



**DAMAGE EVALUATION FORM**

<b>Structure Information</b>							
Address:							
Owner Name:							
No. of stories:							
Basement:		<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> unknown	Crawl Space:		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown
Approx. Age:							
<b>Inspector Information</b>							
Person performing inspection:							
		<input type="checkbox"/> Property Owner	<input type="checkbox"/> Tenant	<input type="checkbox"/> Contractor	<input type="checkbox"/> Property Mgmt. Co.		
Affiliation:							
Inspection Date:							
Time:		AM		PM			
<b>Primary Occupancy</b>							
<input type="checkbox"/> Single-Family	<input type="checkbox"/> Office	<input type="checkbox"/> School	<input type="checkbox"/> Public Assembly				
<input type="checkbox"/> Multi-Family	<input type="checkbox"/> Industrial	<input type="checkbox"/> Government	<input type="checkbox"/> Emergency Services				
<input type="checkbox"/> Commercial	<input type="checkbox"/> Accessory	<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Other				
<b>Historic Designation</b>							
Does the structure have historic designation? ( <i>check all that apply</i> )							
<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> Local (individual)			<input type="checkbox"/> Unknown		
<b>Structural System</b>							
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Concrete Frame	<input type="checkbox"/> Unreinforced Masonry					
<input type="checkbox"/> Steel Frame	<input type="checkbox"/> Concrete Shear Wall	<input type="checkbox"/> Reinforced Masonry					
<input type="checkbox"/> Tilt-up	<input type="checkbox"/> Other:						
<b>Foundation Type</b>							
<input type="checkbox"/> Slab-on-grade	<input type="checkbox"/> Piers	<input type="checkbox"/> Concrete walls			<input type="checkbox"/> Stone foundation		
<input type="checkbox"/> Other:							

Hazardous Condition Check list							
Condition	Severe	Moderate	Minor	None	Unknown	Location	Comments
<b>1. Structure Hazardous Overall</b>							
Collapse/partial collapse	<input type="checkbox"/>						
Building or story leaning	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
<b>2. Hazardous Structural Elements</b>							
Foundations	<input type="checkbox"/>						
Roof/floors (vertical loads)	<input type="checkbox"/>						
Columns/pilasters/corbels	<input type="checkbox"/>						
Walls/vertical bracing	<input type="checkbox"/>						
Ceilings	<input type="checkbox"/>						
Parapets/ornamentation	<input type="checkbox"/>						
Deck/Porch	<input type="checkbox"/>						
Stairs/exists	<input type="checkbox"/>						
Floors	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

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

Date: \_\_\_\_\_

Condition	Severe	Moderate	Minor	None	Unknown	Location	Comments
<b>3. Nonstructural Damage</b>							
Siding/Stucco/brick	<input type="checkbox"/>						
Doors	<input type="checkbox"/>						
Windows	<input type="checkbox"/>						
Interior walls/partitions/ finishes	<input type="checkbox"/>						
Light fixtures and ceiling fans	<input type="checkbox"/>						
Built-in bookcases/cabinets	<input type="checkbox"/>						
Built-in kitchen appliances	<input type="checkbox"/>						
Hardware	<input type="checkbox"/>						
<b>4. Utility and Service Equipment Damage</b>							
Main electrical panels	<input type="checkbox"/>						
Electric	<input type="checkbox"/>						
Gas	<input type="checkbox"/>						
Plumbing	<input type="checkbox"/>						
Air Conditioner	<input type="checkbox"/>						
Furnace	<input type="checkbox"/>						
Central vacuum systems	<input type="checkbox"/>						
Security systems	<input type="checkbox"/>						
Water filtration, conditioning etc.	<input type="checkbox"/>						
Emergency generators	<input type="checkbox"/>						
Communications equipment	<input type="checkbox"/>						
Chillers	<input type="checkbox"/>						
Main Boilers	<input type="checkbox"/>						
Battery racks	<input type="checkbox"/>						
Elevators	<input type="checkbox"/>						
Fire pumps	<input type="checkbox"/>						
Fuel tanks	<input type="checkbox"/>						
Main transformers	<input type="checkbox"/>						
On-site water storage	<input type="checkbox"/>						
Other fixed equipment	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
<b>5. Geotechnical Hazards</b>							
Slope failure	<input type="checkbox"/>						
Ground movement, fissures	<input type="checkbox"/>						
Other	<input type="checkbox"/>						
<b>6. Health Hazards</b>							
Sewage	<input type="checkbox"/>						
Mold	<input type="checkbox"/>						
Other	<input type="checkbox"/>						

Overall Damage Rating:
<input type="checkbox"/> Minimal Damage <input type="checkbox"/> Moderate Damage <input type="checkbox"/> Significant Damage

Office Use Only: City Reviewer:		
<i>printed name:</i>	<i>signature:</i>	<i>Date:</i>