ATC-20 Detailed Evaluation Safety Assessment Form

Inspection

Inspector ID: _____

Affiliation: _____

Inspection date and time: _____ ☐ AM ☐ PM

Final Posting
from page 2

☐ Inspected
☐ Restricted Use
☐ Unsafe

Building Description

Building name: _____

Address: _____

_____

Building contact/phone: _____

Number of stories above ground: _____ below ground: _____

Approx. "Footprint area" (square feet): _____

Number of residential units: _____

Number of residential units not habitable: _____

Type of Construction

☐ Wood frame
☐ Steel frame
☐ Tilt-up concrete
☐ Concrete frame
☐ Concrete shear wall
☐ Unreinforced masonry
☐ Reinforced masonry
☐ Other: _____

Primary Occupancy

☐ Dwelling
☐ Other residential
☐ Public assembly
☐ Emergency services
☐ Commercial
☐ Offices
☐ Industrial
☐ Other: _____
☐ Government
☐ Historic
☐ School

Evaluation

Investigate the building for the conditions below and check the appropriate column. There is room on the second page for a sketch.

	Minor/None	Moderate	Severe	Comments
Overall hazards:				
Collapse or partial collapse	☐	☐	☐	_____
Building or story leaning	☐	☐	☐	_____
Other _____	☐	☐	☐	_____
Structural hazards:				
Foundations	☐	☐	☐	_____
Roofs, floors (vertical loads)	☐	☐	☐	_____
Columns, pilasters, corbels	☐	☐	☐	_____
Diaphragms, horizontal bracing	☐	☐	☐	_____
Walls, vertical bracing	☐	☐	☐	_____
Precast connections	☐	☐	☐	_____
Other _____	☐	☐	☐	_____
Nonstructural hazards:				
Parapets, ornamentation	☐	☐	☐	_____
Cladding, glazing	☐	☐	☐	_____
Ceilings, light fixtures	☐	☐	☐	_____
Interior walls, partitions	☐	☐	☐	_____
Elevators	☐	☐	☐	_____
Stairs, exits	☐	☐	☐	_____
Electric, gas	☐	☐	☐	_____
Other _____	☐	☐	☐	_____
Geotechnical hazards:				
Slope failure, debris	☐	☐	☐	_____
Ground movement, fissures	☐	☐	☐	_____
Other _____	☐	☐	☐	_____

General Comments: _____

_____

Continue on page 2

Building name: _____ Inspector ID: _____

Sketch (optional)
Provide a sketch of the building or damaged portions. Indicate damage points.

Estimated Building Damage
If requested by the jurisdiction, estimate building damage (repair cost ÷ replacement cost, excluding contents).

- ☐ None
- ☐ 0–1%
- ☐ 1–10%
- ☐ 10–30%
- ☐ 30–60%
- ☐ 60–100%
- ☐ 100%

Posting
If there is an existing posting from a previous evaluation, check the appropriate box.

Previous posting: ☐ INSPECTED ☐ RESTRICTED USE ☐ UNSAFE Inspector ID: _____ Date: _____

If necessary, revise the posting based on the new evaluation and team judgment. *Severe* conditions endangering the overall building are grounds for an Unsafe posting. Local *Severe* and overall *Moderate* conditions may allow a Restricted Use posting. Indicate the current posting below and at the top of page one.

☐ **INSPECTED** (Green placard) ☐ **RESTRICTED USE** (Yellow placard) ☐ **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Further Actions Check the boxes below only if further actions are needed.

☐ Barricades needed in the following areas: _____

☐ Engineering Evaluation recommended: ☐ Structural ☐ Geotechnical ☐ Other: _____

☐ Other recommendations: _____

Comments: _____

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ATC-20 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date and time: _____ ☐ AM ☐ PM

Affiliation: _____ Areas inspected: ☐ Exterior only ☐ Exterior and interior

Building Description

Building name: _____

Address: _____

_____

Building contact/phone: _____

Number of stories above ground: _____ below ground: _____

Approx. "Footprint area" (square feet): _____

Number of residential units: _____

Number of residential units not habitable: _____

Type of Construction

☐ Wood frame
☐ Steel frame
☐ Tilt-up concrete
☐ Concrete frame
☐ Concrete shear wall
☐ Unreinforced masonry
☐ Reinforced masonry
☐ Other: _____

Primary Occupancy

☐ Dwelling
☐ Other residential
☐ Public assembly
☐ Emergency services
☐ Commercial
☐ Offices
☐ Industrial
☐ Other: _____
☐ Government
☐ Historic
☐ School

Evaluation

Investigate the building for the conditions below and check the appropriate column.

