

Facility Name _____	SAP ID #s. _____
Address _____	Other Reports _____
Co-City-Vic _____	No. Photos _____ No. Sketches _____
Mo/Day/Yr _____/_____/_____ Time _____	Ref. Dwgs. _____
<small>use 24 hr.</small>	Est. Damage % _____
Type of Disaster _____	Facility Status <input type="text"/>

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

Existing barricades in position

B. RECOMMENDATIONS

Monitor _____ Ok for emergency vehicles _____
Ok for public transportation _____ Ok for private vehicles _____
Ok for pedestrians _____ Ok for one-way traffic _____
Ok for two-way traffic _____ Install barricades _____
Use detour(s) _____ Aftershocks potentially dangerous to traffic_
Traffic in danger due to adjacent unstable/unsound structure _____

C. COMMENTS _____

