

A procedure for field-survey of flood damage data

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Online resource 1: Form for data collection to be implemented in the procedure

Notes:

Three different colours are used in the form:

- Black: for pre-compiled fields
- Blue: for fields to be filled in during survey
- Red: for fields to be filled in after the survey, also on the basis of other sources. In the final version of the form (that will be filled in by collectors during survey) such fields will be deleted but still be present in the database.

Province I.D. |_|_|_|
 Municipality I.D. |_|_|_|
 Municipality |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|
 Form I.D. |_|_|_|_|_|_|_|
 Date |_|_| |_|_| |_|_|

SECTION 1 – SURVEY DATA		Data	Notes	Guidelines
Conditions for survey		Team I.D. _ _ Collector I.D. _ _ _ _ <input type="checkbox"/> Support by private citizen Name: _____ Surname: _____ Tel./e-mail: _____ Function: <input type="checkbox"/> Owner <input type="checkbox"/> Tenant <input type="checkbox"/> Other _____		Supply information on collector and their team. Indicate whether support by private citizen was supplied during the survey. If so, indicate personal details of the citizen, a telephone number/e-mail address and their function, being the owner, the tenant or other (e.g. neighbour, volunteer, etc.)
SECTION 2– BUILDING LOCATION		Data	Notes	Guidelines
Geographic coordinates (Datum WGS84, Format DMS)	_ _ ° _ _ ' _ _ _ " N _ _ ° _ _ ' _ _ _ " E	_ _ ° _ _ ' _ _ _ " N _ _ ° _ _ ' _ _ _ " E		Validate geographic coordinates. Use the WGS84 datum, DMS (Degree Minutes Seconds) format. If other datum/format is used, please specify in "Notes".
Cadastral coordinate	Sheet I.D. _ _ _ Particle I.D. _ _ _ _			

Address	<input type="checkbox"/> street <input type="checkbox"/> avenue <input type="checkbox"/> square Other _____ Number _ _ _	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed <input type="checkbox"/> street <input type="checkbox"/> avenue <input type="checkbox"/> square Other _____ Number _ _ _		When data are not confirmed, update the information.
SECTION 3 – BUILDING FEATURES		Data	Notes	Guidelines
Building typology	<input type="checkbox"/> Detached house <input type="checkbox"/> Apartment house/semi-detached house Number of housing units _ _ _ <input type="checkbox"/> presence of attached buildings <input type="checkbox"/> public building Specify_____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed <input type="checkbox"/> Detached house <input type="checkbox"/> Apartment house/semi-detached house Number of housing units _ _ _ <input type="checkbox"/> presence of attached buildings <input type="checkbox"/> public building Specify_____		When data are not confirmed, update the information. Specify building typology and whether attached buildings are present. In the case of apartment house/semi-detached house, indicate the number of housing units.
Surface		Width _ _ _ _ m Length _ _ _ _ m		
Number of storeys (excluding basement)	_ _ N°	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed _ _ N°		When data are not confirmed, update the information. Indicate the number of storeys, excluding basement.

Presence of basement	<input type="checkbox"/> No <input type="checkbox"/> Yes _ _ N°	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed <input type="checkbox"/> No <input type="checkbox"/> Yes _ _ N° <input type="checkbox"/> Basement windows		<p>When data are not confirmed, update the information.</p> <p>Indicate the number of storeys below the ground level and whether basement windows are present.</p>
Open space		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Court <input type="checkbox"/> Garden <input type="checkbox"/> Other _____		
Period of construction	<input type="checkbox"/> before 1945 <input type="checkbox"/> 1945-1991 <input type="checkbox"/> 1991-2007 <input type="checkbox"/> after 2007	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed <input type="checkbox"/> before 1945 <input type="checkbox"/> 1945-1991 <input type="checkbox"/> 1991-2007 <input type="checkbox"/> after 2007 <input type="checkbox"/> restoration within last 20 years		<p>When data are not confirmed, update the information.</p> <p>Besides age, indicate whether evidence of restoration (within the last 20 years) is present.</p>
Building structure		<input type="checkbox"/> Masonry <input type="checkbox"/> Concrete <input type="checkbox"/> Steel <input type="checkbox"/> Wood <input type="checkbox"/> Other _____		<p>When the building is made up of parts with different structure, please specify in "Notes".</p>

