ATC-45 Detailed Evaluation Safety Assessment Form **Final Posting** Inspection from page 2 Inspector ID: _____ Inspection date: _____ ☐ Inspected Restricted Use Affiliation: _____ Inspection time: ____ DAM DPM ☐ Unsafe **Building Description** Type of Building Building name: _____ ☐ Mid-rise or High-rise Pre-fabricated Low-rise multi-family One- or two-family dwelling ☐ Other: _____ Low-rise commercial **Primary Occupancy** Building contact/phone: ■ Dwelling Commercial ☐ Government Number of stories: Other residential ☐ Offices ☐ Historic "Footprint area" (square feet): Public assembly ☐ Industrial ☐ School Number of residential units: ☐ Emergency services Other: **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 Comments Severe **Overall hazards:** Collapse or partial collapse Building or story lean or drift Fractured or displaced foundation Structural hazards: Failure of significant element/connection Column, pier, or bearing wall Roof/floor framing or connection Superstructure/foundation connection Moment frame Diaphragm/horizontal bracing Vertical bracing Shear wall Nonstructural hazards: Parapets, ornamentation Canopy Cladding, glazing Ceilings, light fixtures Stairs, exits, access walkways, gratings Interior walls, partitions Mechanical & electrical equipment **Elevators** Building contents, other **Geotechnical hazards:** Slope failure, debris impact Ground movement, erosion, sedimentation Differential settlement

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