

# 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

Wood frame  Concrete shear wall  
 Steel frame  Unreinforced masonry  
 Tilt-up concrete  Reinforced masonry  
 Concrete frame  Other: \_\_\_\_\_

### Primary Occupancy

Dwelling  Commercial  Government  
 Other residential  Offices  Historic  
 Public assembly  Industrial  School  
 Emergency services  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: \_\_\_\_\_  
 \_\_\_\_\_