Level maintenance	of	<input type="checkbox"/> Good <input type="checkbox"/> Regular <input type="checkbox"/> Bad		<p>The level of maintenance is to be considered “bad” if, before the flood:</p> <ul style="list-style-type: none"> • pavements were lacking or severely damaged (more than 20% of the total surface); • cover/plaster was lacking or severely damaged (more than 10% of the total surface); • walls were severely damaged; • more than one external openings was lacking or in bad condition; • the electric and plumbing systems were not designed/built according to the law. <p>When openings, pavements, cover/plaster and roof were new/preciousness and systems were functioning, the level of maintenance is to be considered “good”. Otherwise, the level of maintenance is to be considered “regular”.</p>
SECTION 4 – DESCRIPTION OF FLOOD EVENT		Data	Notes	Guidelines
Duration		<p>Beginning:</p> <p>Hour </p> <p>Date </p> <p>End:</p> <p>Hour </p> <p>Date </p> <p>Peak of water depth:</p> <p>Hour </p> <p>Date </p>		<p>Event beginning and end refer to the period of time in which water was inside the building. Please use the following format:</p> <ul style="list-style-type: none"> • “hh mm” for hour • “dd mm yy” for date

<p>Water depth outside the building</p>		<p>SURVEY POINT:</p> <p>Description: _____</p> <p>_____</p> <p>Water depth _ _ _ cm</p> <p>Altitude _ _ _ _ m</p> <p>REFERENCE PLANE:</p> <p>Description: _____</p> <p>_____</p> <p>Altitude _ _ _ _ m</p>		<p>Attach photos in order to univocally identify the survey point and the reference plan</p>
<p>Water depth outside attached buildings</p>		<p>SURVEY POINT:</p> <p>Description: _____</p> <p>_____</p> <p>Water depth _ _ _ cm</p> <p>Altitude _ _ _ _ m</p> <p>REFERENCE PLANE:</p> <p>Description: _____</p> <p>_____</p> <p>Altitude _ _ _ _ m</p>		<p>Attach photos in order to univocally identify the survey point and the reference plane</p>

Presence of sediments		<input type="checkbox"/> Yes <input type="checkbox"/> No Type of sediment: <input type="checkbox"/> fine sediments <input type="checkbox"/> garbage <input type="checkbox"/> coarse sediments <input type="checkbox"/> vegetation/wood <input type="checkbox"/> Other _____		
Presence of contaminants		<input type="checkbox"/> Yes <input type="checkbox"/> No Type(s) of contaminant(s): _____		

SECTION 5 – DAMAGE TO HOUSING UNIT (TO REPEAT FOR EVERY HOUSING UNIT)

Section 5A- unit features		Data	Notes	Guidelines
Owner	Name: _____ Surname: _____ Place of birth: _____ Date of birth: _ _ _ _ _ _ Address: _____ _____	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed Name: _____ Surname: _____ Place of birth: _____ Date of birth: _ _ _ _ _ _ Address: _____ _____		When data are not confirmed, update the information. In the case of more than one owner, please specify it in “notes” along with data of further owners.
Cadastral coordinates	Sub-Particle _ _ _			
Surface		_ _ _ _ m ²		

