

# ATC-45 Detailed Evaluation Safety Assessment Form

## Inspection

Inspector ID: \_\_\_\_\_ Inspection date: \_\_\_\_\_

Affiliation: \_\_\_\_\_ Inspection time: \_\_\_\_\_  AM  PM

## Final Posting from page 2

- Inspected  
 Restricted Use  
 Unsafe

## Building Description

Building name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Building contact/phone: \_\_\_\_\_

Number of stories: \_\_\_\_\_

"Footprint area" (square feet): \_\_\_\_\_

Number of residential units: \_\_\_\_\_

### Type of Building

- Mid-rise or High-rise  
 Low-rise multi-family  
 Low-rise commercial

- Pre-fabricated  
 One- or two-family dwelling  
 Other: \_\_\_\_\_

### Primary Occupancy

- Dwelling  
 Other residential  
 Public assembly  
 Emergency services

- Commercial  
 Offices  
 Industrial  
 Other: \_\_\_\_\_
- Government  
 Historic  
 School

## 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	Severe	Comments
<b>Overall hazards:</b>				
Collapse or partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building or story lean or drift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fractured or displaced foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Structural hazards:</b>				
Failure of significant element/connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Column, pier, or bearing wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Roof/floor framing or connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Superstructure/foundation connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Moment frame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Diaphragm/horizontal bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Vertical bracing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shear wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Nonstructural hazards:</b>				
Parapets, ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Canopy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cladding, glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ceilings, light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stairs, exits, access walkways, gratings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior walls, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical & electrical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Elevators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building contents, other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<b>Geotechnical hazards:</b>				
Slope failure, debris impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground movement, erosion, sedimentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Differential settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

