

ESF 11 Historic Resources Damage Assessment Checklist
Georgia Department of Community Affairs
Historic Preservation Division

Disaster/Emergency Name: _____
 Community Landmark Name: _____
 GPS Coordinates/Address: _____
 Other location Identifier (as applicable): _____

Photographs taken? YES NO Number of photos taken _____

If photos taken, please list photo number(s), preferred photos are front of building/site and representative examples of damage

Historic Resource Type

Building Archaeological Site Other (cemetery, battlefield, etc.): _____

Building

No. of stories _____ Foundation type: Piers Continuous Slab
 Construction Type: Wood Frame Stone/Brick Tabby Other: _____
 Roof Material: Asphalt Shingles Tile Slate Metal Shingles
 Metal Panel (standing seam/V-lap) Other: _____

Observed Damage (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Significant debris | <input type="checkbox"/> significant erosion | <input type="checkbox"/> uprooted tree(s) |
| <input type="checkbox"/> tree/large limbs on structure | <input type="checkbox"/> punctured roof | <input type="checkbox"/> fallen chimney |
| <input type="checkbox"/> wall puncture/separation | <input type="checkbox"/> broken/missing windows | <input type="checkbox"/> broken/missing doors |
| <input type="checkbox"/> collapsed/hanging building elements | <input type="checkbox"/> foundation cracks/separation | <input type="checkbox"/> building off foundation |
| <input type="checkbox"/> fire damage | <input type="checkbox"/> high water mark | <input type="checkbox"/> mold |
| <input type="checkbox"/> animal/insect infestation | <input type="checkbox"/> Other: _____ | |

Archaeological Site or Cemetery

Name of site or cemetery if known (Etowah, Kolomoki, etc.) _____

Observed Damage (check all that apply):

- | | | |
|---|--|--|
| <input type="checkbox"/> Significant debris | <input type="checkbox"/> Significant erosion | <input type="checkbox"/> Uprooted tree(s) |
| <input type="checkbox"/> Visible artifacts on surface | <input type="checkbox"/> Evidence of looting | <input type="checkbox"/> Damaged monuments |
| <input type="checkbox"/> Human remains evident | <input type="checkbox"/> Other: _____ | |

Notes: