Chainsaw ● Wind Storm ● Roof Assessment

Job #: _____

Assessor: _____

Assessor Phone: _____

Date: _____

Describe electrical hazards _____

Mark Yes/No for each of the below

___ Tree(s) posing potential safety hazard to owner/resident [Priority 1]

___ Tree(s) on house/roof with hole(s) [Priority 1]

___ Tree(s) over 13" diameter on house/roof with no holes [Priority 1]

___ Tree(s) blocking entrance to house or driveway [Priority 1]

___ Tree(s) through window or wall exposing interior to weather [Priority 1]

___ Tree(s) down preventing restoration of power/utilities to home [Priority 1]

___ Tree(s) and limbs down near house preventing necessary repairs [Priority 2]

___ Tree(s) 13" diameter or less on house/roof with no holes [Priority 2]

___ Tree(s) on well-house or storage buildings [Priority 2]

___ Tree(s) needing expertise to clear (more difficult than average homeowner can accomplish) [Priority 2]

___ Tree(s) larger than 24" diameter (larger than average homeowner can accomplish) [Priority 2]

___ Tree(s) and limbs down that do not affect access or restoration of power/utilities to home [Priority 3]

___ We cannot lift trees off structure but can help to cover and prevent further damage.

___ Good access to street for debris removal | ___ Limited access | Distance of trees to street _____

Tarp/Roof Damage: Yes No

Type of roof: Shingle _____ Roll roofing _____ Metal _____ Tile _____

Are there holes in the decking? Yes No Size of hole _____

Are trusses/rafters damaged: Yes No

Percentage of shingles missing _____% Tabs missing _____%

Whole shingles missing _____ Decking visible _____

Roof Height above ground (ft) _____

Roof Pitch	

Trunk Diameter (inches)	Length (Root to Tip) (ft)	Canopy Breadth/Width (ft)

Work Needed

Number of trees/limbs needed to be cut: _____ Approx. size of trees/limbs:

Good access for cutting and removal? Yes _____ No _____

Tarp(s) needed on roof? Yes No

How many? _____ Approximate size _____

Crew size _____ Est. (hrs) to complete w/o Equipment: _____

Mark below with "B" – Blocked/Unable to use; "O" – Optional/Helpful; "N" – Necessary/Work cannot be done without

Special requirements: Bucket Truck/Man Lift ____ Tree Climbers ____ Heavy Equipment ____ Other _____

If marked "N", reason(s) work **cannot** be done without above:_____

Not recommended ____ Reason(s) _____

Comments: _____

_____

_____

Last Revised ***15 March 2026***

HOUSE LOCATED ON LOT - CHAINSAW

Job #: _____

Assessor: _____

Assessor Phone: _____

Date: _____

LOCATE AND MARK THE FOLLOWING	USE THESE SYMBOLS
1. Property lines	PL
2. Septic tank and drain lines	ST Septic Tank
3. Well and water lines	Well ———
4. Gas tank and lines	Gas - - - - -
5. Location of brush debris	BD

Identify location of:

- Trees needing to be moved
- Driveway(s)
- Fences and gates w/ sizes
- Sprinkler heads
- Outbuildings
- Any additional items that team(s) may need to work around or avoid

PL PL

HOME/BUILDING

Front of house

PL PL

Last Revised ***15 March 2026***