Observed Conditions:	Minor/None	Moderate	Severe
Collapse, partial collapse, or building off foundation	☐	☐	☐
Building or story leaning	☐	☐	☐
Racking damage to walls, other structural damage	☐	☐	☐
Chimney, parapet, or other falling hazard	☐	☐	☐
Ground slope movement or cracking	☐	☐	☐
Other (specify) _____	☐	☐	☐

Estimated Building Damage (excluding contents)

☐ None
☐ 0–1%
☐ 1–10%
☐ 10–30%
☐ 30–60%
☐ 60–100%
☐ 100%

Comments: _____

_____

Posting

Choose a posting based on the evaluation and team judgment. *Severe* conditions endangering the overall building are grounds for an Unsafe posting. Localized *Severe* and overall *Moderate* conditions may allow a Restricted Use posting. Post INSPECTED placard at main entrance. Post RESTRICTED USE and UNSAFE placards at all entrances.

☐ **INSPECTED** (Green placard) ☐ **RESTRICTED USE** (Yellow placard) ☐ **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

_____

_____

Further Actions

Check the boxes below only if further actions are needed.

☐ Barricades needed in the following areas: _____

_____

☐ Detailed Evaluation recommended: ☐ Structural ☐ Geotechnical ☐ Other: _____

☐ Other recommendations: _____

Comments: _____

_____

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ATC-45 Detailed Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date: _____

Affiliation: _____ Inspection time: _____ ☐ AM ☐ PM

Final Posting
from page 2

☐ Inspected
☐ Restricted Use
☐ Unsafe

Building Description

Building name: _____

Address: _____

_____

Building contact/phone: _____

Number of stories: _____

"Footprint area" (square feet): _____

Number of residential units: _____

Type of Building

☐ Mid-rise or High-rise
☐ Low-rise multi-family
☐ Low-rise commercial
☐ Pre-fabricated
☐ One- or two-family dwelling
☐ Other: _____

Primary Occupancy

☐ Dwelling
☐ Other residential
☐ Public assembly
☐ Emergency services
☐ Commercial
☐ Offices
☐ Industrial
☐ Other: _____
☐ Government
☐ Historic
☐ School

Evaluation

Investigate the building for the conditions below and check the appropriate column. There is room on the second page for a sketch.

	Minor/None	Moderate	Severe	Comments
Overall hazards:				
Collapse or partial collapse	☐	☐	☐	_____
Building or story lean or drift	☐	☐	☐	_____
Fractured or displaced foundation	☐	☐	☐	_____
Structural hazards:				
Failure of significant element/connection	☐	☐	☐	_____
Column, pier, or bearing wall	☐	☐	☐	_____
Roof/floor framing or connection	☐	☐	☐	_____
Superstructure/foundation connection	☐	☐	☐	_____
Moment frame	☐	☐	☐	_____
Diaphragm/horizontal bracing	☐	☐	☐	_____
Vertical bracing	☐	☐	☐	_____
Shear wall	☐	☐	☐	_____
Nonstructural hazards:				
Parapets, ornamentation	☐	☐	☐	_____
Canopy	☐	☐	☐	_____
Cladding, glazing	☐	☐	☐	_____
Ceilings, light fixtures	☐	☐	☐	_____
Stairs, exits, access walkways, gratings	☐	☐	☐	_____
Interior walls, partitions	☐	☐	☐	_____
Mechanical & electrical equipment	☐	☐	☐	_____
Elevators	☐	☐	☐	_____
Building contents, other _____	☐	☐	☐	_____
Geotechnical hazards:				
Slope failure, debris impact	☐	☐	☐	_____
Ground movement, erosion, sedimentation	☐	☐	☐	_____
Differential settlement	☐	☐	☐	_____

Continue on page 2

Building name: _____ Inspector ID: _____

Sketch

Make a sketch of the damaged building in the space provided. Indicate damage points.

