New Jersey Office of Emergency Management (NJOEM) - **PRELIMINARY DAMAGE ASSESSMENT (PDA) FORM**

County:	Select One	**Type:**	Select One	**Municipality / Agency / Entity:**		**Date:**	

CONTACT INFORMATION

Name:		**Title:**		**Phone:**		**Extension:**	
Email:							

IDNIVIDUAL ASSISTANCE (IA) – Counties and Municipalities Only

Evacuated (#)	Displaced (#)	Sheltered (#)	Injured (#)	Missing (#)	Deceased (#)	Disaster Related Unemployed Persons (#)

Type of Structure	# Affected	# Minor	# Major	# Destroyed	# Uninhabitable	# Inaccessible	Est. Loss ($)	Insured (%)
Single Family Homes								
Multi-Family Units								
Businesses								
Industrial Units								
Individual Assistance Totals >	0	0	0	0	0	0	$ 0	

PUBLIC ASSISTANCE (PA) – All Entities

Category of Work (A-G)	Estimated Cost ($)	Percentage Work Complete (%)	Insured? (Y/N/Unknown)	Responsibility of another Federal Agency (Y/N/Unknown)
A – Debris Removal			Select One	Select One
Description of Impact: (*e.g. type of debris, cubic yard [CY] quantity, etc.)*				
B – Emergency Protective Measures			Select One	Select One
Description of Impact: (*e.g. brief description, type of work, actions taken, how you estimated, etc.)*				
C – Roads and Bridges			Select One	Select One
Description of Impact: *(e.g. road, bridge, culvert, critical access, gravel, paved, # of sites, etc.)*				
D – Water Control Facilities			Select One	Select One
Description of Impact: *(e.g. dam, reservoir, pump station, canal, levee, channel, etc.)*				
E –Buildings and Equipment			Select One	Select One
Description of Impact: *(e.g. building/vehicle damages, structural damage/collapse, critical facility, # of sites, etc.)*				
F – Utilities			Select One	Select One
Description of Impact: *(e.g. complete/partial/ongoing shutdown, critical function, type of damage, # of sites, etc.)*				
G – Parks, Recreational, and Other Facilities			Select One	Select One
Description of Impact: *(e.g. ballfields, playground equipment, scoreboard, bulkhead, jetty, railroad, docks, etc.)*				
Public Assistance Total ($)	$ 0			

Additional comments: *(If more space is needed, please include a continuation page with your submission).*

Upon completion of this form, please save this document to your computer, and e-mail the completed form to LPPPAU@gw.njsp.org.