

## APPENDIX H INITIAL ASSESSMENT REPORT

Reporting location	<u>City of Koyukuk</u>	<u>9-19-2022</u>
	<small>(Name of village/city/borough)</small>	<small>Date &amp; time</small>
Reported By:	<u>Lane Douglas</u>	<u>Mayor/vic mayor</u>
	<small>(Name)</small>	<small>Title</small>
Area(s) affected	<u>First Ave - KNS Warehouse foundation washed out</u> <u>Second Ave - Ruthie B John Homes</u> <u>Willow Street - <sup>on Kaniuk St.</sup> Road to beach washed out</u>	
Type of Disaster/Emergency	<u>flood, windstorm</u>	
	<small>(e.g., flood, fire, windstorm, earthquake, landslide)</small>	

**Casualties**  
(Insert appropriate numbers into the space provided)

A. Deceased	<u>0</u>	D. Missing	<u>0</u>
B. Injured	<u>0</u>	E. Require medical help	<u>0</u>
C. Endangered	<u>0</u>	F. Trapped/isolated	<u>0</u>

**Evacuation and Sheltering**  
(Insert appropriate numbers into the space provided)

A. Total population sheltered	<u>5</u>	C. Homes evacuated	<u>5</u>
B. Total # shelters open	<u>    </u>	D. # sheltered overnight	<u>    </u>

**Damage to Private Property**

<u>INDIVIDUALS</u>	<u>TRADITIONAL/CULTURAL</u>
A. Homes and Dwellings	G. Boats and/or motors
B. Boats	H. Subsistence equipment (Fishing Nets/Wheels)
C. Vehicles/Four Wheelers	I. Fish Camps/Drying Racks
D. Private Property	J. Berry-picking areas
<u>BUSINESS/COMMERCIAL</u>	K. Cemetery
E. Rentals/Apartments	L. Meeting Halls
F. Businesses/Stores	

*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*

<b>Damage to Essential or Lifeline Facilities</b>	
(Insert appropriate numbers into the space provided)	
<p><b>ESSENTIAL LIFELINES</b></p> <p><input checked="" type="checkbox"/> Power Generation and Powerlines _____</p> <p><input checked="" type="checkbox"/> Fuel Supply, Storage, and Delivery Systems <u>1</u></p> <p><input type="checkbox"/> Water Production, Treatment, and Storage _____</p> <p><input type="checkbox"/> Sewage Treatment Facilities _____</p> <p><input type="checkbox"/> Heating Facilities _____</p> <p><input type="checkbox"/> Communication Systems _____</p>	<p><b>CRITICAL FACILITIES</b></p> <p><input type="checkbox"/> Hospitals/Clinics _____</p> <p><input checked="" type="checkbox"/> Schools <u>1</u> Playground</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 checked="" type="checkbox"/> Roads/Bridges _____</p> <p><input type="checkbox"/> Airports/Runways <u>1</u></p> <p><input checked="" type="checkbox"/> Levees/Sea Walls _____</p>
<b>Type of Emergency Assistance Needed</b>	
(See Table 3: Basic and Immediate Needs List)	
<p><b>BASIC NEEDS</b></p> <p><input type="checkbox"/> Food</p> <p><input type="checkbox"/> Water</p> <p><input type="checkbox"/> Power</p> <p><input checked="" 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 checked="" 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 checked="" type="checkbox"/> Clothing/Bedding</p> <p><input type="checkbox"/> Mental and Behavioral Health</p>	<p><b>IMMEDIATE NEEDS</b></p> <p><input checked="" type="checkbox"/> Situational Awareness</p> <p><input type="checkbox"/> Accountability</p> <p><input type="checkbox"/> Evacuation</p> <p><input checked="" 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 checked="" type="checkbox"/> Flood-Fighting Resources</p> <p><input checked="" type="checkbox"/> Debris Clearance and Removal</p>
<b>Debris Management</b>	
(Explain in Remarks Section)	
Are there large accumulations of debris? Yes: <u>X</u> No: _____	
Is there a need for emergency debris clearance? Yes: <u>X</u> No: _____	

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<b>Affected Population with Access/Functional Needs</b> (Insert approximate numbers into the space provided along with any assigned escorts and caregivers)	
<input type="checkbox"/> Visually Impaired	___
<input checked="" type="checkbox"/> Deaf/Hard of hearing	<u>X 1</u>
<input type="checkbox"/> Mobility Impaired	___
<input type="checkbox"/> Single working parent	___
<input type="checkbox"/> People w/o vehicles or other transportation	___
<input type="checkbox"/> People with special dietary needs	___
<input type="checkbox"/> People with chronic medical conditions	___
<input type="checkbox"/> People with dementia or other intellectual or behavioral disabilities	___
<input type="checkbox"/> Pregnant women	___
<input type="checkbox"/> Children with or w/o disabilities	___
<input type="checkbox"/> People who don't read or speak English	___
<input type="checkbox"/> People with limited English proficiency	___
<input type="checkbox"/> Elderly persons w/o disabilities	___
<input checked="" type="checkbox"/> People from different cultures/races/nations	___
<input checked="" type="checkbox"/> Economically challenged	<u>358</u>
<b>Incident Management</b>	
Is the local government able to manage this response? Yes: ___ No: <u>X</u>	
Incident Commander/Lead Community Official <u>Lew Douglas</u>	
EOC location _____	
EOC Phone Number: _____ EOC FAX: _____	
Other communications _____	
Public radio system? Yes: <u>X</u> No: ___ Call sign/Frequency <u>VHF/UHF</u>	
<b>Remarks</b>	
<u>No Heavy Equipment to clean up D</u>	
<u>Beach Erosion, Erosion &amp; Exposing perm Frost</u>	
<u>No Gravel stock pile for Flood prevention</u>	
<b>Person Filing Report</b>	
Reported By: <u>Sam T Doula</u>	<u>Mayer</u>
(Name)	Title
Date and Time <u>9-19-22 12:49pm</u>	Next report will be sent at <u>TBA</u>