Estimated Building Damage
(excluding contents)

- ☐ None
- ☐ >0 to <1%
- ☐ 1 to <10%
- ☐ 10 to <30%
- ☐ 30 to <70%
- ☐ 70 to <100%
- ☐ 100%

Posting

If there is an existing posting from a previous evaluation, check the appropriate box.

Previous posting: ☐ INSPECTED ☐ RESTRICTED USE ☐ UNSAFE Inspector ID: _____ Date: _____

If necessary, revise the posting based on the new evaluation and team judgment. *Severe* conditions endangering the overall building are grounds for an Unsafe posting. Local *Severe* and overall *Moderate* conditions may allow a Restricted Use posting. Indicate the current posting below and at the top of page one, whether the posting has been revised or not.

☐ **INSPECTED** (Green placard) ☐ **RESTRICTED USE** (Yellow placard) ☐ **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Number of residential units vacated: _____

Further Actions

Check the boxes below only if further actions are needed.

☐ Barricades needed in the following areas: _____

☐ Engineering Evaluation recommended: ☐ Structural ☐ Geotechnical ☐ Other _____

☐ Substantial Damage determination recommended

☐ Other recommendations: _____

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ATC-45 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date: _____

Affiliation: _____ Inspection time: _____ ☐ AM ☐ PM

Areas inspected: ☐ Exterior only ☐ Exterior and interior

Building Description

Building name: _____

Address: _____

_____

Building contact/phone: _____

Number of stories: _____

"Footprint area" (square feet): _____

Number of residential units: _____

Type of Building

☐ Mid-rise or high-rise
☐ Low-rise multi-family
☐ Low-rise commercial
☐ Pre-fabricated
☐ One- or two-family dwelling

Primary Occupancy

☐ Dwelling
☐ Other residential
☐ Public assembly
☐ Emergency services
☐ Commercial
☐ Offices
☐ Industrial
☐ Other: _____
☐ Government
☐ Historic
☐ School

Evaluation

Investigate the building for the conditions below and check the appropriate column.

Observed Conditions:	Minor/None	Moderate	Severe
Collapse, partial collapse, or building off foundation	☐	☐	☐
Building significantly out of plumb or in danger	☐	☐	☐
Damage to primary structural members, racking of walls	☐	☐	☐
Falling hazard due to nonstructural damage	☐	☐	☐
Geotechnical hazard, scour, erosion, slope failure, etc.	☐	☐	☐
Electrical lines / fixtures submerged / leaning trees	☐	☐	☐
Other (specify) _____	☐	☐	☐

Estimated Building Damage
(excluding contents)

☐ None
☐ >0 to <1%
☐ 1 to <10%
☐ 10 to <30%
☐ 30 to <70%
☐ 70 to <100%
☐ 100%

☐ See back of form for further comments.

Posting

Choose a posting based on the evaluation and team judgment. Severe conditions endangering the overall building are grounds for an Unsafe posting. Localized Severe and overall Moderate conditions may allow a Restricted Use posting.

☐ **INSPECTED** (Green placard) ☐ **RESTRICTED USE** (Yellow placard) ☐ **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

_____

_____

Number of residential units vacated: _____

Further Actions

Check the boxes below only if further actions are needed.

☐ Barricades needed in the following areas: _____

_____

☐ Detailed Evaluation recommended: ☐ Structural ☐ Geotechnical ☐ Other: _____

☐ Substantial Damage determination recommended

☐ Other recommendations: _____

_____

☐ See back of form for further comments.

