University of Hawaii

CAMPUS DAMAGE ASSESSMENT REPORT

DATE / TIME OF REPORT SUBMISSION:       /

REPORT PREPARER’S NAME:

PREPARER’S CONTACT INFO:       (if different from list below)

**PART 1. CAMPUS INFORMATION**

A. CAMPUS NAME:

B. CAMPUS STREET ADDRESS:

C. CAMPUS POINT OF CONTACT:

 Who can be contacted regarding the content in this Campus Damage Assessment Report?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** | **PHONE #** | **OTHER PHONE #** | **EMAIL** |
| *Primary* |  |  |  |  |
| *1st Alt* |  |  |  |  |
| *2nd Alt* |  |  |  |  |

Any notes or comments on point(s) of contact:

D. OTHER PERSONS ON THE CAMPUS DAMAGE ASSESSMENT TEAM (list below; expand table as needed):

|  |  |  |
| --- | --- | --- |
| **NAME** | **PERSON’S GENERAL ROLE ON THE TEAM** | **ANY COMMENTS** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Any notes or comments on the campus damage assessment team:

**PART 2. EMERGENCY WORK**

A. DEBRIS ISSUES (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Any notes or comments on debris issues:

B. EMERGENCY PROTECTIVE MEASURES (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

Any notes or comments on emergency protective measures:

**PART 3. PERMANENT WORK**

A. ROADS AND BRIDGES (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on roads and bridges:

B. WATER CONTROL FACILITIES (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on water control facilities:

C. BUILDINGS AND EQUIPMENT (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on buildings and equipment:

D. UTILITIES (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on utilities:

E. PARKS, RECREATIONAL AREAS, OTHER (expand table as needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **AREA / SITE** | **ISSUE/ WORK NEEDED (brief)** | **ESTIMATED COST AT TIME OF INSPECTION** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on parks, recreational areas, other:

**PART 4. MAJOR DISASTER IMPACTS**

This Major Disaster Impacts section is a “snapshot” of areas that have “rapid needs” priority – areas that require immediate attention.

A. LIST DETOURS (expand table as needed)

|  |  |  |
| --- | --- | --- |
| **ITEM** | **AREA or SITE DESCRIPTION** | **DESCRIBE EXTENT OF DAMAGES / ISSUES / IMPACTS** |
| 1 |  |  |
| 2 |  |  |

Were any of the above areas/sites previously part of any state or local debris management planning project?
 [ ] Yes [ ] No Please explain project:

Any other notes or comments on detours:

B. CRITICAL FACILITIES DAMAGED (expand table as needed)

|  |  |  |
| --- | --- | --- |
| **ITEM** | **AREA or SITE DESCRIPTION** | **DESCRIBE EXTENT OF DAMAGES / ISSUES / IMPACTS** |
| 1 |  |  |
| 2 |  |  |

Were any of the above areas/sites previously part of any state or local hazard mitigation project?
 [ ] Yes [ ] No Please explain mitigation measures:

Any other notes or comments on critical facilities:

C. HEALTH AND SAFETY ISSUES (expand table as needed)

|  |  |  |
| --- | --- | --- |
| **ITEM** | **AREA or SITE DESCRIPTION** | **DESCRIBE EXTENT OF DAMAGES / ISSUES / IMPACTS** |
| 1 |  |  |
| 2 |  |  |

Were any of the above areas/sites previously part of any state or local hazard mitigation project?
 [ ] Yes [ ] No Please explain mitigation measures:

Any other notes or comments on health and safety issues:

**PART 5. OTHER COSTS INCURRED (as of this report)**

A. EMPLOYEE OVERTIME (over and above normal scheduling; also include any “recall” costs)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **DEPARTMENT / SECTION / OFFICE** | **ROLE / RESPONSIBILITYDURING INCIDENT** | **ESTIMATED COST AT TIME OF REPORT** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

Any notes or comments on employee overtime:

B. SUPPLIES (over and above normal usage)

*Examples of use: Debris containment/removal, emergency repairs/protective measures, safety and security signage/controls, emergency power/lighting, etc.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **GENERAL DESCRIPTIONOF ITEM(S)** | **USE OF SUPPLIES(see examples listed above)** | **ESTIMATED COST AT TIME OF REPORT** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on supplies:

C. CONTRACTED SERVICES (over and above terms of existing contracts)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **VENDOR** | **GENERAL DESCRIPTION OF SERVICE** | **ESTIMATED COST AT TIME OF REPORT** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on contracted services:

D. EQUIPMENT LOSS (loss was directly related to response actions and not normal wear and tear)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION OF EQUIPMENT** | **DATE ACQUIRED** | **COST BASIS** | **ESTIMATED DEPRECIATED VALUE** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on equipment loss:

E. OTHER COST ITEMS (add additional page if more space is needed)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ITEM** | **DESCRIPTION OF OTHER** | **GENERAL DESCRIPTION OF PURPOSE** | **ESTIMATED COST AT TIME OF REPORT** | **ESTIMATED PROJECTED COST** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

Any notes or comments on other cost items: