

Preliminary Damage Assessment

Applicant pda forms rev-sept06.xls [Compatibility Mode] - Microsoft Excel

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A2 PDA DATA SHEET

	A	B	C	D	E	F	G	H	I	J	K
1	PDA DATA SHEET										
2	PDA DATA SHEET										
3											
4	Date:										
5	County:										
6	Applicant:										
7	Contact Name/E-mail:										
8	Phone:										
9	Local Inspector (Rep):					E-mail:			Phone:		
10	State Inspector:					E-mail:			Phone:		
11	Federal Inspector:					E-mail:			Phone:		
12											
13	Who Must Complete PDA?					Instructions for PDA forms					
14	Printing					Submitting Forms					
15											
16	Complete this sheet first. The information will automatically enter on each page of the workbook. NOTE: These data cells are not protected on the worksheets. If you need to change this demographic data for a specific category of work, you can do this on the applicable page. Complete each Category of Work page that you need for your damages, the information that is needed on each page is shaded light yellow.										
17	ALL applicants with damages <u>must</u> complete a set of PDA forms for each category of work which they sustained damages. Each local applicant must submit these forms to their county's emergency manager. Each county emergency manager is responsible for submitting all PDAs within their county to the WA Emergency Management Agency (EMD). All state agencies must complete a set of PDA forms for each category of work sustained damages and submit the forms directly to EMD. EMD will total all damages to determine if thresholds are met.										
	When Printing: Text boxes are formatted to word wrap. However, if you enter more information than the cell will show, you will need to adjust the cell's size in order to print all entered information. Print margins are formatted to print all pages as they are currently set.										

Who Must Complete PDA? Instructions for PDA forms
Printing Submitting Forms

Complete this sheet first. The information will automatically enter on each page of the workbook. NOTE: These data cells are not protected on the worksheets. If you need to change this demographic data for a specific category of work, you can do this on the applicable page. Complete each Category of Work page that you need for your damages, the information that is needed on each page is shaded light yellow.

ALL applicants with damages must complete a set of PDA forms for each category of work which they sustained damages. Each local applicant must submit these forms to their county's emergency manager. Each county emergency manager is responsible for submitting all PDAs within their county to the WA Emergency Management Agency (EMD). All state agencies must complete a set of PDA forms for each category of work sustained damages and submit the forms directly to EMD. EMD will total all damages to determine if thresholds are met.

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Datasheet PA-1 PDA SUMMARY PA-2 CAT A PA-2 CAT B PA-2 CAT C PA-2 CAT D PA-2 CAT E PA-2 CAT F

Fill out the information at the top of the sheet.

You don't need to fill out Local inspector, State Inspector, or Federal Inspector.

Be sure to include a contact name, email, and phone number.

Notice that there are tabs along the bottom. When you first open the file, if the PDA workbook is not on the datasheet spreadsheet, click on the datasheet tab.

This form is usually used after a disaster occurs, but before a Presidential Declaration. It provides data for the State to use in potentially obtaining a Declaration. The PDA form is sent as an Excel Worksheet via email ([PA Contacts](#)) or you can locate it on our [website](#).

You should save a copy of the PDA forms workbook on your computer and then complete the forms on your saved copy. The forms cannot be completed online.

The **Datasheet** should be filled out first, as it auto populates your information on the other sheets.

Now click on **PA-1 PDA Summary**. Notice that the top has been filled in for you when the Datasheet was completed. Complete the PA-1 PDA Summary as the diagram displays below.

