



# Multi-State/ SAADRA

## Joint Regional Workshop

## Mississippi ESF-11 Damage Assessments

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# Hurricane Katrina

- Florida Incident Management Team
- Implement ICS Structure
- Setup Command Post
- Begin Damage Assessments
- Borrowed Florida Assessment Form

## Animal/Agricultural Site Evaluation - Damage & Needs Assessment

County: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Physical Address: \_\_\_\_\_

Commercial  Private  City: \_\_\_\_\_

GPS Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Owner's Personal Concerns (also Estimate of Economic Impact if possible): \_\_\_\_\_

Species & Number of Animals on site: \_\_\_\_\_

# Animals Dead: \_\_\_\_\_ # Missing: \_\_\_\_\_

Animal Care Needs: \_\_\_\_\_

% of Structures with Damage/Destroyed on Premises \_\_\_\_\_

Structure: \_\_\_\_\_ Destroyed  Major Damage  Minor Damage

Structure: \_\_\_\_\_ Destroyed  Major Damage  Minor Damage

Structure: \_\_\_\_\_ Destroyed  Major Damage  Minor Damage

% of Crops with Damage/Destroyed on Premises \_\_\_\_\_

Crop: \_\_\_\_\_ Destroyed  Major Damage  Minor Damage

Other Needs/Comments: (be tall specific needs; provide quantities of feed materials, water, fuel, etc.)

Inspector's Name (Print) \_\_\_\_\_ Team # \_\_\_\_\_

**DO NOT PROMISE ANYTHING!** Please provide as much information and detail as possible.



# Mississippi Damage Assessment Form

- Damage Assessment Meetings with ESF11 support agencies and stakeholders
- Determine what type of information each needed
- Formed a committee to create a new ESF11 Damage Assessment Form

**MISSISSIPPI ESF-11  
DAMAGE ASSESSMENT  
FORM**



Date of assessment:	
Assessment agency:	
Assessor/ Daily visit #:	
Unique Assessment ID: (Format: xxxxxx-xx-xx)	(date-team #-visit #)
*EMERGENCY NEEDS*	<input type="checkbox"/> NO <input type="checkbox"/> YES (see back)

1. DISASTER EVENT (NAME OR TYPE, AND DATE)

2. OWNER/BUSINESS INFORMATION

2a. NAME (Last, first, middle) or name of business

2b. Permanent residence information (Street, city, state, zip code)	2c. Location of site assessment (if different) (Name, street, city, state, zip code)
County: _____ GPS location: _____ long ("W") lat ("N") Premise identification number: _____	County: _____ GPS location: _____ long ("W") lat ("N") Premise identification number: _____

2d. Telephone:	2e. Telephone (alternate):
FAX number:	FAX number:
Cell phone:	Cell phone:
Email:	Email:

3. OWNER ASSURANCE  
By signing below, I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties.

Signature and Title of Person Providing the Information:	Phone number:	Date:
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4. ANIMAL LOSSES	*No. dead	No. missing	No. Injured	\$ Loss (estimate)	**No. diseased (# If clinical signs)
Cattle (beef)					
Cattle (dairy)					
Sheep					
Poultry (layers)					
Poultry (broilers)					
Turkeys					
Swine					
Aquaculture					
Other Livestock (Identify)					
Dogs					
Cats					
Horses					
Other Animals (Identify)					

\*Please describe method of carcass disposal (buried, incinerated, etc...):

\*\* If yes, please describe signs or symptoms of infectious disease  
 Neurological (# affected: \_\_\_\_\_)       Respiratory (# affected: \_\_\_\_\_)  
 Gastrointestinal (# affected: \_\_\_\_\_)       Other (describe)

5. WILDLIFE INTERACTIONS

5a. Have you experienced any wildlife interactions since this disaster?  
 No  Yes If yes, please list species and location and continue below:

5b. If YES, was the wildlife activity normal or abnormal for the species?  
 NORMAL  ABNORMAL  NOT SURE

5c. If ABNORMAL or UNSURE, please describe, including behavior, signs of illness, number involved, etc....

