

# HAZARD IDENTIFICATION WORKSHEET

Date Completed:

Which Agency are you representing?

Name:	Title:
Email:	Telephone #:
Address:	City: ZIP:

For each Hazard, please fill out the table below based on the following questions:

- **Previous Occurrence:** Is there a historic record of this type of hazard happening here? *Yes or No*
- **Likely to Experience:** Are you likely to experience this type of hazard in the future? *Yes or No*
- **Probability:** Based on history, what is the likelihood of this event happening again? *Highly Likely, Likely, Possible, Unlikely*
- **Extent:** If this hazard event were to happen, how extensive could the damage be? *Catastrophic, Severe, Limited, None*

Hazard Type	Previous Occurrence?		Likely to Experience?		Probability				Extent			
	Yes	No	Yes	No	Highly Likely	Likely	Possible	Unlikely	Catastrophic	Severe	Limited	None
Avalanche												
Coastal Erosion												
Coastal Storm												
Dam Failure												
Debris Flow												
Drought												
Earthquake												
Expansive Soils												
Extreme Heat												
Flooding												
Hailstorm												
Hurricane												
Land Subsidence												
Landslide												
Levee Failure												
Severe Thunder Storm												
Severe Wind Storm												
Severe Winter Storm												
Tornado												
Tsunami												
Volcano												
Wildfire												
Other:												

**Which of the following does your agency have? (Circle One)**

Comprehensive Plan	Yes / No / NA	Date completed:
Critical Areas Ordinance	Yes / No / NA	Date completed:
Does your agency have an emergency plan?	Yes / No / NA	