

ATC-45 Rapid Evaluation Safety Assessment Form

Inspection

Inspector ID: _____ Inspection date: _____

Affiliation: _____ Inspection time: _____ AM PM

Areas inspected: Exterior only Exterior and interior

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

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.

Observed Conditions:

Minor/None Moderate Severe

- Collapse, partial collapse, or building off foundation
- Building significantly out of plumb or in danger
- Damage to primary structural members, racking of walls
- Falling hazard due to nonstructural damage
- Geotechnical hazard, scour, erosion, slope failure, etc.
- Electrical lines / fixtures submerged / leaning trees
- Other (specify) _____

Minor/None	Moderate	Severe
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Building Damage (excluding contents)

- None
- > 0 to < 1%
- 1 to < 10%
- 10 to < 30%
- 30 to < 60%
- 60 to < 100%
- 100%

See back of form for further 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.

INSPECTED (Green placard) **RESTRICTED USE** (Yellow placard) **UNSAFE** (Red placard)

Record any use and entry restrictions exactly as written on placard: _____

Number of residential units vacated: _____

Further Actions

 Check the boxes below only if further actions are needed.

Barricades needed in the following areas: _____

Detailed Evaluation recommended: Structural Geotechnical Other: _____

Substantial Damage determination recommended

Other recommendations: _____

See back of form for further comments.