

ATC-45 Detailed Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date: _____

Affiliation: _____ Inspection time: _____ AM PM

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- 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
Overall hazards:				
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"/>	_____
Structural hazards:				
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"/>	_____
Nonstructural hazards:				
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"/>	_____
Geotechnical hazards:				
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"/>	_____

