

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

## Primary Occupancy

- Dwelling  
 Other residential  
 Public assembly  
 Emergency services  
 Commercial  
 Offices  
 Industrial  
 Other: \_\_\_\_\_  
 Government  
 Historic  
 School

## 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:** \_\_\_\_\_

Building name: \_\_\_\_\_ Inspector ID: \_\_\_\_\_

**Sketch (optional)**

Provide a sketch of the building or damaged portions. Indicate damage points.

**Estimated Building Damage**

If requested by the jurisdiction, estimate building damage

- None
- 0-1%
- 1-10%
- 10-30%
- 30-60%
- 60-100%
- 100%

**Posting**

If there is an existing posting from a previous evaluation, check the appropriate box.

Previous posting:  INSPECTED  RESTRICTED USE  UNSAFE Inspector ID: \_\_\_\_\_ Date: \_\_\_\_\_

If necessary, revise the posting based on the new evaluation and team judgment. *Severe* conditions endangering the overall building are grounds for an Unsafe posting. Local *Severe* and overall *Moderate* conditions may allow a Restricted Use posting. Indicate the current posting below and at the top of page one.

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

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

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

Barricades needed in the following areas: \_\_\_\_\_  
\_\_\_\_\_

Engineering Evaluation recommended:  Structural  Geotechnical  Other: \_\_\_\_\_

Other recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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