**ATC-20 Detailed Evaluation Safety Assessment Form**

### Inspection
- Inspector ID: ____________________________
- Affiliation: ______________________________
- Inspection date and time: ____________________ [AM] [PM]

### 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
- Government
- Historic
- School
- Other: ____________________________

### Evaluation
Investigate the building for the conditions below and check the appropriate column. There is room on the second page for a sketch.

<table>
<thead>
<tr>
<th>Minor/None</th>
<th>Moderate</th>
<th>Severe</th>
<th>Comments</th>
</tr>
</thead>
</table>

#### Overall hazards:
- Collapse or partial collapse
- Building or story leaning
- Other: ____________________________

#### Structural hazards:
- Foundations
- Roofs, floors (vertical loads)
- Columns, pilasters, corbels
- Diaphragms, horizontal bracing
- Walls, vertical bracing
- Precast connections
- Other: ____________________________

#### Nonstructural hazards:
- Parapets, ornamentation
- Cladding, glazing
- Ceilings, light fixtures
- Interior walls, partitions
- Elevators
- Stairs, exits
- Electric, gas
- Other: ____________________________

#### Geotechnical hazards:
- Slope failure, debris
- Ground movement, fissures
- Other: ____________________________

### General Comments:
______________________________________

**Continue on page 2**
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 (repair cost ÷ replacement cost, excluding contents).
- 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: __________________________________________

________________________________________________________________________________________