Number of storeys (excluding basement)		_ _ N°		Indicate the number of storeys, excluding basement.
Presence of basement		<input type="checkbox"/> No <input type="checkbox"/> Yes _ _ N° <input type="checkbox"/> Basement windows Surface _ _ _ _ m ²		Indicate the number of storeys below the ground level and whether basement windows are present. Indicate the surface of every storey, pertaining to the housing unit. In the case of more than one storey, supply single floor information in "Notes".
Elevation of ground floor			_ _ _ cm	Elevation of the ground floor with respect to the ground level, in front of the building. If the ground level is irregular, please specify it in "Notes".
Section 5B- Direct damage		Data	Notes	Guidelines
Flooded storeys		<input type="checkbox"/> Basement Use: <input type="checkbox"/> box <input type="checkbox"/> cellar <input type="checkbox"/> housing <input type="checkbox"/> storage <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems pertaining to unit: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> Ground floor		Indicate which storeys were flooded and their use. Indicate whether technological systems are present, for every storey.

		<p>Use:</p> <p><input type="checkbox"/> commercial <input type="checkbox"/> housing</p> <p><input type="checkbox"/> not in use</p> <p><input type="checkbox"/> under construction/restoration</p> <p><input type="checkbox"/> Other _____</p> <p>Technological systems pertaining to unit:</p> <p><input type="checkbox"/> plumbing system</p> <p><input type="checkbox"/> electrical system</p> <p><input type="checkbox"/> heating system</p> <p><input type="checkbox"/> upper floors</p> <p>Use:</p> <p><input type="checkbox"/> commercial <input type="checkbox"/> housing</p> <p><input type="checkbox"/> mansard</p> <p><input type="checkbox"/> not in use</p> <p><input type="checkbox"/> under construction/restoration</p> <p><input type="checkbox"/> Other _____</p> <p>Technological systems pertaining to unit:</p> <p><input type="checkbox"/> plumbing system</p> <p><input type="checkbox"/> electrical system</p> <p><input type="checkbox"/> heating system</p>		
<p>Maximum water depth inside buildings</p>		<p>Basement cm</p> <p>Ground floor cm</p> <p>Upper floors cm</p>		<p>Data refer to maximum water depth inside the building, during the whole flood event.</p>

DAMAGE TO STRUCTURE – Concrete/Steel buildings

Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No											Specify, for each degree of damage severity, the portion of the affected elements with respect to the total elements in the unit. Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible. Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.	
		Light Damage			Medium Damage			Severe Damage					
Causes of collapse		Evidence of: <input type="checkbox"/> collapse of external cladding Cladding without damage to structural elements <input type="checkbox"/> severe damage to structural elements (pillars and girders) without building collapse <input type="checkbox"/> severe damage/collapse to/of building structure <input type="checkbox"/> severe damage to foundations	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3		
			Pillars	Cladding	Floor	Stairs	Roof	Partitions	Foundations				

		without building collapse <input type="checkbox"/> severe damage to foundations and building collapse <input type="checkbox"/> building displacement <input type="checkbox"/> building rotation		
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DAMAGE TO STRUCTURE – Masonry/Wood buildings

Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		Light Damage			Medium Damage			Severe Damage		
		<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3
	Vertical structures									
	Floors									
	Stairs									
	Roof									
	Partitions									
Foundations										

Specify, for each degree of damage severity, the portion of affected elements with respect to total elements in the unit.

Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects

Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible.

Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.

Causes of collapse		Evidence of: <input type="checkbox"/> severe damage/collapse of ground wall because of flood wave without building collapse		
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				incurred costs must be considered as "clean-up cost".
		LLLLLLLLLLLLLLLL €		Specify the economic value of damage.
Damage to technological systems		<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> lift <input type="checkbox"/> Other _____		
		LLLLLLLLLLLLLLLL €		Specify the economic value of damage.
Damage to structure - Total		LLLLLLLLLLLLLLLL €		Specify the economic value of damage, as the sum of previous headings.
DAMAGE TO CONTENTS				
Damage to furniture		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		LLLLLLLLLLLLLLLL €		Specify the economic value of damage.
Damage to household appliances		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ _____		
		LLLLLLLLLLLLLLLL €		Specify the economic value of damage.
Other		Specify: _____ _____		

