

Facility Name _____
Address _____
Co-City-Vic _____
Mo/Day/Yr ____/____/____ Time _____
Type of Disaster _____

use 24 hr.

SAP ID #s. _____
Other Reports _____
No. Photos ____ No. Sketches ____
Ref. Dwgs. _____
Est. Damage % _____
Facility Status

SAFETY INSTRUCTIONS: The possibility of toxic gases in confined spaces or of fuel leaks should be recognized as a potential hazard.

CAUTION: The primary purpose of the report is to advise of the condition of the facility for immediate continued use/occupancy. REINSPECTION OF THE FACILITY IS RECOMMENDED. AFTERSHOCKS MAY CAUSE DAMAGE THAT REQUIRES REINSPECTION. The conclusions reached by engineers who re-examine the facility later should take precedence. The assessment team will not render further advice in the event of conflict of engineering recommendations.

A. CONDITION:

Existing: None Recommended: Green Posted at this assessment: Yes
Green Yellow No
Yellow Red
Red

B. RECOMMENDATIONS

Monitor _____
Other _____

C. COMMENTS