6. CROP LOSSES

Crops affected (specify)	Acres planted	Acres harvested	Acres abandoned	Potential yield

7. INFRASTRUCTURE LOSSES

Farm Facilities	No. Damaged	No. Destroyed	\$ Loss (estimate)	Describe building, structure, etc...
Dwellings				
Service buildings				
Structures				
Machinery				
Equipment				
Fencing				
Levees				
Other (specify)				
Other (specify)				

8. NEEDS

Commodity	Animal Needs (Livestock)	Animal Needs (Companion Animal)	Human Needs (*Report to Liaison)	# If Any Emergency Needs
Medications				
Veterinary supplies				
Veterinary assistance				
Housing/Sheltering				
Feed				
Water				
Fuel				
Power				
Other				

9. ADDITIONAL INFORMATION  
ASSESSOR: YOU MAY PROVIDE ANY ADDITIONAL COMMENTS OR RELEVANT INFORMATION HERE.



# Next Step?

## ■ Training

- MBAH and USDA-VS field personnel
- MSU Extension personnel
- MAFES personnel
- Video conferencing through Extension system

# Support Documents

- Instructions for the ESF11 Damage Assessment Form
- Standard Operating Guidelines associated with the use of the ESF11 Damage Assessment Form

## Mississippi ESF-11 Damage Assessment Form

### Instructions on How to Complete the Form

*Begin at the top right corner:*

**Date of assessment:** Record the month, day, and year that assessment was completed.

Example: 08/25/09

**Assessment agency:** Record the name of the agency that requested the assessment.

Example: MBEAH, MDAC, ESF-11

**Assessor/ Daily visit #:**

- a. Assessor: Name of the person completing the form.
- b. Daily visit #: This number (1-99) represents the number of assessments that have been performed on this day. Each assessment will be assigned the next sequential number.  
Example: Joe Smith / #5, Joe Smith / #6

**Unique Assessment ID:** This ID includes the date, assessment team number, and visit number. Example: 082509-12-05

**\*EMERGENCY NEEDS\*:** Is there a human or animal emergency situation (life-threatening)? If yes, contact your supervisor immediately. If the emergency can be handled the next day, complete assessment and record emergency information in Section 8 and 9.

1. **Disaster Event:** Record name or type of disaster and date that the disaster occurred. Example: Hurricane Sue, Simpson County tornado, earthquake.  
08/25/09
2. **Owner/ Business Information:**
  - 2a. **Name (Last, first, middle) and name of business:** Owner's name and name of business, if business is to be assessed.
  - 2b. **Permanent residence information:** 911 address where the owner lives.
  - 2c. **Location of site assessment (if different):** 911 address where the site assessment will be completed, if different from the residence.
  - 2d. Self-explanatory
  - 2e. Self-explanatory
3. **Signature and Title of Person Providing the Information:** Signature, title, contact phone number and date.
4. **Animal Losses:** After reporting "number dead", remember to describe the method of carcass disposal below. After reporting "number diseased", if clinical signs exist, report at the bottom of the page \*\*\*.
5. **Wildlife:** These observations could be sightings of nocturnal animals during the day, mass die-offs, wildlife commingling with domestic animals, wild animals that appear to be sick, etc.
6. **Crop Losses:** Includes row crops, hay, fruit, nursery, and vegetable crops. Does not include timber.
7. **Infrastructure Losses:** Fencing should be reported in feet or miles, if necessary.
8. **Needs:** Describe needs in appropriate boxes. Mark X, if the need is an emergency and include under "EMERGENCY NEEDS" at the top of the front page.
9. **Additional Information:** Include any information that doesn't fit any other category on the assessment form. Example: Farm managers contact info.



**STATE OF MISSISSIPPI  
BOARD OF ANIMAL HEALTH  
SECTION IX.**

**DAMAGE ASSESSMENTS –  
STANDARD OPERATING GUIDELINES**

**I. Purpose**

The purpose of the assessments is to obtain rapid, ongoing and accurate estimates of the damage caused by natural or man-made disasters. Damage assessments will be used to determine what resources are needed in the short- and long-term, what priorities should be set for mission determination, and what organizations and agencies may need to take part in response efforts. NOTE: Damage assessments DO NOT guarantee resources.

**II. Assessments**

- Ideally, initial (rapid) assessments will be made within 12-24 hours of the disaster.
- Initial reports will be compiled within 18-48 hours and reported to the State Veterinarian from the Incident Command Staff.
- Assessments and reassessments will continue daily until the scope of the disaster is known and the necessary information to respond to stakeholders is completed.
- A standardized form will be used by all teams deployed by the Incident Commander. See ESF-11 Damage Assessment form.
- A minimum of two individuals will be assigned per team.
- There may be a mixture of federal, state, and non-governmental personnel on the teams.
- Every attempt will be made to deploy teams to assess their area of expertise. For example, county extension agents will be primarily deployed to assess producers, co-ops, and other farm supply businesses; veterinarians will be deployed to assess veterinary offices and other veterinary infrastructures; and non-governmental personnel will be deployed to assess humane shelters and animal control facilities. However, there may be some overlap depending on the degree of damage and the availability of personnel.

**III. Activation**

- All personnel will be activated through their agencies' point of contact.
- All responders on the damage assessment teams must have ICS 100 and 200 and NIMS 700.
- When deployed, you will receive details of your activation in writing which will outline where to report, when to report, to whom you report, what you should bring and how long you are expected to be deployed.
- Every effort will be made to give at least 24 hours notice before deployment. There may be localized incidents that will require assessment in less than 24 hours (example – tornadoes).
- Everyone deployed on an incident must follow NIMS.
- Everyone must sign in at the Incident Command Post and be credentialed for the incident.
- Every vehicle used must have a vehicle placard indicating it is part of the response and an official business.

**IV. Supplies**

These items will be supplied as a kit to each team and should be kept in the vehicle. Be sure the kit has the following items:

- Map(s)
- Flashlight
- First Aid Kit
- Water for the team

- Water for the public
- Resource guides for the public
- Computer
- Cell phone(s)
- Assessment forms, instructions, and SOG
- Credentials for personnel and vehicle
- Contact numbers
- Truck safety/repair equipment basics (jumper cables, jack, extra tire, water jug, gloves, road markers, etc.)
- Optional: animal food, feed, and supplies

**V. Procedure**

- Report every morning for a briefing to go over the day's assignments. Everyone must attend. Your Team Leader or the Planning Section will let you know where and when to report for briefings.
- Sign in with your Team Leader when reporting for the briefing.
- Be sure to ask any questions you may have about your assignment at this time.
- Each team should designate a driver and a recorder (assessor). The driver's job is to navigate the area and find the stops along the designated route. Both persons should interview the subjects of interest. The recorder (assessor) should document the information on the assessment forms and then enter the information into the computer upon getting back into the vehicle. Information should be entered in the computer as soon as possible after the interview. NOTE: the information on the forms should be filled out as completely as possible.
- It is highly recommended that each team report into their Team Leader once a day. Conditions may be hazardous and check-ins ensure communication is ongoing and that the team can be located if needed.
- Everyone must report in at the end of the day and provide the day's assessment information to Planning Section for analysis. Bring any assessments that have "Emergency Needs" identified to the attention of the Planning Section when turning the forms in at the ICP.
- Re-stock supplies prior to checking out for the day.
- Sign out of the incident with Team Leader if returning home at the end of a shift.

**VI. Demobilization**

Demobilization is ending participation in the response to the event. Finishing a shift does not demobilize you from the incident. Do the following to demobilize from the incident:

- Sign out in Planning Section and fill out any evaluation forms necessary at that time.
- Hand in the credential for the incident (not your function credentials – just the one you received when you checked in).
- Hand in your vehicle credentials.
- Hand in your vehicle kit.
- Turn in the computer and/or any other equipment loaned to you.
- Once home, call the Team Leader to let him/her know you have arrived safely. At this point, you will have been officially demobilized from the event.





- Questions?
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