		LLLLLLLLL_ _ LLLLLL €		Specify the economic value of damage.
Damage to contents - Total		LLLLLLLLL_ _ LLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Direct damage - Total		LLLLLLLLL_ _ LLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Section 5C- Indirect damage		Data	Notes	Guidelines
Lack of Usability		<input type="checkbox"/> Yes <input type="checkbox"/> No Duration L L L L days Causes _____ _____		
Clean-up costs		<input type="checkbox"/> Yes <input type="checkbox"/> No		Clean-up costs relate, for example, to the following activities: cleaning, debris removal, clearing, etc.
		<input type="checkbox"/> private work LLLLLLLLL_ _ LLLLLL € LLLLLLLLL_ _ L days/person <input type="checkbox"/> public work		Indicate if clean-up was done by private citizens or local authorities. In the first case, please specify incurred costs or required job (in terms of days/person).
Section 5D- Mitigation factors		Data	Notes	Guidelines
Mitigation actions		<input type="checkbox"/> None <input type="checkbox"/> Suction pumps <input type="checkbox"/> Shields <input type="checkbox"/> Moving objects at upper floors		

		<input type="checkbox"/> Power interruption / switching off <input type="checkbox"/> Evacuation <input type="checkbox"/> Other _____ Time: Hour _ _ _ _ Date _ _ _ _ _ _ Motivation: _____ _____ _____		
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SECTION 6 – DAMAGE TO COMMON AREAS (To fill in only in the case of apartments house/semi-detached house)

Section 6A- Common areas features		Data	Notes	Guidelines
Presence of basement		<input type="checkbox"/> No <input type="checkbox"/> Yes _ _ N° <input type="checkbox"/> Basement windows Surface _ _ _ _ m ²		<p>Indicate the number of storeys below the ground level and whether basement windows are present.</p> <p>Indicate the surface of every storey, common to all housing units. In the case of more than one storey, supply single floor information in “Notes”.</p>
Elevation of ground floor		_ _ _ cm		Elevation of the ground floor with respect to the ground level, in front of the building. If ground level is irregular, please specify in “Notes”.
Section 6B- Direct damage		Data	Notes	Guidelines
Flooded storeys		<input type="checkbox"/> Basement Use: <input type="checkbox"/> box <input type="checkbox"/> cellar <input type="checkbox"/> not in use		<p>Indicate which storeys were flooded and their use.</p> <p>Indicate whether technological systems are present, for every storey.</p>

		<input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems common to all units: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> Ground floor Use: <input type="checkbox"/> porter's lodge/lobby <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems common to all units: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> upper floors Use: <input type="checkbox"/> lobby <input type="checkbox"/> mansard <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems common to all units:		
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		<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system	
Maximum water depth inside buildings		Basement L L L cm Ground floor L L L cm Upper floors L L L cm	Data refer to maximum water depth inside the building, during the whole flood event.

DAMAGE TO STRUCTURE – Concrete/Steel buildings

Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No									
		Light Damage			Medium Damage			Severe Damage		
		<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3
	Pillars									
	Cladding									
	Floor									
	Stairs									
	Roof									
	Partitions									
Foundations										
Causes of collapse	Evidence of: <input type="checkbox"/> collapse of external cladding without damage to structural elements									
Specify, for each degree of damage severity, the portion of affected elements with respect to total elements in the common area. Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible. Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.										

