

BUSINESS FLOOD LOSS SURVEY

(Personal Interview)

OMB 0710-0001

Expires: 30 November 2012

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BUSINESS FLOOD LOSS SURVEY

Interview date _____

By _____

Firm name _____

Address _____

Type of Business _____

Building type Block/Brick Steel Wood Metal
(Check appropriate block)

Building size _____ feet by _____ feet: = _____ square feet
(Not including basement)

Basement size _____ square feet of finished area

_____ Square feet of unfinished area

Number of floors (including basement, if any) _____

Ground elevation _____

How high in feet and inches did the water from _____ (year) flood get on the inside of this building relative to the first floor of the building?

_____ FEET; _____ INCHES (ABOVE, BELOW) First Floor Level
[CIRCLE]

Please indicate the total replacement value of the following items and the amount of damage you estimate occurred from the (year) flood. (Include only items owned or managed by your business.)

	Replacement Value	(year)Flood Actual Damage or Cost
Damage to Transportation		
Roads, bridges, streets, walks, parking		
Rail beds and tracks		
Rerouting trains, trucks, cars, & buses		
Docks and loading facilities		
Damage to Buildings		
Foundation and supports		
Floors (mark one) ___Steel ___Concrete ___Wood		
Floor covering (mark one) ___Ceramic ___Linoleum ___Carpet		
Exterior walls and insulation (mark one) ___Metal ___Wood ___Block/brick		
Windows		
Interior walls and ceilings		
Doors and moldings		

Damage to Building Utilities Indicate location: B=Basement, G=Ground floor, I=Intermediate floors, R=Roof		
Sewer systems <input type="checkbox"/> Storm <input type="checkbox"/> Industrial <input type="checkbox"/> Sanitary <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Water supply systems <input type="checkbox"/> Treatment <input type="checkbox"/> Pipes <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Water systems <input type="checkbox"/> Hot water <input type="checkbox"/> Softening <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Communications systems <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Electric power transformers <input type="checkbox"/> Pole <input type="checkbox"/> Ground		
Electrical service entrance and meters <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Engines/generators/alternators <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Other Electrical control panels and circuit breakers <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Wiring switches, outlets, lighting <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Fuel supply <input type="checkbox"/> Oil tanks <input type="checkbox"/> Gas pipes/meters <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Heating <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Elect. <input type="checkbox"/> Air <input type="checkbox"/> Water <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		
Air conditioning <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Cool <input type="checkbox"/> Purify <input type="checkbox"/> Dehumidify <input type="checkbox"/> B <input type="checkbox"/> G <input type="checkbox"/> R		

Damage to Equipment, Appliances, and Furniture		
___ Conveyors ___ Elevators ___ Escalators		
Foundry furnaces and welding equipment		
Machine tools and patterns		
Other motors and engines		
Compressors		
Built-in refrigeration units		
Hand and paint tools		
Other equipment		
Display cases, counters, and bins		
Appliances ___ Oven ___ Refrigerators ___ Other _____ _____ _____		
Vehicles kept at this location		
Damage to:		
Parts/raw materials		
Partly assembled/processed product		
Inventory		
General Costs		
Fighting the Flood		
Evacuation ___ Owner ___ Tenant		
Number of employees out of work		
Value of lost wages		
Removal of debris and damaged items		

Disinfecting, other cleaning and rehabilitation		
Replacement of records		
Loss of gross income due to interruption of business		
Loss of net income due to interruption of business		
Increased alternative operating costs		