the incident		
1.2	Injuries, Delayed	Regular breathing, and Capillary refill <2 sec, and Answers questions, responds to commands		Address: _____
1.3	Injuries, Immediate	Rapid Breathing >30/min, or capillary refill >2 sec, or Confused, disoriented		Address: _____
1.4	Injuries, Presumed Dead	No respiration		Address: _____
2.1	Structure, Light Damage	<ul style="list-style-type: none"> • Superficial Damage • Broken Windows • Cracked or fallen plaster • Main damage is to contents 		
2.2	Structure, Moderate Damage	<ul style="list-style-type: none"> • Large amount of cracking on exterior • Small cracks around doors and foundations • No outward sign of structural damage 		Address: _____
2.3	Structure, Heavy Damage	<ul style="list-style-type: none"> • Partial or full collapse • Building is off foundation • Structural damage to the building 		Address: _____
3.1	Fire	Fire, Any situation, note if extinguished		Address: _____
4.1	Hazards	Gas Leaks		Address: _____
4.2	Hazards	Sewer Leaks		Address: _____
4.3	Hazards	Water Main Breaks		Address: _____
5.1	Electrical Power	Outages, Lines Down. Number of residences without power.		Details
5.2	Access	Number of roads blocked, Other Obstructions		Details
5.3	Communications	Loss of wired Landline (POTS) Loss of Cellular service		Details

Status Report Logged? (initials)			Rollup _____	Signature: _____
Doc Unit Logged COES103	OPS Desk Logged COES104	Doc Unit Completed COES103		