

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.

Observed Conditions:

Collapse, partial collapse, or building off foundation

Building or story leaning

Racking damage to walls, other structural damage

Chimney, parapet, or other falling hazard

Ground slope movement or cracking

Other (specify) _____

Minor/None

Moderate

Severe

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Estimated Building Damage
(excluding contents)

☐ None

☐ 0 – 1%

☐ 1 – 10%

☐ 10 – 30%

☐ 30 – 60%

☐ 60 – 100%

☐ 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: _____