

Community:	Team Leader's Name:
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Neighborhood/Block:	Cell Phone:
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Address	Time	✓	✓	Hazards ✓				Structural ✓				People #				Notes	✓ See Attached Notes		
				Located	Contacted	Fire	Gas Leak	Electrical	Water	No Damage	Minor Affected	Major Damage	Destroyed	Minor Injury	Delayed			Immediate	Deceased
123 Sample Street	11:54 <sup>AM</sup> PM	✓	✓	✓	✓	✓							2					2	Wires down at back of property. <input checked="" type="checkbox"/>
	AM																		<input type="checkbox"/>
	PM																		<input type="checkbox"/>
	AM																		<input type="checkbox"/>
	PM																		<input type="checkbox"/>
	AM																		<input type="checkbox"/>
	PM																		<input type="checkbox"/>
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	AM																		<input type="checkbox"/>
	PM																		<input type="checkbox"/>