

Alaska ERG for Small Communities

# APPENDIX H

## INITIAL ASSESSMENT REPORT

Reporting location	<u>St. Michael, Alaska</u>	Date & time	<u>9/26/2022</u>
	<small>(Name of village/city/borough)</small>		
Reported By:	<u>Virginia Washington</u>	City Administrator	
	<small>(Name)</small>	<small>Title</small>	
Area(s) affected	<u>St. Michael, AK 99659</u>		
	<u>The Entire Village</u>		
Type of Disaster/Emergency	<u>Access Roads to Beach w/ utilities flooding, wind storm, landslide</u>		
	<small>(e.g., flood, fire, windstorm, earthquake, landslide)</small>		
<b>Casualties</b>			
<small>(Insert appropriate numbers into the space provided)</small>			
A. Deceased	___	D. Missing	___
B. Injured	___	E. Require medical help	___
C. Endangered	<u>All homes along the shoreline</u>	F. Trapped/isolated	___
<b>Evacuation and Sheltering</b>			
<small>(Insert appropriate numbers into the space provided)</small>			
A. Total population sheltered	<u>15</u>	C. Homes evacuated	<u>34</u>
B. Total # shelters open	<u>2</u>	D. # sheltered overnight	<u>16</u>
<b>Damage to Private Property</b>			
<b>INDIVIDUALS</b>		<b>TRADITIONAL/CULTURAL</b>	
A. Homes and Dwellings	<u>13</u>	G. Boats and/or motors	<u>2</u>
B. Boats	<u>1</u>	H. Subsistence equipment (Fishing Nets/Wheels)	<u>10</u>
C. Vehicles/Four Wheelers	<u>2</u>	I. Fish Camps/Drying Racks	<u>6</u>
D. Private Property	<u>shovel line 29</u>	J. Berry-picking areas	<u>3</u>
<b>BUSINESS/COMMERCIAL</b>		K. Cemetery	<u>3</u>
E. Rentals/Apartments	<u>4</u>	L. Meeting Halls	<u>0</u>
F. Businesses/Stores	<u>0</u>		

*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*

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<b><u>Damage to Essential or Lifeline Facilities</u></b>	
(Insert appropriate numbers into the space provided)	
<p><b><u>ESSENTIAL LIFELINES</u></b></p> <p><input checked="" type="checkbox"/> Power Generation and Powerlines <span style="float: right; margin-right: 50px;">29</span></p> <p><input checked="" type="checkbox"/> Fuel Supply, Storage, and Delivery Systems <span style="float: right; margin-right: 50px;">1</span></p> <p><input checked="" type="checkbox"/> Water Production, Treatment, and Storage <span style="float: right; margin-right: 50px;">main line w/PS</span></p> <p><input checked="" type="checkbox"/> Sewage Treatment Facilities <span style="float: right; margin-right: 50px;">1</span></p> <p><input checked="" type="checkbox"/> Heating Facilities <span style="float: right; margin-right: 50px;">2</span></p> <p><input checked="" type="checkbox"/> Communication Systems</p>	<p><b><u>CRITICAL FACILITIES</u></b></p> <p><input type="checkbox"/> Hospitals/Clinics <span style="float: right;">-0-</span></p> <p><input type="checkbox"/> Schools <span style="float: right;">no back-up generator -0-</span></p> <p><input type="checkbox"/> Teacher Housing <span style="float: right;">-0-</span></p> <p><input type="checkbox"/> Community, Tribal, or Government Buildings <span style="float: right;">1</span></p> <p><input type="checkbox"/> Fire and Police Stations <span style="float: right;">-0-</span></p> <p><input type="checkbox"/> Roads/Bridges <span style="float: right;">5</span></p> <p><input type="checkbox"/> Airports/Runways <span style="float: right;">-0-</span></p> <p><input type="checkbox"/> Levees/Sea Walls <span style="float: right;">-0-</span></p>
<b><u>Type of Emergency Assistance Needed</u></b>	
(See Table 3: Basic and Immediate Needs List)	
<p><b><u>BASIC NEEDS</u></b></p> <p><input checked="" type="checkbox"/> Food</p> <p><input checked="" type="checkbox"/> Water</p> <p><input type="checkbox"/> Power</p> <p><input checked="" type="checkbox"/> Emergency Shelter</p> <p><input checked="" type="checkbox"/> Heat</p> <p><input checked="" type="checkbox"/> Fuel</p> <p><input type="checkbox"/> Communication</p> <p><input checked="" type="checkbox"/> Sanitation</p> <p><input checked="" type="checkbox"/> Safety and Security</p> <p><input checked="" type="checkbox"/> Short-Term Medical Care, Equipment, and Supplies</p> <p><input checked="" type="checkbox"/> Personal Hygiene</p> <p><input checked="" type="checkbox"/> Clothing/Bedding</p> <p><input type="checkbox"/> Mental and Behavioral Health</p>	<p><b><u>IMMEDIATE NEEDS</u></b></p> <p><input checked="" type="checkbox"/> Situational Awareness</p> <p><input checked="" type="checkbox"/> Accountability</p> <p><input checked="" type="checkbox"/> Evacuation</p> <p><input checked="" type="checkbox"/> Short-Term Shelter</p> <p><input checked="" type="checkbox"/> Search and Rescue</p> <p><input checked="" type="checkbox"/> Public Safety</p> <p><input type="checkbox"/> Emergency Medical Care</p> <p><input checked="" type="checkbox"/> Incident/Emergency Management</p> <p><input checked="" type="checkbox"/> Oil/Fuel Spills, Haz Mat, and Chemical Release Response and Cleanup</p> <p><input checked="" type="checkbox"/> Emergency and Public Information</p> <p><input checked="" 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><u>Debris Management</u></b>	
(Explain in Remarks Section)	
<p>Are there large accumulations of debris? Yes: <u>X</u> No: _____</p> <p>Is there a need for emergency debris clearance? Yes: <u>X</u> No: _____</p>	

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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 checked="" type="checkbox"/> Visually Impaired	20	<input type="checkbox"/> Pregnant women	—
<input checked="" type="checkbox"/> Deaf/Hard of hearing	10	<input type="checkbox"/> Children with or w/o disabilities	170
<input checked="" type="checkbox"/> Mobility Impaired	30	<input checked="" type="checkbox"/> People who don't read or speak English	—0—
<input checked="" type="checkbox"/> Single working parent	64	<input checked="" type="checkbox"/> People with limited English proficiency	450
<input type="checkbox"/> People w/o vehicles or other transportation	49	<input checked="" type="checkbox"/> Elderly persons w/o disabilities	50
<input checked="" type="checkbox"/> People with special dietary needs	30	<input checked="" type="checkbox"/> People from different cultures/races/nations	450
<input checked="" type="checkbox"/> People with chronic medical conditions	60	<input checked="" type="checkbox"/> Economically challenged	100%
<input checked="" type="checkbox"/> People with dementia or other intellectual or behavioral disabilities	20		

**Incident Management**

Is the local government able to manage this response? Yes: X No:     

Incident Commander/Lead Community Official Virginia Washington

EOC location City of St. Michael

EOC Phone Number: 1-907-923-3222 EOC FAX: 907-923-2284

Other communications internet 12442 - smkcitygrants19@gmail.com

Public radio system? Yes:      No: X Call sign/Frequency NO

**Remarks**

- We are done for heavy equipment and moving homes - We have 29 homes in danger position - 5 driveway to beach are damaged from the storm

**Person Filing Report**

Reported By: Virginia Washington City Administrator  
(Name) Title

Date and Time Sept 20, 2022 Next report will be sent at next storm