SAMPLE
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Issued By	BCP Manager
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Approved By	Board of Directors

RP03A – Recovery Procedures

Damage Assessment Form

Answer the questions below and submit completed forms (one for each area) to the BCP MANAGER.

Date/Time: _____

Name & Title: _____

Building/Area: _____

Use the space below to list injuries and/or casualties, providing as much information as possible - victim's name, department, title, nature of injuries, apparent cause of injury, medical attention received, and current condition. Use the back of this paper for additional space.

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