

# ATC-20-1 Bhutan Detailed Evaluation Safety Assessment Form

## Inspection

Inspector ID: \_\_\_\_\_ Evaluation date: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Evaluation time: \_\_\_\_\_

Areas evaluated:  Exterior only  Exterior and interior

## Final Posting from page 2

- Inspected  
 Restricted Use  
 Unsafe

## Building Description

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

Village/gewog/dzongkhag: \_\_\_\_\_

Building owner/phone: \_\_\_\_\_

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

Approx. plinth area (square meters): \_\_\_\_\_

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

GPS coordinates: Lat: \_\_\_\_\_ Long: \_\_\_\_\_

## Type of Construction

- Rammed earth  Brick masonry  
 Stone masonry  Concrete block masonry  
 Ekra  Timber or bamboo  
 Adobe/mud block  Other: \_\_\_\_\_  
 RCC frame with infill

## Primary Occupancy

- Residential  Commercial  Offices  
 Medical services  Industrial  School  
 Public assembly  Other: \_\_\_\_\_  
 Emergency services

Check if:  Government  Private

Comments: \_\_\_\_\_

## Evaluation

Investigate the building for the conditions below and check the appropriate column. Provide a sketch on the second page.

	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>				
Roofs, floors (vertical loads)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roof supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Columns, pilasters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls, vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rabsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nonstructural hazards:</b>				
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"/>	_____
Brick infill, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electric, gas, equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lifts, stairs, exits	<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

