

# Oil Spill Rapid Building and Site Condition Assessment

<b>Inspection</b>	Inspection date time _____	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Page 1 of</b> _____
Inspector _____	Area inspected	<input type="checkbox"/> Exterior Only	<b>Attachments</b>
Affiliation _____	<input type="checkbox"/> Exterior and Interior	<input type="checkbox"/> Sketches <input type="checkbox"/> Documents <input type="checkbox"/>	<input type="checkbox"/> Photographs <input type="checkbox"/> Other <input type="checkbox"/>

<b>Property Description</b>	<b>Type of Construction</b>	<b>Occupied?</b>
Building name _____	<input type="checkbox"/> Wood Frame <input type="checkbox"/> Brick <input type="checkbox"/> Boat	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____	<input type="checkbox"/> Steel Frame <input type="checkbox"/> Stone <input type="checkbox"/> Other	Repairs begun?
Historic district name _____	<input type="checkbox"/> Concrete <input type="checkbox"/> Manufactured	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of stories above ground _____ below ground _____	<b>Primary Occupancy</b>	Owner/Contact Info
Approx footprint area (square feet) _____	<input type="checkbox"/> Dwelling <input type="checkbox"/> Government	_____
Number of residential units _____	<input type="checkbox"/> Other Residential <input type="checkbox"/> Museum	_____
	<input type="checkbox"/> Public Assembly <input type="checkbox"/> School	_____
	<input type="checkbox"/> Emergency Services <input type="checkbox"/> Religious	_____
	<input type="checkbox"/> Commercial <input type="checkbox"/> Cemetery	_____
	<input type="checkbox"/> Offices <input type="checkbox"/> Other	_____
	<input type="checkbox"/> Industrial	_____

<b>Property Location Data:</b>	Location 1	Location 2	Location 3	Location 4	Location 5
<i>Collect GPS data if possible, in decimal degrees using NAD83 datum (+/- 3 meters)</i>	Data				
Description					

<b>Characteristics</b>	
Building age	<input type="checkbox"/> 0- 25 yr <input type="checkbox"/> 25 - 50 yr <input type="checkbox"/> 50 -100 yr <input type="checkbox"/> 100+ yr <input type="checkbox"/> Verified <input type="checkbox"/> Reported <input type="checkbox"/> Estimated
Appears historic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know Is there a sign or plaque? <input type="checkbox"/> Yes <input type="checkbox"/> No _____
Foundation	<input type="checkbox"/> Pier <input type="checkbox"/> Slab <input type="checkbox"/> Chain Wall <input type="checkbox"/> Basement <input type="checkbox"/> Other _____
Exterior Wall Matrials	<input type="checkbox"/> Stucco <input type="checkbox"/> Wood <input type="checkbox"/> Vinyl <input type="checkbox"/> Masonry <input type="checkbox"/> Asbestos <input type="checkbox"/> Other _____
Landscape features	<input type="checkbox"/> Walkway <input type="checkbox"/> Driveway <input type="checkbox"/> Fences <input type="checkbox"/> Sculpture/Fountains <input type="checkbox"/> Structures <input type="checkbox"/> Other _____
Archaeological site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> On SHPO List <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Visible artifacts	<input type="checkbox"/> Bone <input type="checkbox"/> Pottery <input type="checkbox"/> Metal <input type="checkbox"/> Stone <input type="checkbox"/> Glass <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____
Interior condition	<input type="checkbox"/> Visible Oil <input type="checkbox"/> Mold/Mildew <input type="checkbox"/> Falling Plaster <input type="checkbox"/> Other _____

<b>Oil Data</b>	Nature of contamination	<input type="checkbox"/> Tar Balls <input type="checkbox"/> Mousse <input type="checkbox"/> Sheen <input type="checkbox"/> Oil Marks/Stains <input type="checkbox"/> Other _____
	Space where oil entered	<input type="checkbox"/> Exterior only <input type="checkbox"/> Basement/Crawl <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor
	Oil Exposure measured from main floor (+/-)	_____
	Oil/Sediment deposited	<input type="checkbox"/> On Site <input type="checkbox"/> In Structure Site erosion <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know

<b>Evaluation</b>	Is structure in contact with oil contamination? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<b>Estimated Building Contamination</b>
<i>Investigate the building for the conditions and check the appropriate column.</i>	Has oil been found in the interior of the structure? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
	Foundation contamination <input type="checkbox"/> Minor/None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
	Exterior wall contamination <input type="checkbox"/> Minor/None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
	Windows/doors contamination <input type="checkbox"/> Minor/None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
	Landscape contamination <input type="checkbox"/> Minor/None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
	Archeological materials contamination <input type="checkbox"/> Minor/None <input type="checkbox"/> Moderate <input type="checkbox"/> Severe	
Hazards/Notes	_____	

<b>Further Actions</b>	Recommendations _____
Detailed evaluation recommended	<input type="checkbox"/> Structural <input type="checkbox"/> Environmental <input type="checkbox"/> Archeological <input type="checkbox"/> Historic Significance <input type="checkbox"/> Collections
Other Needs	_____
Barricades needed in the following areas	_____

<b>Posting</b>	<input type="checkbox"/> Inspected <input type="checkbox"/> Restricted Use <input type="checkbox"/> Unsafe <input type="checkbox"/> Historic Designation <input type="checkbox"/> Detailed Evaluation Needed
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