

1. 2009 Fires: Health Assessment

For Properties affected by the February 2009 Fires

1. Inspection date and time -

DD MM YYYY HH MM AM/PM
Initial / / : :

Inspection

2. Owner/Occupier during inspection

Home

Not Home

3. Address Details

Name:

Address:

City/Town:

Post Code:

Phone Number

Mobile Number:

Email Address:

4. Owner living on site?

Yes

No

5. Contact details of owner/occupier (not living on site)

Contact Details:

Address/Phone

6. Access to property

Yes

No

Gate Locked

Other _____

Comments:

7. Damage assessment summary - House:

Intact

Damaged

Destroyed

Habitable

Non Habitable

Other (please specify)

8. Approximate age of the house? Would it be prior to 1990?

9. Damage assessment summary - Outbuildings:

- Intact damaged destroyed
- shed garage carport

Other (Please specify)

10. Essential services

(Please tick for Yes / Cross for No)

	Are you connected to	Was service Interrupted	Has service been Restored	NA
power (electricity)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Is there an operational toilet on the property?

- Yes No Portable toilet

12. Type of waste water system:

- pre-cast concrete septic tank worm farm
- Insitu septic tank fibreglass/plastic septic
- treatment plant sand filter
- sewer other

Type of treatment plant:

13. Does the Septic Tank system including ag lines/irrigation area appear to be in good repair?

- Yes No

If No - what upgrade is required

14. Does the septic tank system require an electric pump?

- Yes No NA

15. What is the source of water supply to the property?

- reticulated/mains stream
- tank aqueduct
- bore

16. Is there an operational potable water supply to the property?

- Yes No NA

If yes, what type?

17. Is the water treated?

- Yes No

If yes - how?

18. If tank water - has the downpipe from the roof been disconnected from the water tank?

- Yes No

19. Is there any evidence of putrescible matter, dead animals or domestic pets on the property?

- Yes No

If yes, give details:

20. Do you intend to return to live onsite?

- Yes No Not known / Resident not available to answer

21. Is this accommodation structure temporary?

- Yes No

If temporary - please specify type(eg: caravan, UMD, Granny Flat)

22. Is temporary accommodation structure LIKELY to be provided on-site?

- Yes No NA

23. Is there an area suitable for temporary structure accommodation?

- Yes No

24. If this area need to be cleared before siting temporary accommodation - please give details

25. Does this property impact on neighbouring properties? (eg asbestos, waste)

Yes

No

If yes, state how:

26. Material on-site needing removal?

Yes

No

Please specify

27. Is material easily accessible?

Yes

No

Please describe

28. Recommendation:

suitable for human habitation

unsuitable for human habitation

Other comments:

29. Any other observations?

Yes

No

If yes - please specify

30. Advice/Information given to resident

Public Health Bushfire Info Kit

DHS After the Fires Kit

PPE Clean Up Kit

31. Information provided to the resident

By hand

left at house or in letter box

Posted