

DAMAGE ASSESSMENT REPORT

Provincial Emergency Reconstruction / Repairs for _ **Damage House DETAILS OF DISASTER AREA** District: ______ Village: _____ Councilor: _____ Nkosi/Induna: ____ Local Authority: _____ Local Authority Tel No: _____ GPS coordinates Landmark (if GPS coordinates not available) **DETAILS OF CLAIMANT** Surname: First Name: Identity Number: Address: Contact Details: Number of Persons living in dwelling: ______ Type of Tenure: DETAILS OF _____DAMAGE (specify type of damage e.g., storm) Partially damaged Completely damaged Has been repaired To be repaired Date of Damage: **NATURE OF DAMAGES** 1. ROOF Thatch Corrugated Iron Concrete Tiles Remarks: 2. WALLS Wattle & Daub Concrete Blocks Bricks Timber / Corrugated Iron Remarks: Timber Frame Steel Frame 3. WINDOWS Glazing Remarks:



4. DOORS	Exterior Door	Interior Door	Timber / Steel
	Remarks:		
RECOMMENDAT	IONS BY WORKS INSP	ECTOR:	
REMARKS BY W	ORKS INSPECTOR:		
NAME OF WORKS	INSPECTOR:		
SIGNATURE:			DATE: