Los Altos Preliminary Safety Assessment BAT #																		
¹ Location	OK (Enter "X" if OK)	³ People (enter 0 if none, a number, or a blank if unknown)					⁴ Structure Damage (1=yes 0 = no)			⁵ Hazards (1=yes 0 = no)					ocked?)=no)	orities	⁸ Notes	
		Minor	Delayed	Immediate	Fatalities	Missing	Trapped	L ight	Moderate	Неаvу	Fire	Electric	Water	Gas	Chemical	⁶ Road Blocked? (1=yes 0=no)		(Examples: did not search, large fallen oak blocks street, fire in unattached garage, turned off gas and electric, mother with life threatening injury-2 small kids OK)
⁹ Total (column sum)																		
¹⁰ Other:																		
	Start		End		¹² Da					¹³ Pre								¹⁴ Page ofPages
Enter a number or an "X" as i	indicated	cated in headings . Leave blank if status is undetermined. DETAILED INSTRUCTIONS, REFERENCED BY COLUMN NUMBER, ON BACK																

Los Altos BAT Preliminary Safety Assessment Instructions

- **1 Location** BAT addresses will be listed, but fill in other locations where there may be injured, hazards, blockages, or other noteworthy situations. Use street address or nearest cross streets, or latitude/longitude.
- **2 OK** Enter a "X" if the OK sign is posted, if the residents indicate all is OK, or surveillance finds all is OK. Leave blank if "HELP" sign is up or if there are injuries, hazards, road blockages or other noteworthy situations, which will be tallied in adjacent columns.
- **3 People** Enter the number of individuals determined to be injured according to the categories defined below. Enter "0" for any category where there are none. Leave blanks if status is not determined.

<u>Minor</u> – The number of individuals able to walk away from the incident (walking wounded). Have victim move to a designated assembly area.

<u>Delayed</u> – The number of individuals without life-threatening injuries. May require professional care but treatment can be delayed. Control bleeding and immobilize injuries.

<u>Immediate</u> – The victim has life-threatening (breathing, bleeding or shock) injuries with symptoms indicated below, requiring immediate response to save their life. Call in on 911 and/or via radio then administer urgent care.

	Symptoms	Urgent Care				
Respiration	Stopped breathing	Open airway, chin lift maneuver (2 attempts- then move on)				
Respiration	More than 30 breaths/minute	Place in comfortable position				
Perfusion	Arterial blood loss	Control bleeding by pressure application				
	More than 2 seconds capillary refill	Treat for shock				
Mental Status	Confused , disoriented or altered state	Treat for shock				
Weillai Status	Cannot grip hand	Treat for shock				

Fatality - The number of individuals who are unconscious, not breathing after two attempts to open airway, or no pulse

Missing – The number of individuals reported missing

Trapped – The umber of individuals trapped in wreckage

4 - Structural Damage Enter a "1" in the column that best describes the damage to structures at that location. Enter a "0" in the other two columns. Leave blanks if status is undetermined.

Light	Moderate	Heavy Do Not Enter Under Any Circumstance				
Broken windows	Decorative work damaged or fallen	Large cracks / Obvious instability				
Fallen or cracked plaster	Many visible cracks in plaster	Titled roofline, window/door frames, corners				
Minor damage to contents	Major damage to interior content	Heavy smoke or fire				
	Still attached to the foundation	Gas leaks				
	Fallen chimneys	Structure is off foundation				

- **5- Hazards** Enter a "1" in any column that applies and a "0" in the other columns. Leave blanks if status is undetermined.
- 6 Road Blocked? If the road is unpassable, enter a "1". If the road is passable, even if damaged, enter "0".
- **7 Top Priorities** Enter an "X" for up to three addresses representing top priority situations. If no life threatening injuries, large scale hazard(s), major property damage, or road blockage do not mark a top priority.
- **8 Notes** Enter any notes that help describe the situation for that address.
- 9 Total Sum the numbers in each column. Do not include dashes.
- **10 Other** Enter any other messages as necessary.
- **11 Time** Fill in the times at the start and at end of survey
- 12 Date Enter date in format like 07DEC2014.
- **13 Prepared by** Enter the name of the person(s) who performed the survey.
- **14 Page numbers** Enter the page number and total number of pages.