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: _______________________________ Type of Construction
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: _______________________________

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

Observed Conditions: Collapse, partial collapse, or building off foundation ☐ Minor/None ☐ Moderate ☐ Severe
Building or story leaning ☐ None
Racking damage to walls, other structural damage ☐ 0–1%
Chimney, parapet, or other falling hazard ☐ 1–10%
Ground slope movement or cracking ☐ 10–30%
Other (specify) _______________________________

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: _______________________________