

Detailed Family Impact Assessment – Severity

#2

What is the level of impact of this threat to my family?

| Assess Potential | Threat # | Threat # | Threat # | Threat # | Threat # |
|---|---|---|---|---|---|
| Severity Assess impact of threat against: | | | | | |
| 1. People: What is the potential for injury or death to my family? | <input type="checkbox"/> All Death <input type="checkbox"/> Injury & Death <input type="checkbox"/> Significant Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> No Impact | <input type="checkbox"/> All Death <input type="checkbox"/> Injury & Death <input type="checkbox"/> Significant Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> No Impact | <input type="checkbox"/> All Death <input type="checkbox"/> Injury & Death <input type="checkbox"/> Significant Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> No Impact | <input type="checkbox"/> All Death <input type="checkbox"/> Injury & Death <input type="checkbox"/> Significant Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> No Impact | <input type="checkbox"/> All Death <input type="checkbox"/> Injury & Death <input type="checkbox"/> Significant Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> No Impact |
| 2. Property: What is the potential for damage or destruction of my real property (home/ business)? | <input type="checkbox"/> Full Destruction <input type="checkbox"/> Some Destruction <input type="checkbox"/> Significant Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> No Damage | <input type="checkbox"/> Full Destruction <input type="checkbox"/> Some Destruction <input type="checkbox"/> Significant Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> No Damage | <input type="checkbox"/> Full Destruction <input type="checkbox"/> Some Destruction <input type="checkbox"/> Significant Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> No Damage | <input type="checkbox"/> Full Destruction <input type="checkbox"/> Some Destruction <input type="checkbox"/> Significant Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> No Damage | <input type="checkbox"/> Full Destruction <input type="checkbox"/> Some Destruction <input type="checkbox"/> Significant Damage <input type="checkbox"/> Minor Damage <input type="checkbox"/> No Damage |
| 3. Assets: What is the potential for damage or destruction of my personal property (cars, furnishings in home, etc.)? | <input type="checkbox"/> Replace Long-Term <input type="checkbox"/> Replace Short-Term <input type="checkbox"/> Repair Long-Term <input type="checkbox"/> Repair Short-Term <input type="checkbox"/> No Loss | <input type="checkbox"/> Replace Long-Term <input type="checkbox"/> Replace Short-Term <input type="checkbox"/> Repair Long-Term <input type="checkbox"/> Repair Short-Term <input type="checkbox"/> No Loss | <input type="checkbox"/> Replace Long-Term <input type="checkbox"/> Replace Short-Term <input type="checkbox"/> Repair Long-Term <input type="checkbox"/> Repair Short-Term <input type="checkbox"/> No Loss | <input type="checkbox"/> Replace Long-Term <input type="checkbox"/> Replace Short-Term <input type="checkbox"/> Repair Long-Term <input type="checkbox"/> Repair Short-Term <input type="checkbox"/> No Loss | <input type="checkbox"/> Replace Long-Term <input type="checkbox"/> Replace Short-Term <input type="checkbox"/> Repair Long-Term <input type="checkbox"/> Repair Short-Term <input type="checkbox"/> No Loss |
| 4. Work: What is the potential for disrupting my ability to work and make a living? | <input type="checkbox"/> Open New Business <input type="checkbox"/> Find New Work <input type="checkbox"/> Return Wks/Mnths <input type="checkbox"/> Return days/week <input type="checkbox"/> Return Immediately | <input type="checkbox"/> Open New Business <input type="checkbox"/> Find New Work <input type="checkbox"/> Return Wks/Mnths <input type="checkbox"/> Return days/week <input type="checkbox"/> Return Immediately | <input type="checkbox"/> Open New Business <input type="checkbox"/> Find New Work <input type="checkbox"/> Return Wks/Mnths <input type="checkbox"/> Return days/week <input type="checkbox"/> Return Immediately | <input type="checkbox"/> Open New Business <input type="checkbox"/> Find New Work <input type="checkbox"/> Return Wks/Mnths <input type="checkbox"/> Return days/week <input type="checkbox"/> Return Immediately | <input type="checkbox"/> Open New Business <input type="checkbox"/> Find New Work <input type="checkbox"/> Return Wks/Mnths <input type="checkbox"/> Return days/week <input type="checkbox"/> Return Immediately |
| 5 Calculate: Calculate the severity Impact Score | Severity Impact | Severity Impact | Severity Impact | Severity Impact | Severity Impact |

1. Transfer the threats from the Detailed Family Impact Assessment - Likelihood in the order of Likelihood Priority with the highest score/priority first. Use Continuation form, if needed, to transfer all Threats with likelihood scores above "0".
2. Assess each individual threat for its potential severity to you and your family, home, property and ability to make a living.
3. Add assessed scores for each column. Place column total under "Severity Impact". Max score would be 28.