

Christchurch Earthquake Assessment Form - Level 2

| Christchurch Eq RAPID Assessment Form - LEVEL 2 | | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--------------------------|--------------------------|-----------------|--|------|--------------------------|---------|--------------------------|-------|--------------------------|---------|--------------------------|--------|--------------------------|-------|--------------------------|---------|--------------------------|--|--|
| Inspector Initials | | Date | | Final Posting | | | | | | | | | | | | | | | | | |
| Territorial Authority | | Time | | (e.g. UNSAFE) | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Building Name</p> <p>Short Name</p> <p>Address</p> <p>GPS Co-ordinates S° E°</p> <p>Contact Name</p> <p>Contact Phone</p> <p>Stores at and above ground level</p> <p>Total gross floor area (m²)</p> <p>No of residential Units</p> <p>Photo Taken Yes No</p> </div> <div style="width: 50%;"> <p>Type of Construction</p> <p><input type="checkbox"/> Timber frame</p> <p><input type="checkbox"/> Steel frame</p> <p><input type="checkbox"/> Tilt-up concrete</p> <p><input type="checkbox"/> Concrete frame</p> <p><input type="checkbox"/> RC frame with masonry infill</p> <p>Primary Occupancy</p> <p><input type="checkbox"/> Dwelling</p> <p><input type="checkbox"/> Other residential</p> <p><input type="checkbox"/> Public assembly</p> <p><input type="checkbox"/> School</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Concrete shear wall</p> <p><input type="checkbox"/> Unreinforced masonry</p> <p><input type="checkbox"/> Reinforced masonry</p> <p><input type="checkbox"/> Confined masonry</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Commercial/ Offices</p> <p><input type="checkbox"/> Industrial</p> <p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> Heritage Listed</p> <p><input type="checkbox"/> Other</p> </div> </div> | | | | | | | | | | | | | | | | | | | | | |
| Investigate the building for the conditions listed on page 1 and 2, and check the appropriate column. A sketch may be added on page 3 | | | | | | | | | | | | | | | | | | | | | |
| Overall Hazards / Damage | Minor/None | Moderate | Severe | Comments | | | | | | | | | | | | | | | | | |
| Collapse, partial collapse, off foundation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Building or storey leaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Wall or other structural damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Overhead falling hazard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Ground movement, settlement, slips | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Neighbouring building hazard | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| Electrical, gas, sewerage, water, hazmats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| <p>Record any existing placard on this building:</p> <p>Existing Placard Type (e.g. UNSAFE)</p> <p>Choose a new posting based on the new evaluation and team judgement. Severe conditions affecting the whole building are grounds for an UNSAFE posting. Localised Severe and overall Moderate conditions may require a RESTRICTED USE. Place INSPECTED placard at main entrance. Post all other placards at every significant entrance. Transfer the chosen posting to the top of this page.</p> <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div style="text-align: center;"> <p>INSPECTED</p> <p>GREEN</p> <p>G1 G2</p> </div> <div style="text-align: center;"> <p>RESTRICTED USE</p> <p>YELLOW</p> <p>Y1 Y2</p> </div> <div style="text-align: center;"> <p>UNSAFE</p> <p>RED</p> <p>R1 R2 R3</p> </div> </div> <p>Record any restriction on use or entry:</p> <p>Further Action Recommended:</p> <p><i>Tick the boxes below only if further actions are recommended</i></p> <p><input type="checkbox"/> Barricades are needed (state location):</p> <p><input type="checkbox"/> Detailed engineering evaluation recommended</p> <p style="margin-left: 40px;"><input type="checkbox"/> Structural <input type="checkbox"/> Geotechnical <input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Other recommendations:</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Estimated Overall Building Damage (Exclude Contents)</p> <table style="width: 100%;"> <tr> <td>None</td> <td><input type="checkbox"/></td> <td>31-60 %</td> <td><input type="checkbox"/></td> </tr> <tr> <td>0-1 %</td> <td><input type="checkbox"/></td> <td>61-99 %</td> <td><input type="checkbox"/></td> </tr> <tr> <td>2-10 %</td> <td><input type="checkbox"/></td> <td>100 %</td> <td><input type="checkbox"/></td> </tr> <tr> <td>11-30 %</td> <td><input type="checkbox"/></td> <td></td> <td></td> </tr> </table> <p>Inspection ID: _____ (Office Use Only)</p> | | | | | | None | <input type="checkbox"/> | 31-60 % | <input type="checkbox"/> | 0-1 % | <input type="checkbox"/> | 61-99 % | <input type="checkbox"/> | 2-10 % | <input type="checkbox"/> | 100 % | <input type="checkbox"/> | 11-30 % | <input type="checkbox"/> | | |
| None | <input type="checkbox"/> | 31-60 % | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 0-1 % | <input type="checkbox"/> | 61-99 % | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 2-10 % | <input type="checkbox"/> | 100 % | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | |
| 11-30 % | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |
| <p>Sign here on completion</p> <p>_____</p> <p>Date & Time</p> <p>ID</p> | | | | | | | | | | | | | | | | | | | | | |

| Structural Hazards/ Damage | Minor/None | Moderate | Severe | Comments |
|---|--------------------------|--------------------------|--------------------------|----------|
| Foundations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Roofs, floors (vertical load) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Columns, pilasters, corbels | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Diaphragms, horizontal bracing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Pre-cast connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Beam | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Non-structural Hazards / Damage | | | | |
| Parapets, ornamentation | <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"/> | |
| Interior walls, partitions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Stairs/ Exits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Utilities (eg. gas, electricity, water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Geotechnical Hazards / Damage | | | | |
| Slope failure, debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground movement, fissures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Soil bulging, liquefaction | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| General Comment | | | | |
| | | | | |
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| | | | | |

Usability Category

| Damage Intensity | | Posting | Usability Category | Remarks |
|------------------|----------------------------|---|--------------------|---------|
| Light damage | Inspected (Green) | G1. Occupiable, no immediate further investigation required | | |
| Low risk | | G2. Occupiable, repairs required | | |
| Medium damage | Restricted Use (Yellow) | Y1. Short term entry | | |
| Medium risk | | Y2. No entry to parts until repaired or demolished | | |
| Heavy damage | Unsafe (Red) | R1. Significant damage: repairs, strengthening possible | | |
| High risk | | R2. Severe damage: demolition likely | | |
| | | R3. At risk from adjacent premises or from ground failure | | |

2 Inspection ID: _____ (Office Use Only)

Provide a sketch of the entire building or damage points. Indicate damage points.

A full-page view of a blank sheet of white graph paper. The grid consists of thin black horizontal and vertical lines forming small squares. There are approximately 20 columns and 20 rows visible on the page.