		<input type="checkbox"/> severe damage to structural elements (pillars and girders) without building collapse <input type="checkbox"/> severe damage/collapse to/of building structure <input type="checkbox"/> severe damage to foundations without building collapse <input type="checkbox"/> severe damage to foundations and building collapse <input type="checkbox"/> building displacement <input type="checkbox"/> building rotation		
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DAMAGE TO STRUCTURE – Masonry/Wood buildings

Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No										Specify, for each degree of damage severity, the portion of affected elements with respect to total elements in the common area. Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible. Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.
		Light Damage			Medium Damage			Severe Damage			
		<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	
	Vertical structures										
	Floors										
	Stairs										
	Roof										
	Partitions										
Foundations											

Causes of collapse		Evidence of: <ul style="list-style-type: none"> <input type="checkbox"/> severe damage/collapse of ground wall because of flood wave without building collapse <input type="checkbox"/> severe damage/collapse to/of building structure <input type="checkbox"/> severe damage to foundations without building collapse <input type="checkbox"/> severe damage to foundations and building collapse <input type="checkbox"/> building displacement <input type="checkbox"/> building rotation 		
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ €		Specify the economic value of damage.
Damage to coating/plaster		<input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ damaged surface [m ²]		
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ €		Specify the economic value of damage.
Damage to doors and windows		<input type="checkbox"/> Yes <input type="checkbox"/> No N° of damaged doors _ _ _ _ _ _ damaged surface [m ²] N° of damaged windows _ _ _ _ _ _ damaged surface [m ²]		Windows/doors are “damaged” if they need to be fixed/replaced. On the contrary, incurred costs must be considered as “clean-up cost”.

		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage.
Damage to floors		<input type="checkbox"/> Yes <input type="checkbox"/> No L L L L L damaged surface [m ²]		Pavements are “damaged” if they need to be fixed/replaced. On the contrary, incurred costs must be considered as “clean-up cost”.
		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage.
Damage to technological systems		<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> lift <input type="checkbox"/> Other _____		
		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage.
Damage to structure - Total		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage, as the sum of previous headings.
DAMAGE TO CONTENTS				
Damage to furniture		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage.
Other		Specify: _____ _____		
		<p>LLLLLLLLLLLLLLLL €</p>		Specify the economic value of damage.

Damage to contents - Total		LLLLLLLLLLLLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Direct damage - Total		LLLLLLLLLLLLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Section 6C- Indirect damage		Data	Notes	Guidelines
Lack of Usability		<input type="checkbox"/> Yes <input type="checkbox"/> No Duration LLLLLL days Causes _____ _____		
Clean-up costs		<input type="checkbox"/> Yes <input type="checkbox"/> No		Clean-up costs relate, for example, to the following activities: cleaning, debris removal, clearing, etc.
		<input type="checkbox"/> private work LLLLLLLLLLLLLLLL € LLLLLLLLLLLLL days/person <input type="checkbox"/> public work		Indicate if clean-up was done by private citizens or local authorities. In the first case, please specify incurred costs or required job (in terms of days/person).
Section 6D- Mitigation factors		Data	Notes	Guidelines
Mitigation actions		<input type="checkbox"/> None <input type="checkbox"/> Suction pumps <input type="checkbox"/> Retaining walls <input type="checkbox"/> Moving objects at upper floors <input type="checkbox"/> Power interruption / switching off <input type="checkbox"/> Evacuation		

		<input type="checkbox"/> Other _____ Time: Hour __ __ Date __ __ __ Motivation: _____ _____ _____		
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SECTION 7 – DAMAGE TO ATTACHED BUILDINGS (TO REPEAT FOR ANY ATTACHED BUILDNG)

Section 7A- features of attached building		Data	Notes	Guidelines
Owner	Name: _____ Surname: _____ Place of birth: _____ Date of birth: _ _ _ _ _ _ Address: _____ _____ <input type="checkbox"/> Common property	<input type="checkbox"/> Confirmed <input type="checkbox"/> Not Confirmed Name: _____ Surname: _____ Place of birth: _____ Date of birth: _ _ _ _ _ _ Address: _____ _____ <input type="checkbox"/> Common property		When data are not confirmed, update the information. In the case of more than one owner, please specify it in “notes” along with data of further owners.
Cadastral coordinates	Sub-Particle _ _ _			
Surface		_ _ _ _ m ²		
Number of storeys (excepting basement)		_ _ N°		Indicate the number of storeys, excluding basement.

