

Assessor		Tracking Number (Office Use)	
Phone #		Job Priority	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>
Date			

Assessment - ASH OUT

SOUTHERN BAPTIST DISASTER RELIEF – REGION 3

Arkansas, Texas-TBM, Texas-SBTC, Missouri, Louisiana, Oklahoma, Mississippi

ATTACH THIS FORM TO “PROPERTY OWNER REQUEST FOR ASSISTANCE”

Property Owner	
Work Location	

TYPE OF BUILDING	PROPERTY ACCESS		
<input type="checkbox"/> Primary Home	<input type="checkbox"/> Dirt/Gravel		
<input type="checkbox"/> Mobile Home	<input type="checkbox"/> Paved		
<input type="checkbox"/> Out Building	<input type="checkbox"/> Steep	<input type="checkbox"/> Up Hill	<input type="checkbox"/> Down Hill
<input type="checkbox"/> Other	<input type="checkbox"/> Level		
	<input type="checkbox"/> Other		

FOUNDATION			
<input type="checkbox"/> Slab	<input type="checkbox"/> Basement	<input type="checkbox"/> Pier & Beam	<input type="checkbox"/> Stem Wall
<input type="checkbox"/> Other			

If Basement, Is there Heavy Equipment Access?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Basement Depth	
Are there areas to be sifted?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If “YES, Note locations on “Assessment - Property Area”				
Does Owner want to be present during sifting?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

EQUIPMENT NEEDED		
<input type="checkbox"/> Excavator/Back Hoe	<input type="checkbox"/> Powered Metal	<input type="checkbox"/> Cutting Torch/PPE
<input type="checkbox"/> Heavy Duty Chains	<input type="checkbox"/> Water Buffalo	<input type="checkbox"/> Tractor/Skid Steer
<input type="checkbox"/> Other Equipment		

Dumpsters Required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Dumpsters on Site?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<i>If Dumpster is required, the homeowner is responsible to contract for it.</i>					
If NO, Where will debris be Stacked/Separated?					
Will Ash and Debris need to be sprayed to control Dust?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
If YES, Is there a close by Water Source?	<input type="checkbox"/> YES		<input type="checkbox"/> NO		
Location of Water Source					

HAZARDS	
Electrical	
Other	

Special Instructions (Notes)	

Assessor Instructions:

1. Determine priority based on Special Needs of Owner and work requested. (See Property Owner Request for Assistance and Assessment-Priorities document).
2. Complete “Assessment-Property Area” and attach to Assessment Form.