ATC-20 Rapid Evaluation Safety Assessment Form Inspection Inspection date and time: _____ Inspector ID: _____ Areas inspected: Exterior only Exterior and interior Affiliation: _____ Building Description Type of Construction Building name: _____ Concrete shear wall □ Wood frame Steel frame Unreinforced masonry Address: _____ Tilt-up concrete Reinforced masonry Other: Concrete frame Building contact/phone: _____ **Primary Occupancy** Number of stories above ground: _____ below ground: _____ Dwelling Commercial Government Approx. "Footprint area" (square feet): _____ Other residential Offices Historic Number of residential units: _____ Public assembly Industrial School Number of residential units not habitable: _____ Emergency services 🗌 Other: Evaluation **Estimated Building Damage** Investigate the building for the conditions below and check the appropriate column. (excluding contents) □ None **Observed Conditions:** Minor/None Moderate Severe Collapse, partial collapse, or building off foundation 0–1% \square Building or story leaning Racking damage to walls, other structural damage Chimney, parapet, or other falling hazard □ 30–60% Ground slope movement or cracking 60-100% Other (specify) _____ **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: _____ □ Other: _____ Detailed Evaluation recommended: 🗆 Structural 🛛 🗆 Geotechnical Other recommendations: Comments:

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