FEDERAL EMERGENCY MANAGEMENT AGENCY										DATE
PRELIMINARY DAMAGE ASSESSMENT SUMMARY REPORT										
PART I - APPLICANT / INSPECTOR INFORMATION										
COUNTY	APPLICANT				APPLICANT CONTACT / E-MAIL					
Pierce	Pierce County				Sam Whosit s.whosit@somewhere					
INSPECTORS/AGENCY:										E-MAIL
Local	0									0
State	0									0
Federal	0									0
PART II - BUDGET & COST ESTIMATE SUMMARY (Complete Category Pages First THIS IS REQUIRED)										
POPULATION		TOTAL BUDGET			MAINTENANCE BUDGET			DATE FY BEGINS		
		Approved	Balance		Approved	Balance				
CATE-GORY	NO. OF SITES	TYPES OF DAMAGE			TOTAL CATEGORY ESTIMATE - APPLICANT	TOTAL CATEGORY ESTIMATE - TEAM	POTENTIAL LOCAL FUNDS AVAILABLE			
A		Debris Clearance			\$0	\$0				
B		Protective Measures			\$0	\$0				
C		Road Systems				\$0				
D		Water Control				\$0				
E		Public Building				\$0				
F		Public Utilities				\$0				
G		Parks/Other				\$0				
					\$0	\$0	TOTAL \$0			
Damage Cost Estimate - Corps of Engineers=		\$ -			Damage Cost Estimate - NRCS=			\$ -		
Damage Cost Estimate - FHWA=		\$ -			NRCS = National Resource Conservation Service			FHWA = Federal Highway Administration		
PART III - OVERALL DISASTER IMPACT (Use Additional Sheets if Necessary) THIS IS REQUIRED INFORMATION.										
A. GENERAL IMPACT:										
1. Identify and describe the damages that constitute a health and/or safety hazard to the general public.										
2. Describe the population adversely affected directly or indirectly by the loss of or the damage to these public facilities.										

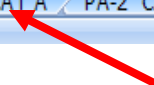
Fill in this section with your population, budget information, and the month your fiscal year starts (January, July, or October).

Fill in the Federal Funds for disaster recovery available to you from the Corp of Engineers, Federal Highway Administration, and National Resource Conservation Service.

Next, scroll down to Part III – Overall Disaster Impact. Complete this required section, if you need additional room, please use another sheet.

26	PART III - OVERALL DISASTER IMPACT (Use Additional Sheets if Necessary) THIS IS REQUIRED INFORMATION.
27	A. GENERAL IMPACT:
28	1. Identify and describe the damages that constitute a health and/or safety hazard to the general public.
29	
30	
31	
32	2. Describe the population adversely affected directly or indirectly by the loss of or the damage to these public facilities.
33	
34	
35	
36	3. What economic activities are adversely affected by the loss of the public facilities or the damage to the facilities?
37	
38	
39	
40	B. RESPONSE CAPABILITY:
41	1. Describe how the applicant intends to repair the damage and the schedule to accomplish the work.
42	
43	
44	2. Describe the source and availability of funds to accomplish the repairs.
45	
46	
47	3. How quickly can the damages be repaired without degradation of public services?
48	
49	
50	C. IMPACT ON PUBLIC SERVICES IF A DECLARATION IS NOT MADE: (e.g., Defer permanent repairs, impact ongoing services, improvements, etc.)
51	
52	
53	
54	
55	

Ready | Datasheet | PA-1 PDA SUMMARY | PA-2 CAT A | PA-2 CAT B | PA-2 CAT C | PA-2 CAT D | PA-2 CAT E | PA-2 CAT F



Next click on and complete appropriate category spreadsheets to represent your damages as thoroughly as possible.

Categories of Work

[For a more detailed category of work list click this link.](#)

The text in the () below indicates the spreadsheet tab name —Click on the appropriate tab of the PDA form to enter your damage.

Emergency Work

- A. Debris Removal (PA-2 CAT A)
- B. Emergency Protective Measures (PA-2 CAT B)

Permanent Work

- C. Roads and bridges including auxiliary structures, lighting, signage (PA-2 CAT C)
- D. Water Control Facilities (PA-2 CAT D)
- E. Buildings (including contents) and Equipment (PA-2 CAT E)
- F. Utilities including water treatment plants, power generation, sewage collection, and communications (PA-2 CAT F)
- G. Parks, Recreational, and Other (PA-2 CAT G)

These category spreadsheets are where you will actually enter your damages—every category spreadsheet looks the same except for the type of category listing (i.e. A, B...G.). Notice that the information from the Datasheet is auto populated on each category sheet. Complete this form, as thoroughly as possible, see the diagrams below for further explanation.

FEDERAL EMERGENCY MANAGEMENT AGENCY														DATE	
PRELIMINARY DAMAGE ASSESSMENT ESTIMATES - CATEGORY C SITES														1/15/10	
PART I - APPLICANT / INSPECTOR INFORMATION - (REQUIRED INFORMATION)															
COUNTY		APPLICANT			APPLICANT CONTACT / E-MAIL					PHONE					
Pierce		Pierce County			Sam Whosit s.whosit@somewhere.gov					253-555-5555					
TEAM MEMBERS/AGENCY						E-MAIL			PHONE						
Local 0						0			0						
State 0						0			0						
Federal 0						0			0						
KEY FOR DAMAGE CATEGORY (Use separate sheets as necessary for each category)															
A. DEBRIS REMOVAL															
B. PROTECTIVE MEASURES															
C. ROADS AND BRIDGES (Indicate On/Off Roads)															
SITE INFORMATION														APPLICANT:	
SITE NO.	APP ID NO.	LOCATION (Use map location, address, etc.)											LAT	LONG	
1															
DESCRIPTION OF DAMAGE															
IMPACT TO JURISDICTION															
TEAM COMMENTS															

This is your reference number to help you identify your damage sites.

