

ATC-45 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date: _____
 Affiliation: _____ Inspection time: _____ AM PM
 Areas inspected: Exterior only Exterior and interior

Building Description

Building name: _____
 Address: _____
 Building contact/phone: _____
 Number of stories: _____
 "Footprint area" (square feet): _____
 Number of residential units: _____

Type of Building

Mid-rise or high-rise Pre-fabricated
 Low-rise multi-family One- or two-family dwelling
 Low-rise commercial

Primary Occupancy

Dwelling Commercial Government
 Other residential Offices Historic
 Public assembly Industrial School
 Emergency services Other: _____

Evaluation

Investigate the building for the conditions below and check the appropriate column. **Estimated Building Damage (excluding contents)**

| Observed Conditions: | Minor/None | Moderate | Severe | |
|--|--------------------------|--------------------------|--------------------------|---------------------------------------|
| Collapse, partial collapse, or building off foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> None |
| Building significantly out of plumb or in danger | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> > 0 to < 1% |
| Damage to primary structural members, racking of walls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 1 to < 10% |
| Falling hazard due to nonstructural damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 10 to < 30% |
| Geotechnical hazard, scour, erosion, slope failure, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 30 to < 70% |
| Electrical lines / fixtures submerged / leaning trees | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 70 to < 100% |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> 100% |

See back of form for further comments.

Posting

Choose a posting based on the evaluation and team judgment. Severe conditions endangering the overall building are grounds for an Unsafe posting. Localized Severe and overall Moderate conditions may allow a Restricted Use posting.

INSPECTED (Green placard) **RESTRICTED USE** (Yellow placard) **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Number of residential units vacated: _____

Further Actions Check the boxes below only if further actions are needed.

Barricades needed in the following areas: _____

Detailed Evaluation recommended: Structural Geotechnical Other: _____

Substantial Damage determination recommended

Other recommendations: _____

See back of form for further comments.