

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

Low-rise multi-family

Low-rise commercial

Pre-fabricated

One- or two-family dwelling

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.

Observed Conditions:

Minor/None Moderate Severe

Collapse, partial collapse, or building off foundation

Building significantly out of plumb or in danger

Damage to primary structural members, racking of walls

Falling hazard due to nonstructural damage

Geotechnical hazard, scour, erosion, slope failure, etc.

Electrical lines / fixtures submerged / leaning trees

Other (specify) _____

See back of form for further comments.

Estimated Building Damage

(excluding contents)

None

> 0 to < 1%

1 to < 10%

10 to < 30%

30 to < 60%

60 to < 100%

100%

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.