Enter address, map location, city wide district wide etc. in location cell.

Enter description of damage. This could be as simple as citywide debris removal of woody flood debris. Be as specific as you can and include dimensions, type, make, etc.

Enter Latitude and Longitude.

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PRELIMINARY DAMAGE ASSESSMENT ESTIMATES - CATEGORY C SITES														1/15/10			
PART I - APPLICANT / INSPECTOR INFORMATION - (REQUIRED INFORMATION)																	
COUNTY		APPLICANT			APPLICANT CONTACT / E-MAIL					PHONE							
Pierce		Pierce County			Sam Whosit s.whosit@somewhere.gov					253-555-5555							
TEAM MEMBERS/AGENCY						E-MAIL			PHONE								
Local 0						0			0								
State 0						0			0								
Federal 0						0			0								
PART II - SITE INFORMATION (Use separate sheets as necessary for each category)																	
KEY FOR DAMAGE CATEGORY (Use separate sheets as necessary for each category)																	
A. DEBRIS REMOVAL																	
B. PROTECTIVE MEASURES																	
C. ROADS AND BRIDGES (Indicate On/Off Roads)																	
SITE INFORMATION														APPLICANT:			
SITE NO.	APP ID NO.	LOCATION (Use map location, address, etc.)											LAT	LONG			
1																	
DESCRIPTION OF DAMAGE																	
IMPACT TO JURISDICTION														IMPACTED DEPARTMENT			
														% Complete			
TEAM COMMENTS														COST ESTIMATE-APPLICANT		COST ESTIMATE-TEAM	

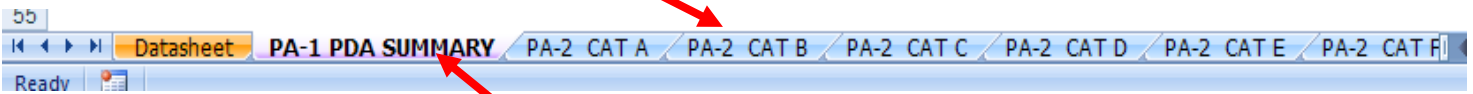
Enter impact to your jurisdiction, such as road blocking only access to hospital.

Enter impacted department such as Public Works.

Enter percentage of work completed.

Enter your estimate of costs to repair to pre-disaster function and capability.

When finished entering all of your damages in one category, click on another appropriate category tab to continue entering your damages.



When you have finished entering all damages for all applicable categories, click on the **PA-1 PDA Summary**.

CATE-GORY		NO. OF SITES	TYPES OF DAMAGE	TOTAL CATEGORY ESTIMATE - APPLICANT	TOTAL CATEGORY ESTIMATE - TEAM	POTENTIAL LOCAL FUNDS AVAILABLE
A			Debris Clearance	\$37,000	\$0	
B			Protective Measures	\$2,500	\$0	
C			Road Systems	\$1,000,000	\$0	
D			Water Control Facilities	\$0	\$0	
E			Public Buildings and Equipment	\$0	\$0	
F			Public Utilities	\$2,000,000	\$0	
G			Parks/Other	\$3,099,500	\$0	
TOTAL				\$0	\$0	\$0

Notice that the total for each category carries over to the summary and is automatically calculated

Fill in the number of sites for each category

What do you do with the PDA form once all damages have been recorded?

If counties have a large jurisdiction with multiple departments, they may find it helpful to utilize the last spreadsheet. The spreadsheet tab is labeled **PDA-4 PDA Totals – Jurisdiction**.

All Non-County Applicants/Jurisdictions		APPLICANT: Pierce County						
PUBLIC ASSISTANCE DAMAGE ASSESSMENT								
DAMAGE CATEGORIES - BY APPLICANT'S DEPARTMENT								
DEPARTMENT NAME	A	B	C	D	E	F	G	DEPARTMENT TOTAL
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
								\$ -
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CATEGORY TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	TOTAL \$ -