



ATC-20 RAPID EVALUATION SAFETY ASSESSMENT FORM

INSPECTION

INSPECTOR ID	INSPECTION DATE AND TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
AFFILIATION	AREAS INSPECTED <input type="checkbox"/> EXTERIOR ONLY <input type="checkbox"/> EXTERIOR AND INTERIOR

BUILDING DESCRIPTION

BUILDING NAME	TYPE OF CONSTRUCTION	
ADDRESS	<input type="checkbox"/> WOOD FRAME	<input type="checkbox"/> CONCRETE SHEAR WALL
CITY	STATE	ZIP
BUILDING CONTACT NAME	BUILDING CONTACT PHONE	PRIMARY OCCUPANCY
NUMBER OF STORIES	APPROXIMATE FOOTPRINT AREA	<input type="checkbox"/> INDUSTRIAL
NUMBER OF RESIDENTIAL UNITS	RESIDENTIAL UNITS NOT HABITABLE	<input type="checkbox"/> GOVERNMENT
		<input type="checkbox"/> HISTORIC
		<input type="checkbox"/> SCHOOL
		<input type="checkbox"/> OTHER: _____
		<input type="checkbox"/> DWELLING
		<input type="checkbox"/> OTHER RESIDENTIAL
		<input type="checkbox"/> PUBLIC ASSEMBLY
		<input type="checkbox"/> EMERGENCY SERVICES
		<input type="checkbox"/> COMMERCIAL
		<input type="checkbox"/> OFFICES

EVALUATION

Investigate the building for the conditions below and check the appropriate column.				ESTIMATED BUILDING DAMAGE
OBSERVED CONDITIONS	MINOR/NONE	MODERATE	SEVERE	(Excluding Contents) <input type="checkbox"/> None
Collapse, partial collapse, or building off foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 0-1%
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-10%
Racking damage to walls, other structural damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 10-30%
Chimney, parapet, or other falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 30-60%
Ground slope movement or cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 60-100%
Other (Specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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: _____