**RAPID ASSESSMENT FORM**

**BUILDING DESCRIPTION**

**TYPE OF CONSTRUCTION:**
- Wood Frame
- Concrete Shear Wall
- Steel Frame
- Unreinforced Masonry
- Tilt-up Concrete
- Reinforced Masonry
- Concrete Frame
- Other: (LIST) __________

**PRIMARY OCCUPANCY:**
- Commercial
- Industrial
- Educational
- Medical
- Emergency Services
- Offices
- Government
- Public Assembly
- Historic
- Residential
- Other: (LIST) __________

**EVALUATION**

Investigate the building for the conditions below and check the appropriate columns.

<table>
<thead>
<tr>
<th>MINOR/NONE</th>
<th>MODERATE</th>
<th>SEVERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frame Collapse, Partial Collapse, Building off Foundation</td>
<td></td>
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<tr>
<td>Building or Story Leaning</td>
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<tr>
<td>Racking Damage to walls, other serious structural damage:</td>
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<tr>
<td>Falling Hazard, parapet, chimney, cladding, other falling hazards:</td>
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<tr>
<td>Ground or slope movement, severe cracking, subsidence:</td>
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<tr>
<td>Other Hazards - utility systems, threats from other buildings:</td>
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</tbody>
</table>

**ESTIMATED % OF BUILDING DAMAGE**

Estimate the % of building damage excluding the contents.

- None
- 0 - 25%
- 25 - 50%
- 50 - 75%
- 75 - 100%

**POSTING**

Choose a posting based on the evaluation and team judgment. **SEVERE** conditions which endanger 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 the main entrance only. All other posting placards must be posted at all keyed entrances.

- INSPECTED (GR)
- RESTRICTED USE (YL)
- UNSAFE (RD)

Record any use and/or entry restrictions **EXACTLY** as printed on Placard: __________

**FURTHER ACTIONS**

Check **ONLY** those boxes that apply.

- Barricades needed in the Following Locations:
- Detailed Evaluation Recommended: Structural, Geotechnical, Other: __________
- Other Recommendations: __________

**COMMENTS**

________________________
________________________
________________________
________________________