

SURVEY OF HOUSING IN RESPONSE TO DISASTER

PROCEDURE

Assessments of emergency affected housing should be done in consultation with relevant groups/agencies to minimise the impact upon affected people. Ideally, assessment teams should include recovery staff able to assess broader community needs.

Relevant groups may include Territory Housing, ICHO Personnel, Welfare Group

The outcome of the housing assessment will determine:

- any public health information and advice that needs to be distributed
- any resources that need to be requested to address public health issues
- the need for further inspections and public health activity to assist recovery

ASSESSMENT

The assessment will include:

- completing the attached *Survey of Damaged Premises* pro forma
- recommendations to the Team Leader for public health activity, based on assessment outcomes
- warnings regarding the occupation of premises
- advice and distribution of information
- inspections, to give clearance for re-habitation of emergency affected housing
- gathering and feedback of information to the Local Controller, to pass on other appropriate response and recovery agencies

The Team Leader Environmental Health will continue to liaise with the Local Controller, to arrange for ongoing visits if required and to report assessment results.

Any other community concerns noted during the housing assessment.

RESIDENTIAL SITE ASSESSMENT

1. Address of premises:

If unable to provide a street address, give approximate location and distinguishing features (for example, 200 metres NW from the corner of X street).

2. Contour details: Is the property:

- steep
- flat
- undulating

3. Names of owner and occupier and contact details:

(especially if not living at damaged house)

Name of person/s present at time of visit:

Has any person visited the Emergency Relief Centre?

Yes / No/ NA

Name of person _____

4. Damage assessment summary:

House

- intact
- damaged
- destroyed

Comments

Outbuildings

- intact
- damaged
- destroyed

Comments

5. Has insurance assessor assessed property?

Yes / No/ NA

6. What essential services have been interrupted:

- power
- gas
- water
- phone

Duration of interruption _____

8. Have any services been restored?

Yes / No/ NA

If yes, which services? _____

9. Is there an operational toilet on the property?

Yes / No/ NA

10. Is property connected to the sewer?

Yes / No/ NA

11. **Are there any problems with the sewer?** Yes / No/ NA
 If yes, describe the problem _____
12. **Is the septic tank operational?** Yes / No/ NA
13. **Is a mechanical treatment plant used?** Yes / No/ NA
 If so, what type? _____
14. **Is the septic tank connected to a sand filter?** Yes / No/ NA
15. **Does the septic tank system require an electric pump?** Yes / No/ NA
16. **Is there an operational potable water supply to the property?** Yes / No/ NA
 If so, what type? _____
17. **What is the source of water supply to the property?**
- reticulated/mains
 - tank
 - bore
 - stream
17. **Is there any evidence of putrescible matter, dead animals or domestic pets on the property?** Yes / No/ NA
 If so, give details _____
19. **Have freezer and refrigerator contents been removed?** Yes / No/ NA
20. **Are there conditions or objects that are potentially dangerous? (eg, trees, swimming pools, LP gas cylinders)** Yes / No/ NA
 If so, state condition: _____
21. **Nature of flood damage:**
- carpets
 - air conditioning
 - kitchen joinery
 - bathroom joinery
 - internal walls
 - hot water service and other gas and electrical appliances
 - swimming pool
 - water supply
 - wall cavities and insulation
 - under house
 - electrical services
 - food supply
 - other

Comments:

22. Structural soundness:

Roof _____
Ceiling _____
Walls _____
Floors _____

23. Are there any other health or sanitation problems? Yes / No/ NA

If so, give details _____

24. Toilet provided? Yes / No/ NA

a. Type of toilet supplier _____

b. Supplier details _____

25. Sanitary contractor required? Yes / No/ NA

26. Site clearing required? Yes / No/ NA

27. Material on-site needing removal? Yes / No/ NA

c. Approximate quantity _____ m³

d. Is material easily accessible? **Yes / No/ NA**

e. Has DPI's site clearing form been signed by the owner? **Yes / No/ NA**

f. Site cleared by _____

RECOMMENDATION (DELETE ONE)

- i. Suitable for human habitation
- ii. Unsuitable for human habitation

Other comments:

Environmental Health Officer: _____

Building Surveyor or other agency: _____

Initial inspection date: _____ **Time of inspection:** _____

Follow-up inspection date: _____ **Time of inspection:** _____

Recovery action undertaken:

