



# FSM Standardized Initial Damage Assessment Form (IDA)

FSM Office of Environment & Emergency Management (OEEM)

State: \_\_\_\_\_  
 Island: \_\_\_\_\_  
 Municipality: \_\_\_\_\_  
 Village: \_\_\_\_\_  
 Assessment Date: \_\_\_\_\_  
 Assessment Time: \_\_\_\_\_

Disaster Name: \_\_\_\_\_  
 Disaster Date: \_\_\_\_\_

Assessor Signature: \_\_\_\_\_  
 Assessor's Full Name: \_\_\_\_\_

**COMMENTS**

**ANENGENI NENIOM** (check all that apply)

ANANAP WON  FONU  MOTA  CELLPHONE  SEPENIN  PEICHEM/PECH E

CB RADIO  Satellite  EPIRB

**IFA USUN OMW KOPWE ESINESIN**  
**NGENI NUKUN IKA EKOCH**

Primary Points of Contact (Mayor/Chief)

**NONOMUN NENIACH KEWE**  
 (MAKETIWI FITU)

KAPACHANAPAN CHOCHON ARAMAS		Total Households		
SEMWEN	FEIENGAW	ESE NOMW	MANO	
MONUKON/SEMIRI T (<5)	WATE (<15)	WATE	CHINAP (>55)	
MEI PWOPWO	CHUJUN/PUNG SENING	Immobile	EKOCH	
KAPACHANAPAN	ESE WOR MEI TAANO	WATE TAANO	TANO	
MI NOMW REN ARAMASAR	REN IMWEN FAAN	IMW/IMWEN SIKUN	NO SENI EWWE NENI	

**SOKUN KONIK** (OKUKUMOSU UU IKA AAPW)

MEI OR NGAWAN?	MEI NAF	MI EPOCHUN UUN?	MEI EPOCHUN TUTU?
UU AAPW	UU AAPW	UU AAPW	UU AAPW
UU AAPW	UU AAPW	UU AAPW	UU AAPW
UU AAPW	UU AAPW	UU AAPW	UU AAPW

**MESENI FOT MEI TANO** (CHECKI EW REN EW)

MEI OR NGAWAN?	ESOPW TAANON	WATE TAANON	TANOO UNUSAN
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**IFA TAMIAN AN EKEWE MONGO**  
 REPWE NONONOMW?

1 WIIK IKA KUKUN SENI  2 WIIK  3 WIIK  4 WIIK IKA napesenti

**IMWEN MWUUN IKA IMWEN CHOO**

IMWEN SUKUN  
 IMWEN FAAN

**MEI CHIWEN EOCH** Impaired Function

**WATE TAAN**

**A WESEN TAANO**

6.3	UUI					
6.4	IMMUN MWUN IKA IMMUN SAFE/DISPENSARY Primary Transportation					
6.5						
6.6	ANEN FIFI IKA NENEEN WAA					

7 Security Concerns / Issues  None  Few Issues  Major Issues  Not Secure  
 Strong  Moderate  Weak

8 Overall Coping

The Purpose of this form is to collect the important information which will provide an overview of the situation at the village level following a disaster. If possible, please include any photographs of the Damages, as this will be very helpful. More details assessments will follow if needed.

This Form Should be completed and submitted to your State Disaster Coordination Office within 12 to 24 hours following a disaster or severe event.

EXPLANATORY NOTES:		COMMENTS (Continued from Page 1)
3.1 Immediate Wellbeing	Number sick, missing or dead. If any sickness indicate type in comments column. (e.g. Coughing, Diarrhea, Fever.)	
3.3 Persons w/ Disabilities or Special Needs	Pregnant women, elderly, young without family, cannot walk, cannot hear, cannot see.	
3.4 Main Dwelling houses	Total = the total number of occupied households before the event No/Minor Damage = the family can still safely occupy the home. Major Damage = the family can still safely occupy a portion of the home, but a portion of the home is not safe to occupy. Destroyed = The home is not safe to be occupied.	
3.5 Displaced Households	The number of households that have had to leave their primary home because the event has made it unsafe to occupy.	
7. Security Concerns/Issues	Is there likelihood or threat of unrest/violence/stealing? Violence against women?	
8. Overall Coping	What is the overall mood? Are community members helping each other? Are they sharing food and water? Have they started to make repairs?	