Presence of basement		<input type="checkbox"/> No <input type="checkbox"/> Yes _ _ N° <input type="checkbox"/> Basement windows Surface _ _ _ _ m ²		<p>Indicate the number of storeys below the ground level and whether basement windows are present.</p> <p>Indicate the surface of every storey, pertaining to the building. In the case of more than one storey, supply single floor information in "Notes".</p>
Elevation of ground floor		_ _ _ cm		<p>Elevation of the ground floor with respect to the ground level, in front of the building. If ground level is irregular, please specify it in "Notes".</p>
Section 7B- Direct damage		Data	Notes	Guidelines
Flooded storeys		<input type="checkbox"/> Basement Use: <input type="checkbox"/> box <input type="checkbox"/> storage <input type="checkbox"/> poultry house/stable <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems pertaining to attached building: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> Ground floor Use: <input type="checkbox"/> box <input type="checkbox"/> storage <input type="checkbox"/> poultry house/stable		<p>Indicate which storeys were flooded and their use.</p> <p>Indicate whether technological systems are present, for every storey.</p>

		<input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems pertaining to attached building: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> upper floors Use: <input type="checkbox"/> storage <input type="checkbox"/> poultry house/stable <input type="checkbox"/> not in use <input type="checkbox"/> under construction/restoration <input type="checkbox"/> Other _____ Technological systems pertaining to attached building: <input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system		
Maximum water depth inside buildings		Basement _ _ cm Ground floor _ _ cm Upper floors _ _ cm		Data refer to maximum water depth inside the building, during the whole flood event.
DAMAGE TO STRUCTURE – Concrete/Steel buildings				

<p>Structural damage</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <table border="1"> <thead> <tr> <th></th> <th colspan="3">Light Damage</th> <th colspan="3">Medium Damage</th> <th colspan="3">Severe Damage</th> </tr> <tr> <th></th> <th><1/3</th> <th>1/3-2/3</th> <th>>2/3</th> <th><1/3</th> <th>1/3-2/3</th> <th>>2/3</th> <th><1/3</th> <th>1/3-2/3</th> <th>>2/3</th> </tr> </thead> <tbody> <tr> <td>Pillars</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Cladding</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Floor</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Stairs</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Roof</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Partitions</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td>Foundatiosn</td> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>		Light Damage			Medium Damage			Severe Damage				<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	<1/3	1/3-2/3	>2/3	Pillars										Cladding										Floor										Stairs										Roof										Partitions										Foundatiosn											<p>Specify, for each degree of damage severity, the portion of affected elements with respect to total elements in the building.</p> <p>Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects</p> <p>Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible.</p> <p>Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.</p>
	Light Damage			Medium Damage			Severe Damage																																																																																						
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Cladding																																																																																													
Floor																																																																																													
Stairs																																																																																													
Roof																																																																																													
Partitions																																																																																													
Foundatiosn																																																																																													
<p>Causes of collapse</p>	<p>Significant presence of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> collapse of external cladding without damage to structural elements <input type="checkbox"/> severe damage to structural elements (pillars and beams) without building collapse <input type="checkbox"/> severe damage/collapse to/of building structure <input type="checkbox"/> severe damage to foundations without building collapse <input type="checkbox"/> severe damage to foundations 																																																																																												

		<ul style="list-style-type: none"> and building collapse <input type="checkbox"/> building displacement <input type="checkbox"/> building rotation 		
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DAMAGE TO STRUCTURE – Masonry/Wood buildings

