

Rapid Cemetery Assessment Form

Inspection

 Inspection date/ time _____ AM PM

Inspector _____

Affiliation _____

Page 1 of _____

Attachments

-
- Documents
-
- Photographs
-
-
- Sketches
-
- Other

photo #s _____

Cemetery Description

Cemetery Name _____

 Address _____

County/Parish Name _____

Est Cemetery Size _____

Total Lot/Section Damage Estimate

-
- None
-
-
- 1-10%
-
-
- 10-30%
-
-
- 30-60%
-
-
- 60-90%
-
-
- 90-100%

 Owner/Contact Info

 Repairs begun? Yes No

Record ,

Interment Type Individual Family Multiple Other

Lot/Section # or I.D.

Est number of structures 1 2-4 5-6 6-10 >10

This section of assessment describes the damaged structures and resources found within this section or lot. Check all items that display damage.

Structures	Materials Found	Coatings found	Type of damage	Level of damage	
<input type="checkbox"/> Marker <input type="checkbox"/> Footstone <input type="checkbox"/> Box tomb/basal <input type="checkbox"/> Vault <input type="checkbox"/> Mausoleum <input type="checkbox"/> Bedstead <input type="checkbox"/> Obelisk <input type="checkbox"/> Other	<input type="checkbox"/> Marble <input type="checkbox"/> Limestone <input type="checkbox"/> Granite <input type="checkbox"/> Slate <input type="checkbox"/> Sandstone <input type="checkbox"/> Schist <input type="checkbox"/> Brick <input type="checkbox"/> Wood <input type="checkbox"/> Cast Iron	<input type="checkbox"/> Wrought Iron <input type="checkbox"/> Bronze <input type="checkbox"/> Lead <input type="checkbox"/> Zinc (White Bronze) <input type="checkbox"/> Concrete <input type="checkbox"/> Glass <input type="checkbox"/> Other	<input type="checkbox"/> Limewash <input type="checkbox"/> Cement Wash <input type="checkbox"/> Stucco <input type="checkbox"/> Modern Coating <input type="checkbox"/> Paint <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Collapse <input type="checkbox"/> Fallen <input type="checkbox"/> Broken <input type="checkbox"/> Missing Pieces <input type="checkbox"/> Stained <input type="checkbox"/> Biological Growth <input type="checkbox"/> Erosion <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> 1-10% <input type="checkbox"/> 10-30% <input type="checkbox"/> 30-60% <input type="checkbox"/> 60-90% <input type="checkbox"/> 90-100%
Enclosures	Materials Found	Coatings found	Type of damage	Level of damage	
<input type="checkbox"/> Curb <input type="checkbox"/> Fence <input type="checkbox"/> Gate <input type="checkbox"/> Wall <input type="checkbox"/> Other <input type="checkbox"/> None	<input type="checkbox"/> Marble <input type="checkbox"/> Limestone <input type="checkbox"/> Granite <input type="checkbox"/> Slate <input type="checkbox"/> Sandstone <input type="checkbox"/> Schist <input type="checkbox"/> Brick <input type="checkbox"/> Wood	<input type="checkbox"/> Cast Iron <input type="checkbox"/> Wrought Iron <input type="checkbox"/> Bronze <input type="checkbox"/> Lead <input type="checkbox"/> Zinc (White Bronze) <input type="checkbox"/> Concrete <input type="checkbox"/> Other	<input type="checkbox"/> Limewash <input type="checkbox"/> Cement Wash <input type="checkbox"/> Stucco <input type="checkbox"/> Modern Coating <input type="checkbox"/> Paint <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> Other	<input type="checkbox"/> Collapse <input type="checkbox"/> Fallen <input type="checkbox"/> Broken <input type="checkbox"/> Missing Pieces <input type="checkbox"/> Stained <input type="checkbox"/> Biological Growth <input type="checkbox"/> Erosion <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> 1-10% <input type="checkbox"/> 10-30% <input type="checkbox"/> 30-60% <input type="checkbox"/> 60-90% <input type="checkbox"/> 90-100%
Landscapes	Materials Found	Type of damage	Level of damage		
<input type="checkbox"/> Trees <input type="checkbox"/> Plants <input type="checkbox"/> Ground Covering <input type="checkbox"/> Roadways <input type="checkbox"/> Walkways <input type="checkbox"/> Others	<input type="checkbox"/> Annual plants <input type="checkbox"/> Perennial plants <input type="checkbox"/> Ornamental trees <input type="checkbox"/> Shade Trees <input type="checkbox"/> Hedges <input type="checkbox"/> Grass	<input type="checkbox"/> Gravel/pebbles <input type="checkbox"/> Shell <input type="checkbox"/> Concrete <input type="checkbox"/> Brick <input type="checkbox"/> Pavers <input type="checkbox"/> Other	<input type="checkbox"/> Fallen <input type="checkbox"/> Fallen on monument <input type="checkbox"/> Broken <input type="checkbox"/> Downed limbs <input type="checkbox"/> Uprooted <input type="checkbox"/> Missing pieces <input type="checkbox"/> Other	<input type="checkbox"/> None <input type="checkbox"/> 1-10% <input type="checkbox"/> 10-30% <input type="checkbox"/> 30-60% <input type="checkbox"/> 60-90% <input type="checkbox"/> 90-100%	

Comments/observations

 Visible human remains/coffins? Yes No Don't know _____

Storm Data

Storm Name _____ Storm Date _____

 Nature of water Standing Flowing Seepage Water Marks Other _____

 Sediment deposited On Site In Structure Site erosion Yes No Don't know

Further Actions

 Further actions Emergency Stabilization Urgent Attention Brush/Tree Clearing Cleaning Repairs

Other recommendations _____


Posting Inspected Unsafe Restricted Use Historic Designation Detailed Evaluation Needed
