Form R-E: SLOPE DISASTER SUMMARY

(To be prepared at each time of filling-in of SLOPE DISASTER RECORD)

Road Name		From (M/Y)	/ 200__
Chainage	From ..+…. To ..+… *km*	To (M/Y)	/ 200__
Division Road Office		Checked by	(date:)

Slope ID	Disaster Occurrence Data			Name of Inspector	Comments (Blockage duration, Treatment measure etc.)
	Date	**Type of Disaster**	**Causes of Disaster**		