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: ______________________________ Type of Construction
Address: ___________________________________________ [ ] Wood frame
Building contact/phone: ____________________________ [ ] Concrete shear wall
Number of stories above ground: ______ below ground: _____ [ ] Steel frame
[ ] Tilt-up concrete [ ] Unreinforced masonry
[ ] Concrete frame [ ] Reinforced masonry

Primary Occupancy
[ ] Dwelling [ ] Other residential [ ] Commercial
[ ] Public assembly [ ] Government [ ] Historic
[ ] Emergency services [ ] Industrial [ ] School

Evaluation
Investigate the building for the conditions below and check the appropriate column. Estimated Building Damage
(防疫措施数量)
Observed Conditions: Minor/None Moderate Severe [ ] None
Collapse, partial collapse, or building off foundation [ ] 0 – 1%
Building or story leaning [ ] 1 – 10%
Racking damage to walls, other structural damage [ ] 10 – 30%
Chimney, parapet, or other falling hazard [ ] 30 – 60%
Ground slope movement or cracking [ ] 60 – 100%
Other (specify) ______________ [ ] 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: ___________________________________________________________________________________________