

# Site Assessment

<b>Date:</b>	<b>Time:</b>	<b>Site#:</b>	
<b>Type of Occupancy:</b>			
<b>GPS:</b>			
<b># of levels:</b>			
<b>Above ground:</b>			
<b>Below ground:</b>			
<b>Possible # of victims/location:</b>			
<b>Hazards:</b>			
<b>Utilities controlled:</b>			
<b>Electricity</b>	<input type="checkbox"/>	<b>Water</b>	<input type="checkbox"/>
<b>Gas</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/>

# Site Assessment

**Other assets on site:**

**Witness reports/Intel/Notes:**

**Sketch:**