



Building Structures--Portable Buildings/Manufactured Housing

Event/Date: _____ Investigator: _____

Short description of observation: _____ Date of observation: _____

I. Location (please be as detailed as possible)

Number	Address		Additional Address (room, suite, floor, etc.)	City	State	Zip	Country
	Street	(indicate street, road, avenue, lane, etc.)					

Alternative description or name: _____

Map Reference

Latitude	Longitude	Direction	Thomas Bros. Page No.
----------	-----------	-----------	-----------------------

II. Building Behavior

What type of foundation is there for the building?

- Unknown
- Stacked wood
- Masonry units
- Concrete
- Steel jack stands
- Other _____

Is there any non-structural damage?

- No damage
- Ceiling tiles
- Ceiling grid system
- HVAC units
- Light fixtures
- Window breakage
- Furnishings overturned

How did the foundation behave?

- Unknown
- N/A
- Poor
- Fair
- Good

Is there any damage at module lines?

- Unknown
- Yes
- No

Is the building anchored to the ground?

- Unknown
- Yes
- No

Is there any damage to utilities that serve the building?

- Unknown
- Yes
- No

Did the building move from its original position or exhibit permanent story drift?

- Unknown
- Yes
- No

Did utility damage cause subsequent damage to the building or site?

- Unknown
- Yes
- No

Sketches/Comments: