

ATC-20 Detailed Evaluation Safety Assessment Form

Inspection

Inspector ID: _____

Affiliation: _____

Inspection date and time: _____ AM PM

Final Posting

from page 2

- Inspected
 Restricted Use
 Unsafe

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. 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 leaning | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Structural hazards: | | | | |
| Foundations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Roofs, floors (vertical loads) | <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"/> | _____ |
| Walls, vertical bracing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Precast connections | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Nonstructural hazards: | | | | |
| 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"/> | _____ |
| Electric, gas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Geotechnical hazards: | | | | |
| Slope failure, debris | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Ground movement, fissures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Other_____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

General Comments: _____
