

APPENDIX H

INITIAL ASSESSMENT REPORT

Reporting location <u>Diomedes</u>	Date & time <u>9-19-2022</u>
<small>(Name of village/city/borough)</small>	<small>Date & time</small>
Reported By: <u>Frances Ozena</u>	Incident <u>Commander</u>
<small>(Name)</small>	<small>Title</small>
Area(s) affected <u>Front Beach seaWall</u>	
<u>High School gabion Wall weakened</u>	
<u>Loss of Clinic's connex of equipment</u>	
Type of Disaster/Emergency <u>High seas elevating 6ft</u>	
<small>(e.g., flood, fire, windstorm, earthquake, landslide)</small>	
Casualties	
<small>(Insert appropriate numbers into the space provided)</small>	
A. Deceased	<u>NO</u>
B. Injured	<u>NO</u>
C. Endangered	<u>NO</u>
D. Missing	<u>NO</u>
E. Require medical help	<u>NO</u>
F. Trapped/isolated	<u>NO</u>
Evacuation and Sheltering	
<small>(Insert appropriate numbers into the space provided)</small>	
A. Total population sheltered	_____
B. Total # shelters open	<u>JoAnn Kamingok ^{Shelter} coordinator oncall</u>
C. Homes evacuated	_____
D. # sheltered overnight	_____
Damage to Private Property	
INDIVIDUALS	
A. Homes and Dwellings	_____
B. Boats	_____
C. Vehicles/Four Wheelers	_____
D. Private Property	_____
BUSINESS/COMMERCIAL	
E. Rentals/Apartment:	_____
F. Businesses/Stores- <u>clinic's connex</u>	<u>1</u>
TRADITIONAL/CULTURAL	
G. Boats and/or motors	_____
H. Subsistence equipment (Fishing Nets/Wheels)	_____
I. Fish Camps/Drying Racks	_____
J. Berry-picking areas	_____
K. Cemetery	_____
L. Meeting Halls	_____

This report of actual or expected damage should be used to request specific support from the SEOC. It will also save valuable time if the person reporting this information is an ELECTED OFFICIAL with the authority to request assistance

<u>Damage to Essential or Lifeline Facilities</u>	
(Insert appropriate numbers into the space provided)	
<p><u>ESSENTIAL LIFELINES</u></p> <p><input type="checkbox"/> Power Generation and Powerlines _____</p> <p><input type="checkbox"/> Fuel Supply, Storage, and Delivery Systems _____</p> <p><input checked="" type="checkbox"/> Water Production, Treatment, and Storage (Arctic) <i>Water Distribution line</i> _____ <input checked="" type="checkbox"/></p> <p><input type="checkbox"/> Sewage Treatment Facilities <i>One foot damaged by pounding rocks</i> _____</p> <p><input type="checkbox"/> Heating Facilities _____</p> <p><input type="checkbox"/> Communication Systems <input checked="" type="checkbox"/> _____</p>	<p><u>CRITICAL FACILITIES</u></p> <p><input type="checkbox"/> Hospitals/Clinics _____</p> <p><input type="checkbox"/> Schools _____</p> <p><input type="checkbox"/> Teacher Housing _____</p> <p><input type="checkbox"/> Community, Tribal, or Government Buildings _____</p> <p><input type="checkbox"/> Fire and Police Stations _____</p> <p><input type="checkbox"/> Roads/Bridges _____</p> <p><input type="checkbox"/> Airports/Runways _____</p> <p><input checked="" type="checkbox"/> Levees/Sea Walls _____</p>
<u>Type of Emergency Assistance Needed</u>	
(See Table 3: Basic and Immediate Needs List)	
<p><u>BASIC NEEDS</u></p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Power</p> <p><input type="checkbox"/> Emergency Shelter</p> <p><input type="checkbox"/> Heat</p> <p><input type="checkbox"/> Fuel</p> <p><input type="checkbox"/> Communication</p> <p><input type="checkbox"/> Sanitation</p> <p><input type="checkbox"/> Safety and Security</p> <p><input type="checkbox"/> Short-Term Medical Care, Equipment, and Supplies</p> <p><input type="checkbox"/> Personal Hygiene</p> <p><input type="checkbox"/> Clothing/Bedding</p> <p><input type="checkbox"/> Mental and Behavioral Health</p>	<p><u>IMMEDIATE NEEDS</u></p> <p><input type="checkbox"/> Situational Awareness</p> <p><input type="checkbox"/> Accountability</p> <p><input type="checkbox"/> Evacuation</p> <p><input type="checkbox"/> Short-Term Shelter</p> <p><input type="checkbox"/> Search and Rescue</p> <p><input type="checkbox"/> Public Safety</p> <p><input type="checkbox"/> Emergency Medical Care</p> <p><input type="checkbox"/> Incident/Emergency Management</p> <p><input type="checkbox"/> Oil/Fuel Spills, Haz Mat, and Chemical Release Response and Cleanup</p> <p><input type="checkbox"/> Emergency and Public Information</p> <p><input type="checkbox"/> Critical and Prescribed Medications</p> <p><input type="checkbox"/> Flood-Fighting Resources</p> <p><input checked="" type="checkbox"/> Debris Clearance and Removal <i>Beach only</i></p>
<u>Debris Management</u>	
(Explain in Remarks Section)	
<p>Are there large accumulations of debris? Yes: _____ No: <input checked="" type="checkbox"/></p> <p>Is there a need for emergency debris clearance? Yes: <input checked="" type="checkbox"/> No: _____ <i>Sea Wall Protection</i></p>	

<u>Affected Population with Access/Functional Needs</u>	
(Insert approximate numbers into the space provided along with any assigned escorts and caregivers)	
<input type="checkbox"/> Visually Impaired _____	<input type="checkbox"/> Pregnant women _____
<input type="checkbox"/> Deaf/Hard of hearing _____	<input type="checkbox"/> Children with or w/o disabilities _____
<input type="checkbox"/> Mobility Impaired _____	<input type="checkbox"/> People who don't read or speak English _____
<input type="checkbox"/> Single working parent _____	<input type="checkbox"/> People with limited English proficiency _____
<input type="checkbox"/> People w/o vehicles or other transportation _____	<input type="checkbox"/> Elderly persons w/o disabilities _____
<input type="checkbox"/> People with special dietary needs _____	<input type="checkbox"/> People from different cultures/races/nations _____
<input type="checkbox"/> People with chronic medical conditions _____	<input type="checkbox"/> Economically challenged _____
<input type="checkbox"/> People with dementia or other intellectual or behavioral disabilities _____	
<u>Incident Management</u>	
Is the local government able to manage this response? Yes: <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Incident Commander/Lead Community Official <u>Frances Ozenna</u>	
EOC location <u>City office</u>	
EOC Phone Number: <u>907-686-3071</u> EOC FAX: <u>907-686-2192</u>	
Other communications <u>907-686-3071 Land line</u> <u>907-684-1020 cell</u>	
Public radio system? Yes: <input checked="" type="checkbox"/> No <input type="checkbox"/> - Call sign/Frequency <u>channel 10</u>	
<u>Remarks</u>	
<u>Person Filing Report</u>	
Reported By: <u>Frances Ozenna</u> (Name)	<u>Incident Commander</u> Title
Date and Time <u>9-19-2024 9:20am</u> Next report will be sent at <u>KaweraK</u>	