

# Emergency Response Survey for Businesses

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Leader Interviewer: \_\_\_\_\_ Organization: \_\_\_\_\_  
Other Interviewer: \_\_\_\_\_ Organization: \_\_\_\_\_

## Emergency / Disruption:

Date of Event: \_\_\_\_\_

Cause of Event: \_\_\_\_\_

## Facility

Damage to the facility? None\_\_\_\_ Minor\_\_\_\_ Significant\_\_\_\_ Total Loss\_\_\_\_

Facility damage comments: \_\_\_\_\_  
\_\_\_\_\_

Is the facility open? Yes\_\_\_\_ No\_\_\_\_

If closed, how long is the estimated closure? \_\_\_\_\_

Are there any access points blocked to the facility? Yes\_\_\_\_ No\_\_\_\_

Access comments? \_\_\_\_\_  
\_\_\_\_\_

## Workforce

What portion of employees can work in the facility? All\_\_\_\_ Some\_\_\_\_ None\_\_\_\_

How many jobs are impacted? \_\_\_\_\_

Impact level to Municipal and related services:

Service Impacted	No Impact	Minor	Significant	No Service	N/A
Electricity					
Gas					
Water					
Sewer					
Trash Removal					
Broadband Internet					
Wireless Internet					
Landline Phone					
Mobile Phone					
Road Transit					
Rail Transit					
Air Transit					
Water Transit					

Other: \_\_\_\_\_

Have you contacted the local Emergency Operations Center (EOC)? Yes \_\_\_\_\_ No \_\_\_\_\_

What additional assistance do you need? \_\_\_\_\_

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Follow up date/plan: \_\_\_\_\_

**Follow Up Questions:**

Does your business have an emergency response plan? \_\_\_\_\_ If yes, did you use it? \_\_\_\_\_

Does your business have a business disaster preparedness / continuity plan?

Yes \_\_\_\_\_ No \_\_\_\_\_