



# KYEM County Assessment - Weather Event

SAMPLE

- I am the County Judge/Executive.\*
- I am completing this survey on behalf of the County Judge/Executive.\*

### Assessment completed by?

First Name\*

Last Name\*

County \*

Title \*

Phone\*

Email\*

CJE First Name\*

CJE Last Name\*

\*REQUIRED

### Event Details

1. Number of deaths caused by event:

2. Number of Injuries caused by event:

3. Please describe each injury/death and the particular circumstances.

Injury / Death    Circumstance

- Injury
- Death

**4. What local resources were deployed in response and recovery efforts? List each and a brief description of their efforts. For Example: Search and Rescue Team performed evacuations for 40 households. The EOC was activated for 6 days.**

**5. What county resources, if any, were or are expected to be deployed to complete recovery efforts? List the resource and a brief description of the work to be accomplished. For Example: Road Department will repair 3 miles of shoulders that were damaged during due to flooding.**

**6. What local volunteer groups, individuals, or donation operations were activated (either at the direction of the county or self-activated)? List each group and give a brief description of their efforts. For Example: 1st Baptist Church helped to muck out 20 flooded homes.**

**7. Were any shelters opened?**

- Yes
- No

Location	# of persons sheltered	Type of Shelter
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<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; padding: 2px;">-Please Select-</div>
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		-Please Select-
		-Please Select-

**8. Were meals provided?**

- Yes
- No

Location	# of meals provided

**9. Were any other items provided to county residents such as bottled water, muck-out kits, etc?**

- Yes
- No

Item	How many?

**10. Was water distributed?**

- Yes
- No

How may gallons were distributed?

**For how many days?**

**Infrastructure Assessment - Water Systems**

**11. Were any water systems affected?**

- Yes
- No

<i>Water District Name</i>	Impacted due to....(check all that apply)?	Length of Disruption	Have Repairs Started?	Estimated months to complete repairs
	<input type="checkbox"/> Pipes/lines <input type="checkbox"/> Pumps <input type="checkbox"/> Tanks <input type="checkbox"/> Other		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="checkbox"/> Pipes/lines <input type="checkbox"/> Pumps <input type="checkbox"/> Tanks <input type="checkbox"/> Other		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="checkbox"/> Pipes/lines <input type="checkbox"/> Pumps <input type="checkbox"/> Tanks <input type="checkbox"/> Other		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="checkbox"/> Pipes/lines <input type="checkbox"/> Pumps <input type="checkbox"/> Tanks <input type="checkbox"/> Other		<input type="radio"/> Yes <input type="radio"/> No	
	<input type="checkbox"/> Pipes/lines <input type="checkbox"/> Pumps <input type="checkbox"/> Tanks <input type="checkbox"/> Other		<input type="radio"/> Yes <input type="radio"/> No	

**Infrastructure Assessment - Transportation**

**12. Were roads barricaded?**

- Yes
- No

How many?

How long?

How many households were impacted?

13. Did damages to roads and bridges cause detours?

- Yes
- No

<i>Road Name/ Route #</i>	<i># of Impacted Citizens?</i>	<i>Length of Disruption</i>	<i>Detour Still Necessary?</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No

			<input type="radio"/> Yes
			<input type="radio"/> No

**Other Infrastructure**

<b>Infrastructure</b>	<b>Impacted?</b>	<b>Length of Disruption</b>	<b>Have Repairs Started?</b>	<b>Estimated months to complete repairs</b>
<b>Sewer</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Power Systems</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Transportation (Roads &amp; Bridges)</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Communications</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Schools</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Government Facilities</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
<b>Hospitals</b>	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

14. Are there any other health or safety hazards?

- Yes
- No

Please describe (one item per box):


15. Was mail delivery halted?

- Yes
- No

How long

17. Were gas stations closed?

- Yes
- No

How long were they closed?

18. Were medical clinics closed?

- Yes
- No

How long were they closed?

19. Were hospitals closed?

- Yes
- No

How long were they closed?

20. Over the last 12 months, list every weather event that has required some type of response in your county.

Date	Description of Event	Impact	Est. Cost
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
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<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$

21. Have there been any significant changes to the tax rolls of the county over the last 12 months?

- Yes
- No

Please describe:

22. Please list any major employers that have left the area, closed, or reduced workforce in the last 12 months.

Name of Employer	Result	# of jobs lost
<input type="text"/>	<input type="radio"/> Left <input type="radio"/> Closed <input type="radio"/> Reduced	<input type="text"/>

- Left
- Closed
- Reduced

**23. Are there any factors impacting the county's ability to deal with this event?  
Examples would include the need for more volunteers, inaccessible areas, lack of funds, or other issues (describe).**

**24. Does the county (including cities) have insurance for damages?**

- Yes
- No

**Insured Damaged Facility / Equipment**

**Estimated Damages**

**Estimated Insurance Coverage**

	\$	\$
	\$	\$
	\$	\$

25. Has your county implemented any programs, projects, or codes that reduced or mitigated the damage impact of this event; such as adoption of building codes, drainage projects, installation of siren or call down systems?

- Yes
- No

Please describe what, when and the impact of this event.

26. Are there mitigation projects or efforts that if implemented could lessen the impact of future, similar events?

- Yes
- No

Please describe what, when, cost estimated impact.

**Submit**