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State of California
California Emergency Management Agency

List of Projects

Disaster Number _____

APPLICANT:_____

DATE COMPLETED:_____

CONTACT NAME AND PHONE NUMBER: _____

IS THIS AN AMENDED LIST OF PROJECTS? _____

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. **(FA)**, CONTRACT **(C)** OR BOTH **(F/C)**?	ENTER **"ENV"** IF THERE ARE ENVIRONMENTAL ISSUES OR **"HIST"** FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S	ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		
			$				$		

*CATEGORY: A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment; F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)

State of California
California Emergency Management Agency

List of Projects

Page ____ of____

Disaster Number _____

APPLICANT:_____

DATE COMPLETED:_____

CONTACT NAME AND PHONE NUMBER: _____

IS THIS AN AMENDED LIST OF PROJECTS? _____

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. **(FA)**, CONTRACT **(C)** OR BOTH **(F/C)**?	ENTER **"ENV"** IF THERE ARE ENVIRONMENTAL ISSUES OR **"HIST"** FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S	ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?
	Citywide	Emergency Protective Measures	$ 60,000.00				$		
	Citywide	Debris Removal	$ 100,000.00				$		
	Winlaw Ave near Almetz St	Timber retaining wall damage	$ 300,000.00				$		
	13733 Almetz Circle	Debris basin filled to capacity	$ 80,000.00				$		
	Hillsboro at Foxboro	Concerte V-ditch damage	$ 30,000.00				$		
	Oakridge Dr @MM 2.1	Building damage from mud flows	$ 120,000.00				$		
	Winlaw Ave @MM1.7	Slope failure and road damage	$ 300,000.00				$		
			$				$		

*CATEGORY: A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment; F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)

SAMPLE

State of California
California Emergency Management Agency

List of Projects

Disaster Number _____

APPLICANT:_____ DATE COMPLETED:_____

CONTACT NAME AND PHONE NUMBER: _____ IS THIS AN AMENDED LIST OF PROJECTS? ____

ITEM #	LOCATION	DESCRIPTION OF DAMAGE AND SCOPE OF WORK	COST ESTIMATE	CATEGORY*	WAS WORK COMPLETED BY FORCE ACCT. **(FA)**, CONTRACT **(C)** OR BOTH **(F/C)**?	ENTER **"ENV"** IF THERE ARE ENVIRONMENTAL ISSUES OR **"HIST"** FOR HISTORIC ISSUES, OR BOTH	WAS THERE INSURANCE COVERAGE? IF YES, ENTER DEDUCTIBLE AMOUNT	WAS THE FACILITY DAMAGED IN A PRIOR DISASTER(S)? IF YES, ENTER DISASTER NAME(S) OR NUMBER(S
			$				$	
			$				$	
			$				$	
			$				$	
			$				$	
			$				$	
			$				$	
			$				$	

*CATEGORY: A) Debris Clearance; B) Protective Measures; C) Road System; D) Water Control Facility; E) Buildings and Equipment; F) Public Utility System; G) Other. (Note: if a single site has more than one category, indicate the category that represents the majority of damage.)

State of California
California Emergency Management Agency

List of Projects

Disaster Number _____

ARE THERE COST EFFECTIVE HAZARD MITIGATION MEASURES THAT MAY PREVENT FUTURE DAMAGE?

Initial Damage Estimate

Incident: 2014-09-30-CalEOC training

Save | Cancel | Spell Check | Print | PDF

General Information

Jurisdiction

Part I : Private Property (Cumulative Damages)

Property Type	# Destroyed	# Major Damage	# Minor Damage	# Affected	Dollar Loss	Insurance (%)
Homes	0	0	0	0	0	0
Business	0	0	0	0	0	0
Non-Profit Orgs	0	0	0	0	0	0
Outbuildings	0	0	0	0	0	0
Total	0	0	0	0	$0	

Part II : Public Property (Includes eligible non-profit facilities) (Cumulative Damages)

Type of Property	Estimated Dollar Loss	Insured (%)
Category A (Debris Removal)	0	0
Category B (Emergency Protective Measures)	0	0
Category C (Roads and Bridges)	0	0
Category D (Water Control Facilities)	0	0
Category E (Public Buildings and Equipment)	0	0
Category F (Public Utilities)	0	0
Category G (Parks and Recreation Facilities)	0	0
Total	$0	

Part III : Other

Type	Estimate
Unemployed	0
Agricultural Crop	0
Agricultural Physical	0

Additional Information

Additional Comments:

Spell Check | Save | Cancel

Damage Assessment Information Packet

The information in this packet has been assembled to assist local jurisdictions in planning for Damage Assessment, in support of requesting resources from the State and Federal government, when recovery needs are beyond the capabilities at the local level. Damage Assessment is the responsibility of each jurisdiction, and OES will work with whatever process a jurisdiction has in place. These resources are just ***examples*** of ways this information can be collected and consolidated, to answer specific details requested at the State and Federal level, which help build the local case for the need of Individual and Public Assistance.

