

# (Add Jurisdiction Name) – Detailed Evaluation Safety Assessment Form

<b>Inspection</b>	Disaster Event # _____ Site # _____	<b>Final Posting</b> (from page 2)
Inspector ID: _____ Affiliation: _____ Inspection date and time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm		<input type="checkbox"/> Inspected <input type="checkbox"/> Restricted Use <input type="checkbox"/> Unsafe
<b>Building</b>	<b>Type of construction</b>	
Tax Parc. # _____ Building name: _____ Address: _____ _____ Building contact/phone: _____ Number of Stories above ground: _____ below: _____ Approx. "footprint area" (square feet): _____ Number of residential units: _____ Number of residential units not habitable: _____	<input type="checkbox"/> Wood frame <input type="checkbox"/> Concrete shear wall <input type="checkbox"/> Steel frame <input type="checkbox"/> Unreinforced masonry <input type="checkbox"/> Tilt-up concrete <input type="checkbox"/> Reinforced masonry <input type="checkbox"/> Concrete frame <input type="checkbox"/> Other: _____  <b>Primary Occupancy</b> <input type="checkbox"/> Dwelling <input type="checkbox"/> Commercial <input type="checkbox"/> Government <input type="checkbox"/> Other Res. <input type="checkbox"/> Office <input type="checkbox"/> Historic <input type="checkbox"/> Assembly <input type="checkbox"/> Industrial <input type="checkbox"/> School <input type="checkbox"/> Emerg. Services <input type="checkbox"/> Other: _____	
<b>Evaluation</b>		

