

DER Rapid Initial Report (RIR)

1. Name of Assessor, phone/email:		Organization:		Date/Time:	
Note: This form is intended for either Upazila or Union level assessment. Indicate which level the data collected applies to: Upazila: _____ Union: _____					
2. District:		Upazila / Municipality:		Union:	
3. Type of Disaster:		Date and Time of Onset:			
4. Initial estimate of the situation (tentative figures)					
4.1 No of affected:	Districts:	Upazilas:	Unions:		
4.2 No of affected people:	Total:	Women:	Men:	Children (including disabled,orphans, unaccompanied):	
4.3 No of casualties and injuries:		Dead:	Injured:	Evacuated:	Missing:
4.4 No. of people in shelters:	Permanent shelters:		Temporary shelters:	Total in Shelters:	
4.5 No of houses damaged:	Fully:		Partially (%):		
4.6 Crop damaged (hectares):	Fully:		Partially (%):		
4.7 No of livestock lost/dead:	Cattle:		Goat:	Poultry:	
4.8 Pond fisheries damaged:	No of Ponds:		Pond area (hectares):		
5. Need for immediate external assistance	No of People	If external assistance needed, specify what type			
5.1 Food:					
5.2 Shelter:					
5.3 Drinking water:					
5.4 Clothing:					
5.5 Utensils:					
5.6 Sanitation / latrines:					
5.7 Medical supplies & medicines:					
5.8 Search, rescue & evacuation:					
5.9 Protection (Security, violence, rape, theft)					
6. Damage to lifeline systems	Fully	Partially (%)	Not damaged	Comments	
6.1 Public Transport:					
6.2 Road Communication:					
6.3 Telephone Communication:					
6.4 Sanitation (sewerage/drainage/latrines)					
6.5 Power/gas/water supplies:					
7. Information on disease outbreaks, if any:				No. of people affected:	
8. Relief Operation:					
8.1 Has any relief operation started (yes/no,	By Govt:	By Local Community:	By NGOs:	By UN Agencies:	
8.2 Relief items distributed: Specify type, total quantity with units and for how many households					
9. DM Committee:					
9.1 Did you consult local DM Committee (or DMC members/ community groups) (Yes/No					
9.2 Date of last Upazila DMC meeting					

Note 1: This form is to determine the immediate needs; and should be submitted within 12-48 hrs after occurrence of disaster. Time should not be spent to collect information not easily available. However, if the Assessor has access to information that enhances the quality of information gathered by this form, such as demographic population data (e.g. pregnant & lactating mothers, single-headed HHs elderly, disabled, IDPs, socially, ethnically, religiously, linguistically etc. marginalised groups, people w/ HIV/AIDS, TB, leprosy, sex workers & IDUs), this information is highly welcom

Note 2: Permant shelters includes buildings earmarked as emergency shelters by Govt., where as all other shelters are understood as temporary shelters

Note 3: A guideline will be made available to provide further understanding over how to use this form.

Note 4: Fax completed form to both : 02-9890854 (GoB DMB DMIC) and to 02-8113147 (DER Secretariat) & Email to both : info@dmic.cdmp.org.bd and DER.BAN@wfp.org

Signature of the Assessor : _____