

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

ASSESSMENT - MUDOUT

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 | | | | | | | | | |
| DAMAGE DESCRIPTION | | | | | | | | | |
| Water Level (inches) | Basement | | 1 st Floor | | Other | | | | |
| Mud/Debris Depth (Inches) | Basement | | 1 st Floor | | Other | | | | |
| Mold Visible? | <input type="checkbox"/> | Basement | <input type="checkbox"/> | 1 st Floor | <input type="checkbox"/> | Other | | | |
| Damaged Area | <input type="checkbox"/> | Foundation | <input type="checkbox"/> | Exterior Walls | <input type="checkbox"/> | Interior Walls | <input type="checkbox"/> | Floors | |
| Number of rooms | Basement: | | 1 st Floor: | | | | | | |
| Water | <input type="checkbox"/> | ON | <input type="checkbox"/> | OFF | Electricity | <input type="checkbox"/> | ON | <input type="checkbox"/> | OFF |
| If Water OFF, Is water available from nearby source? | | | | | | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| Location of Water Source | | | | | | | | | |
| Hazards | | | | | | | | | |
| WORK DESCRIPTION | | | | | | | | | |
| <input type="checkbox"/> | Tear Out | | <input type="checkbox"/> | Power Wash | | <input type="checkbox"/> | Mold Remediation | | |
| <input type="checkbox"/> | Other | | | | | | | | |
| TO BE REMOVED | | | | | | | | | |
| <input type="checkbox"/> | Bathroom Appliances | | <input type="checkbox"/> | Bathroom Cabinets | | <input type="checkbox"/> | Contents(Clothing/Personal Items) | | |
| <input type="checkbox"/> | Debris, Mud, Silt | | <input type="checkbox"/> | Drywall | | <input type="checkbox"/> | Flooring (Basement) | | |
| <input type="checkbox"/> | Flooring (First Floor) | | <input type="checkbox"/> | Furnace | | <input type="checkbox"/> | Furniture | | |
| <input type="checkbox"/> | Insulation | | <input type="checkbox"/> | Kitchen Appliances | | <input type="checkbox"/> | Kitchen Cabinets | | |
| <input type="checkbox"/> | Paneling | | <input type="checkbox"/> | Water Heater | | <input type="checkbox"/> | | | |
| Exceptions: | | | | | | | | | |
| Location for Salvaged Items | | | | | | | | | |
| Dumpster Required? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO | | | | | |
| If NO, Where will debris be Stacked/Separated? | | | | | | | | | |
| If YES, but dumpster unavailable, May debris be Stacked at curb? | | | | | | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If Dumpster required, Homeowner is responsible for contracting for it. | | | | | | | | | |
| Assessor's Comments (Notes) | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Continue on back of form as needed | | | | | | | | | |

Assessor Instructions:

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