

Rapid Building and Site Condition Assessment

Inspection

Inspection date _____ time _____ AM PM

Inspector _____

Affiliation _____

Area Inspected
 Exterior Only
 Exterior and Interior

Page 1 of _____

Attachments
 Photographs Sketches

Property Description

GPS N _____ W _____

Building Name _____

Address _____

Historic district name _____

Number of stories above ground _____ below ground _____

Approx footprint area (square feet) _____

Number of residential units _____

Type of Construction

Wood Frame Concrete Brick
 Steel Frame Manufactured Stone

Primary Occupancy

Dwelling Industrial
 Other Residential Government
 Public Assembly Museum
 Emergency Services School
 Commercial Religious
 Offices Cemetery

Occupied?
 yes no
 Repairs begun?
 yes no

Owner/Contact Info

Characteristics

Building Age 0- 25 yr 25 - 50 yr 50 -100 yr 100+ y Verified Reported Estimated

Foundation Raised Pier Slab Other _____

Roof Type Hipped Gable Mansard Pyramid Flat Other _____

Roof Covering Slate Metal Tile Asphalt Asbestos Other _____

Wall finish Stucco Wood Vinyl Masonry Asbestos Other _____

Landscape Features Walkway Driveway Fences Sculpture/Fountains Retaining Walls Structures Other _____

Archaeological Site Yes No On SHPO List Unknown Other _____

Visible Artifacts Bone Pottery Metal Stone Glass Unknown Other _____

Interior Condition Structural Damage Mold/Mildew Falling Plaster Sediment/Soil Hazards

Interior Contents Antiques Archives Art Work Other _____

Historic Appearance yes no don't know

Historic Designation Nat'l Hist. Landmark/District Nat'l Register/District State/Local Nat'l Register Eligible

Flood Data

Nature of Water Standing Flowing Ground Water Seepage Water Marks Other

Space where Water Entered Basement/Crawl First Floor Second Floor

Depth of Water Measured from First Floor _____

Sediment on Site Deposited Eroded Unknown None

Evaluation

Investigate the building for the conditions and check the appropriate column.

Collapsed or off foundation	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Leaning, other structural damage	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Damage to windows, doors	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Chimney, parapet, or other falling hazard	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Roof damage	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Foundation damage	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Siding damage	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Damage to electrical, mechanical, AC systems	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe
Landscape damage	<input type="radio"/> Minor/None	<input type="radio"/> Moderate	<input type="radio"/> Severe

Estimated Building Damage

None
 1-10%
 10-30%
 30-60%
 60-90%
 90-100%

Potential Hazards Electrical Lead Asbestos Chemical Mold Other

Further Actions

Detailed Evaluation Recommended Structural Geotechnical Archaeological Historic Preservation Other

Barricades needed in the following areas _____

Other recommendations _____

Posting

Inspected Restricted Use Unsafe Further Evaluation