Structural damage	<input type="checkbox"/> Yes <input type="checkbox"/> No									<p>Specify, for each degree of damage severity, the portion of affected elements with respect to total elements in the building.</p> <p>Damage is to be considered “light” when the strength of the element is not compromised, there is no danger for occupants because of collapse /fallen objects</p> <p>Damage is to be considered “medium” when the strength of the element could be compromised, leading to its collapse. Falling objects are possible.</p> <p>Damage is to be considered “severe” when the strength of the element is compromised and collapse occurred/is likely.</p>	
		Light Damage			Medium Damage			Severe Damage			
		$<1/3$	$1/3-2/3$	$>2/3$	$<1/3$	$1/3-2/3$	$>2/3$	$<1/3$	$1/3-2/3$		$>2/3$
	Vertical structures										
	Floors										
	Stairs										
	Roof										
	Partitions										
Foundations											
Causes of collapse	<p>Significant presence of:</p> <ul style="list-style-type: none"> <input type="checkbox"/> severe damage/collapse of ground wall because of flood wave without building collapse <input type="checkbox"/> severe damage/collapse to/of building structure 										

		<input type="checkbox"/> severe damage to foundations without building collapse <input type="checkbox"/> severe damage to foundation and building collapse <input type="checkbox"/> building displacement <input type="checkbox"/> building rotation		
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €		Specify the economic value of damage.
Damage to coating/plaster		<input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ damaged surface [m ²]		
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €		Specify the economic value of damage.
Damage to doors and windows		<input type="checkbox"/> Yes <input type="checkbox"/> No N° of damaged doors _ _ _ _ _ _ damaged surface [m ²] N° of damaged windows _ _ _ _ _ _ damaged surface [m ²]		Windows/doors are “damaged” if they need to be fixed/replaced. On the contrary, incurred costs must be considered as “clean-up cost”.
		_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €		Specify the economic value of damage.
Damage to floors		<input type="checkbox"/> Yes <input type="checkbox"/> No _ _ _ _ damaged surface [m ²]		Pavements are “damaged” if they need to be fixed/replaced. On the contrary, incurred costs must be considered as “clean-up cost”.

		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage.
Damage to technological systems		<input type="checkbox"/> plumbing system <input type="checkbox"/> electrical system <input type="checkbox"/> heating system <input type="checkbox"/> Other _____		
		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage.
Damage to structure - Total		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage, as the sum of previous headings.
DAMAGE TO CONTENTS				
Damage to furniture		<input type="checkbox"/> Yes <input type="checkbox"/> No		
		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage.
Damage to household appliances		<input type="checkbox"/> Yes <input type="checkbox"/> No Specify: _____ _____		
		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage.
Other		Specify: _____ _____		
		<p style="text-align: center;"> _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ €</p>		Specify the economic value of damage.

Damage to contents - Total		LLLLLLLLLLLLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Direct damage - Total		LLLLLLLLLLLLLLLL €		Specify the economic value of damage, as the sum of previous headings.
Section 7C- Indirect damage		Data	Notes	Guidelines
Lack of usability		<input type="checkbox"/> Yes <input type="checkbox"/> No Duration LLLLLL days Causes _____ _____		
Clean-up costs		<input type="checkbox"/> Yes <input type="checkbox"/> No		Clean-up costs relate, for example, to the following activities: cleaning, debris removal, clearing, etc.
		<input type="checkbox"/> private work LLLLLLLLLLLLLLLL € LLLLLLLLLL days/person <input type="checkbox"/> public work		Indicate if clean-up was done by private citizens or local authorities. In the first case, please specify incurred costs or required job (in terms of days/person).
Section 7D- Mitigation factors		Data	Notes	Guidelines
Mitigation actions		<input type="checkbox"/> None <input type="checkbox"/> Suction pumps <input type="checkbox"/> Retaining walls <input type="checkbox"/> Moving objects at upper floors <input type="checkbox"/> Power interruption / switching off <input type="checkbox"/> Evacuation		

		<input type="checkbox"/> Other _____ Time: Hour LL LL Date LL LL LL Motivation: _____ _____ _____		
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SECTION 8 – ATTACHMENTS

- Building Plan (1:100)
- Photos to identify buildings
- Photos to identify reference point for water depth record
- Photos of damaged items