List of Projects (Cal EMA 95): Can be used to record ***estimated*** emergency costs for local government and special districts, i.e. debris clearance from public roads, disaster related response costs, damage to government facilities, and other eligible Categories of Work. This supports local Emergency Proclamations when requesting ***Public Assistance*** (reimbursement or resources for government) from State/FEMA. http://www.caloes.ca.gov/cal-oes-divisions/recovery/forms

IA Damage Assessment Form – Non-Structural: County OES form to capture non-structural damage assessment information in the field, in Unincorporated San Diego County regarding private property, i.e. homes, businesses, personnel belongings, business inventory. This supports local Emergency Proclamations when requesting ***Individual Assistance*** (low interest loans, disaster housing, etc. for residents and businesses) from the Small Business Administration and FEMA.

IA Damage Report Consolidation Table: County OES table to consolidate contact information and damage assessment details from residents and businesses needed for requesting Individual Assistance resources from the Small Business Administration and FEMA. Table populated from sources including Field Damage Assessment Form – Non-Structural, SDCountyRecovery.com website, reports from impacted cities, etc. SBA has a threshold of a combination of 25 homes and/or businesses with 40% uninsured/underinsured property damage, within a county. FEMA doesn't have a "threshold" for Individual Assistance, but on average in Californina its 800 destroyed/majorly damaged homes. Contact/Location information is needed to keep residents informed of available resources, and facilitate State/Federal Preliminary Damage Assessment site visits to verify damage reported in the IDE.

IDE Board: Cal OES Board on Cal EOC (WebEOC) showing information being requested by Cal OES as part of Initial Damage Estimate (IDE), in support of Local Emergency Proclamations. County OES will be reporting damages to Cal OES based off of reports from cities, special districts, unincorporated county, and potentially tribes.

ATC-20/45 Rapid and Detailed Evaluation Safety Assessment Forms: Sample forms from the Applied Technology Council that can be used or modified by local structural engineers to assist with Structural Damage Assessment. The ATC-20 materials are designed for earthquakes; the ATC-45 materials are designed for windstorms and floods. Both ATC Forms can be used with the "IA Damage Assessment Form Non-Structural" to assess the severity of damage and potential eligibility for Individual Assistance programs. https://www.atcouncil.org/products/downloadable-products/placards

San Diego County OES
Flood – FIELD DAMAGE ASSESSMENT FORM

Non Structural Use Only

1.	**First Name**	
2.	**Last Name**	
3.	**Primary Phone**	
4.	**Alternate Phone**	
5.	**Email Address**	
6.	**Address / Waypoint**	
7.	**Date / Time of Incident**	**(DD / MM)___ / ___ (HH:MM)____:____**
8.	**Relationship to Property** Please check one	☐ Owner ☐ Renter ☐ Property Manager ☐ Concerned Citizen
9.	**Type of Property** Please check all that apply **Year Structure was Built:_____**	☐ Single Family Residence ☐ Apartment ☐ Non-profit Organization ☐ Business ☐ Mobile Home ☐ Travel Trailer ☐ Single-story ☐ Multi-story #_____
10.	**Home-Based Business?** Please check one	☐ Yes ☐ No ☐ N/A
11.	**DAMAGES**	
	Estimated Value of Uninsured Damages to Structure:	**Estimated Pre-disaster Value of Structure:**
	Estimated Value of Uninsured Personal Belongings:	**Estimated Pre-disaster Value of Personal Belongings** (Autos exempt):
12.	**Will Owner's Insurance Cover any Damages?** Please check one	☐ Yes/Amount $_____ and %_____ ☐ No ☐ Unknown
13.	**Type Of Insurance / Additional Living Expenses**	☐ Flood ☐Homeowner's/Renter's ☐ Manufactured ☐ Condo ☐ EQ/SBU/Others

By submitting this application I agree that the above information may be shared with local, State, federal, and tribal agencies, nongovernmental organizations, and utilities for the purpose of assessing total damages in the County resulting from a disaster and facilitating possible recovery assistance.

