

# Rapid Evaluation Safety Assessment Form

## Inspection

Inspector ID: \_\_\_\_\_ Inspection Date and Time \_\_\_\_\_  
 Affiliation: \_\_\_\_\_ Areas Inspected:  Exterior  Interior

## Building Description

Building name: \_\_\_\_\_ Type of Construction  
 Address: \_\_\_\_\_  Wood Frame  Concrete Shear Wall  
 \_\_\_\_\_  Steel Frame  Unreinforced Masonry  
 Contact Phone: \_\_\_\_\_  Tilt-up Concrete  Reinforced Masonry  
 \_\_\_\_\_  Conc. Frame  Other \_\_\_\_\_  
 No. Stories above ground: \_\_\_\_\_ below: \_\_\_\_\_  
 Approx. "footprint area" (s.f.): \_\_\_\_\_ Primary Occupancy  
 No. Residential units: \_\_\_\_\_  Dwelling  Commercial  Government  
 No. Res. units not habitable \_\_\_\_\_  Other Res.  Office  Historic  
 \_\_\_\_\_  Assembly  Industrial  School  
 \_\_\_\_\_  Emerg. Services  Other \_\_\_\_\_

## Evaluation

Investigate the building for the conditions below and check the appropriate column

Observed Conditions:	Minor/none	Moderate	Severe	Est. Building Damage (excluding contents)
Collapse, Partial collapse, off foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None <input type="checkbox"/> 0-1%
Building or story leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 1-10%
Racking to walls, other structural damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 11-30%
Chimney, parapet, other falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 31-60%
Ground slope movement or cracking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 61-99%
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 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/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: \_\_\_\_\_  
 \_\_\_\_\_