

# ATC-45 Fixed Equipment Checklist

## Building Description

Building name: \_\_\_\_\_

Address: \_\_\_\_\_

## Inspection

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

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

Inspection date: \_\_\_\_\_

Inspection time: \_\_\_\_\_  AM  PM

## Checklist

### Overall hazards:

**Equipment Damaged**

	Minor/None	Moderate	Severe	Comments
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Main boilers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Chillers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Emergency generators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Battery racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Fire pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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On-site water storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Communications equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Main transformers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Main electrical panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Elevators (traction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Other fixed equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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### Special concerns for hospitals and other health care facilities

Radiation equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Toxic chemical storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Liquid oxygen tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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**Recommendations/Comments:** \_\_\_\_\_

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