Signature _____ **Date**_____

EMERGENCY PROCLAMATIONS

A quick reference guide for Local Government

March 2014

General Information about Local Emergency Proclamations

Definition of Local Emergency: "[T]he duly proclaimed existence of conditions of disaster or of extreme peril to the safety of persons and property within the territorial limits of a county, city and county, or city, caused by such conditions as air pollution, fire, flood, storm, epidemic, riot, drought, sudden and severe energy shortage, plant or animal infestation or disease, the Governor's warning of an earthquake or volcanic prediction, or an earthquake, or other conditions, other than conditions resulting from a labor controversy, which are or are likely to be beyond the control of the services, personnel, equipment, and facilities of that political subdivision and require the combined forces of other political subdivisions to combat . . ." (California Government Code (Govt. Code) section 8558 (c)).

Issued by (Govt. Code section 8630(a)):

- Governing body of a city, county, or city and county, or
- An official designated by an ordinance adopted by that governing body (e.g., police/fire chief, director of emergency services).

Purpose (Govt. Code sections 8625 and 8634):

- Authorizes the promulgation of orders and regulations necessary to protect life and property (e.g., special purchasing or emergency contracting).
- Describes the circumstances that exist that may support the need for issuance of a State of Emergency Proclamation and/or Executive Order.
- Supports request for a Director's Concurrence, Governor's Proclamation of a State of Emergency, Executive Order, California Disaster Assistance Act (CDAA) funding, and/or a Presidential Declaration of an Emergency or Major Disaster.*

Deadlines:

- Issuance: Within 10 days after the actual occurrence of a disaster if assistance will be requested through CDAA (Govt. Code section 8685.2).
- Ratification: If issued by official designated by ordinance, must be ratified by governing body within 7 days (Govt. Code section 8630(b)).
- Renewal: Reviewed at least once every 30 days by the governing body until terminated (Govt. Code section 8630(c)).
- Termination: At the earliest possible date that conditions warrant (Govt. Code section 8630(d)).

Notification Process (consistent with the Standardized Emergency Management System (Govt. Code section 8607)):

- Local governments should notify the Operational Area (OA) and provide a copy of the local emergency proclamation as soon as possible.
- OA shall notify Cal OES and provide a copy of the proclamation as soon as possible.
- Cal OES Region will ensure notification to the Cal OES Director and Deputy Directors, and shall be the primary contact between the Cal OES Director, OA, and the local jurisdiction for updates on any requests for assistance.
- Cal OES Director will respond in writing to the local government concerning the status of any requests for assistance included within the local proclamation or accompanying letter.

***Please note**:

When a local government requests a Gubernatorial State of Emergency Proclamation, Director's Concurrence, and/or California Disaster Assistance Act funding, local government should provide information describing local response efforts and identify the specific type and extent of state emergency assistance needed, including regulatory waivers necessary to facilitate the protection of life and property during response efforts.

A local emergency proclamation and/or Governor's proclamation is not a prerequisite for mutual aid assistance, Red Cross assistance, the federal Fire Management Assistance Grant Program, or disaster loan programs designated by the U.S. Small Business Administration or the U.S. Department of Agriculture.

Levels of Disaster Assistance

Director's Concurrence:
Purpose: CDAA authorizes the Cal OES Director, at his or her discretion, to provide financial assistance to repair and restore damaged public facilities and infrastructure.
Deadline: Cal OES must receive a request from local government within 10 days after the actual occurrence of a disaster (Govt. Code section 8685.2).
Supporting Information: Local Emergency Proclamation, Initial Damage Estimate (IDE) prepared in "CalEOC," and a request from the City Mayor or Administrative Officer, or County Board of Supervisors.

