

# ATC-20 Detailed Evaluation Safety Assessment Form

## Inspection

Inspector ID: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Inspection date and time: \_\_\_\_\_  AM  PM

## Final Posting

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- 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  
 Steel frame  
 Tilt-up concrete  
 Concrete frame  
 Concrete shear wall  
 Unreinforced masonry  
 Reinforced masonry  
 Other: \_\_\_\_\_

## Primary Occupancy

- Dwelling  
 Other residential  
 Public assembly  
 Emergency services  
 Commercial  
 Offices  
 Industrial  
 Other: \_\_\_\_\_  
 Government  
 Historic  
 School

## 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
<b>Overall hazards:</b>				
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"/>	_____
<b>Structural hazards:</b>				
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"/>	_____
<b>Nonstructural hazards:</b>				
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"/>	_____
<b>Geotechnical hazards:</b>				
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:** \_\_\_\_\_

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