

# ATC-20 Detailed Evaluation Safety Assessment Form

## Inspection

Inspector ID: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Inspection date and time: \_\_\_\_\_  AM  PM

## Final Posting

from page 2

- Inspected  
 Restricted Use  
 Unsafe

## Building Description

Building name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Building contact/phone: \_\_\_\_\_

Number of stories above ground: \_\_\_\_ below ground: \_\_\_\_

Approx. "Footprint area" (square feet): \_\_\_\_\_

Number of residential units: \_\_\_\_\_

Number of residential units not habitable: \_\_\_\_\_

## Type of Construction

- Wood frame  Concrete shear wall  
 Steel frame  Unreinforced masonry  
 Tilt-up concrete  Reinforced masonry  
 Concrete frame  Other: \_\_\_\_\_

## 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. There is room on the second page for a sketch.

	Minor/None	Moderate	Severe	Comments
<b>Overall hazards:</b>				
Collapse or partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Structural hazards:</b>				
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roofs, floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Columns, pilasters, corbels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diaphragms, horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls, vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Precast connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nonstructural hazards:</b>				
Parapets, ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cladding, glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceilings, light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior walls, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stairs, exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric, gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Geotechnical hazards:</b>				
Slope failure, debris	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground movement, fissures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**General Comments:** \_\_\_\_\_  
 \_\_\_\_\_

Continue on page 2