



# NORTHAMPTON COUNTY

## Department of EMERGENCY MEDICAL SERVICES



### STANDARD OPERATING GUIDELINES

<b>TOPIC:</b> Station Damage Snapshot	<b>SOG #:</b> 2.21.5
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<b>Status:</b> ACTIVE	<b>Written:</b> 11/01/2008
<b>Written by:</b> Maryann B. Fitchett	<b>Revised:</b> 01/01/2013
<b>Approved by:</b> Hollye B. Carpenter	<b>Adopted:</b> 01/01/2013

### PURPOSE

Quick Station Damage Assessment

### SCOPE

EMS Lieutenant

### CONTENT

ARE PERSONNEL INJURED?    YES / NO    (If yes, describe nature of injury and disposition)

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IS STATION HABITABLE?    YES / NO

#### **STATION DAMAGE**

Bay Doors            Yes / No  
 Roof                    Yes / No  
 Windows              Yes / No  
 Exterior Doors        Yes / No

If yes, for either, please explain: \_\_\_\_\_

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#### **UTILITIES OPERATING**

Electricity            Yes / No  
 Sewer/Septic        Yes / No  
 Heat/AC                Yes / No

If no, for either, please explain: \_\_\_\_\_

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#### **COMMUNICATIONS OPERATING**

Telephone            Yes / No    If no, explain: \_\_\_\_\_  
 Base Station        Yes / No    If no, explain: \_\_\_\_\_  
 Mobile Radios        Yes / No    If no, explain: \_\_\_\_\_  
 Portable Radios      Yes / No    If no, explain: \_\_\_\_\_  
 Computers            Yes / No    If no, explain: \_\_\_\_\_  
 Runner Needed        Yes / No

#### **VEHICLE OPERATIONAL STATUS**

Unit 1                    Yes / No    If no, explain: \_\_\_\_\_  
 Unit 2                    Yes / No    If no, explain: \_\_\_\_\_

Station/Shift: \_\_\_\_\_    Completed by: \_\_\_\_\_

Date: \_\_\_\_\_    Time: \_\_\_\_\_