

ATC-20 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date and time: _____ AM PM
 Affiliation: _____ Areas inspected: Exterior only Exterior and interior

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

- | | |
|---|---|
| <input type="checkbox"/> Wood frame | <input type="checkbox"/> Concrete shear wall |
| <input type="checkbox"/> Steel frame | <input type="checkbox"/> Unreinforced masonry |
| <input type="checkbox"/> Tilt-up concrete | <input type="checkbox"/> Reinforced masonry |
| <input type="checkbox"/> Concrete frame | <input type="checkbox"/> Other: _____ |

Primary Occupancy

- | | | |
|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dwelling | <input type="checkbox"/> Commercial | <input type="checkbox"/> Government |
| <input type="checkbox"/> Other residential | <input type="checkbox"/> Offices | <input type="checkbox"/> Historic |
| <input type="checkbox"/> Public assembly | <input type="checkbox"/> Industrial | <input type="checkbox"/> School |
| <input type="checkbox"/> Emergency services | <input type="checkbox"/> Other: _____ | |

Evaluation

Investigate the building for the conditions below and check the appropriate column.

Estimated Building Damage
(excluding contents)

Observed Conditions:	Minor/None	Moderate	Severe	Estimated Building Damage (excluding contents)
Collapse, partial collapse, or building off foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0 – 1%
Racking damage to walls, other structural damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1 – 10%
Chimney, parapet, or other falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10 – 30%
Ground slope movement or cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30 – 60%
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60 – 100%
				<input type="checkbox"/> 100%

Comments: _____

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. Post INSPECTED placard at main entrance. Post RESTRICTED USE and UNSAFE placards at all entrances.

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: _____

Detailed Evaluation recommended: Structural Geotechnical Other: _____

Other recommendations: _____

Comments: _____