STRUCTURE TRIAGE FORM

1. By:	2. Date:	3. Time

TEAM: _____ STRUCTRUES SPECIALIST: _____ DATE/TIME OF CATASTROPHE: _____

AREA MAP

BLDG. ID: _____	1. ZERO VICTIMS POSSIBLE	(WRITE ZERO)	GO TO NEXT BUILIDNG	
FLOOR AREA: _____	2. POTENTIAL No. OF TRAPPED / 5	(MIN=1 MAX=50)		
No. STORES: _____	3. CONDITION OF VOIDS	1 >VERY COMPACT>>SEPARATE LAYERS>>PARTIAL CALLAPSE>	20	
OCCUPANCY: _____	4. TIME TO GET TO VICTIM	1 > ONE DAY >>>>