Governor's Proclamation of State of Emergency:
Purpose: Provides the Governor with powers authorized by the Emergency Services Act; may authorize the Cal OES Director to provide financial relief under the California Disaster Assistance Act for emergency actions, restoration of public facilities and infrastructure, and hazard mitigation; prerequisite when requesting federal declaration of a major disaster or emergency.
Deadline: Cal OES must receive a request from local government within 10 days after the actual occurrence of a disaster (Govt. Code section 8685.2).
Supporting Information: Local Emergency Proclamation, IDE prepared in "CalEOC," and a request from the City Mayor or Administrative Officer, or County Board of Supervisors.

Presidential Declaration of an Emergency:
Purpose: Supports response activities of the federal, state and local government; authorizes federal agencies to provide "essential" assistance including debris removal, temporary housing and the distribution of medicine, food, and other consumable supplies.
Deadline: Governor must request on behalf of local government within 5 days after the need for federal emergency assistance becomes apparent, but no longer than 30 days after the occurrence of the incident (Title 44 of the Code of Federal Regulations (44 CFR) section 206.35(a)).
Supporting Information: All of the supporting information required above and a Governor's Proclamation, certification by the Governor that the effective response is beyond the capability of the state, confirmation that the Governor has executed the state's emergency plan, information describing the state and local efforts, and identification of the specific type and extent of federal emergency assistance needed.

Presidential Declaration of a Major Disaster:
Purpose: Supports response and recovery activities of the federal, state, and local government and disaster relief organizations; authorizes implementation of some or all federal recovery programs including public assistance, individual assistance and hazard mitigation.
Deadline: Governor must request federal declaration of a major disaster within 30 days of the occurrence of the incident (44 CFR section 206.36(a)).
Supporting Information: All of the supporting information required above, a Governor's Proclamation, certification by the Governor that the effective response is beyond the capability of the state, confirmation that the Governor has executed the state's emergency plan, and identification of the specific type and extent of federal aid required.

SAMPLE PROCLAMATION

WHEREAS, Ordinance No. _____ of the City/County of _____ empowers the Director of Emergency Services* to proclaim the existence or threatened existence of a local emergency when said City/County is affected or likely to be affected by a public calamity and the City Council/County Board of Supervisors is not in session, and;

WHEREAS, the Director of Emergency Services* of the City/County of _____does hereby find; that conditions of extreme peril to the safety of persons and property have arisen within said city/county, caused by _____(fire, flood, storm, mudslides, torrential rain, wind, earthquake, drought, or other causes); which began on the _____th day of _____, 20_____. and;

That these conditions are or are likely to be beyond the control of the services, personnel, equipment, and facilities of said City/County, and;

That the City Council/County Board of Supervisors of the City/County of _____ is not in session and cannot immediately be called into session;

NOW, THEREFORE, IT IS HEREBY PROCLAIMED that a local emergency now exists throughout said City/County, and;

IT IS FURTHER PROCLAIMED AND ORDERED that during the existence of said local emergency the powers, functions, and duties of the emergency organization of this City/County shall be those prescribed by state law, by ordinances, and resolutions of this City/County; and that this emergency proclamation shall expire 7 days after issuance unless confirmed and ratified by the governing body of the City/County of _____.

Dated: _____ By:_____
Director of Emergency Services*

Print Name_____

Address_____

**Insert appropriate title and governing body*

Note: Local governments should provide a description of the local efforts and identification of the specific type and extent of state emergency assistance needed.

Note: It may not be necessary for a city to proclaim a local emergency if the county has already proclaimed an emergency that applies to the entire geographic county area or for a specific area that includes the impacted city or cities.

This guide is not intended to be a legal opinion on the emergency proclamation process and related programs under federal, state, and local law. Local governments should consult their own legal counsel when considering proclaiming a local state of emergency.

First Name	Last Name	Primary Phone	Alt Phone	Email Address	Date	Time	Property Relationship	Address	City	Zip	Property Type	Year Built	Home Business	Uninsured Structure Damage	Structure value	Uninsured Contents Damage	Contents Value	Insurance Covering Anything?	Amount Covering	% Covering	Type of Insurance
John	Smith	555-555-5555	619-555-5555	Johnsmith @johnsmith.com	11/17/2015	1300	Renter	12345 Main St.	Alpine	91901	Manufactured Home	1996	No	15000	75000	8000	9000	No	0	0	Home