

INITIAL DAMAGE ASSESSMENT - OFFICES & GENERAL OPERATIONS

Building: _____ Room: _____
 Inspected By: _____ Date: _____
 Contact Name: _____ Phone: _____

CATEGORY	DESCRIPTION (BRIEF DESCRIPTION OF DAMAGE)	CONDITION*
Electrical Equip.		
Computers		
Printers		
Monitors		
Peripherals (identify)		
Copiers		
Other		
Communications		
Telephone Service		
University Network		
Two-way Radios		
Fax Machines		
Email		
Other		
Supplies		
Paper		
Forms		
Books		
Files		
Other		
Furniture		
Chairs		
Desks		
Credenzas		
Tables		
Cabinets		
Other		

* Please use your best judgment for assigning condition assessment ranking based on the following:

- *Good* *No Damage*
- *Fair* *Damage appears superficial, can be used as is*
- *Moderate* *Damage appears moderate, repairs may be possible*
- *Severe* *Damage appears to be severe*
- *Destroyed* *Damaged beyond recovery*