

DAMAGE ASSESSMENT FORM

Inspected by: _____

Date: _____ Time: _____ Report #: _____ Page _____ of _____

Building Name: _____

Address: _____

No. of Stories Above Ground: _____ No. of Stories Below Ground: _____ Approx. "Footprint Area" _____ Sq ft

Type of Construction: ☐ Wood Frame ☐ Steel Frame ☐ Tilt-up Concrete ☐ Concrete Frame ☐ Concrete Shear Wall
☐ Unreinforced Masonry ☐ Reinforced Masonry ☐ Other (describe): _____

Primary Occupancy: ☐ Athletic ☐ Commercial ☐ Educational ☐ Emerg. Svcs. ☐ Government ☐ Historic
☐ Industrial ☐ Medical ☐ Offices ☐ Public Assembly ☐ Residential
☐ Other (describe): _____

<u>DAMAGE EVALUATION:</u>	<i>Minor / None</i>	<i>Moderate</i>	<i>Severe</i>	<i>Comments:</i>
<u>Overall Hazards:</u>				
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"/>	_____
<u>Structural Hazards</u>				
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"/>	_____
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"/>	_____
<u>Nonstructural Hazards</u>				
Cladding, glazing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior walls, partitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hazmat Concerns (describe)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Parapets, ornamentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Suspended Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Stairs & Exit Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Mechanical Hazards</u>				
Electrical Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emergency Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
HVAC Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Water / Sewer Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuel Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Geotechnical Hazards</u>				
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"/>	_____

DAMAGE ASSESSMENT: ☐ Destroyed ☐ Major ☐ Minor ☐ Affected but Habitable ☐ Inaccessible