Engineered Buildings

Event Name/Date: _____ **Name of investigator:** _____

Short description of observation: _____ **Date of observation:** _____

I. Location: ***(please be as detailed as possible):***

a. Descriptive: _____

b. Street:

Address Number	Direction (N, S, E, W)	Street Name	Suffix (Rd, St, Ave)
Cross Street (if available):			

c. City: _____ **d. County:** _____ **e. Zip:** _____

f. Map Reference (Quad, etc.) : _____ **g. Latitude:** _____ **h. Longitude:** _____

i. Thomas Bros. Page: _____ **Grid:** _____ **j. Station ID:** _____

II. Building Information

Building Type: _____ When Built: _____

No. of stories: _____ Basements: _____

Building configuration: _____

Vertical load system: _____ Lateral load system: _____

Condition of walls: _____ Condition of foundations: _____

Evidence of torsional response: _____

Quality of construction: _____

Strong motion recording instruments present? _____

III. Site Information

Types of soils: _____

Site: Slope: _____% Level: _____

Sand boils present? _____

Ground faulting present? _____

IV. Earthquake Damage to Building:

_____

_____

_____

_____

Engineered Buildings (continued)

Total estimated loss:

Less than 10% _____ 10 - 50% _____ over 50% _____

Is building functional? _____ If no, why not? _____

Status of utilities: _____

Casualties: Deaths: _____ Injuries: _____ Unknown: _____

Estimated Modified Mercalli Intensity/PGA: _____

Does building warrant further investigation? _____

If yes, why? _____

V. Nonstructural Damage

Note performance of elevators, ceilings, light fixtures, sprinklers, windows, partitions, cabinets, equipment, vibration isolators, file cabinets, shelving, piping, veneer, etc. _____

VI. Miscellaneous

Architect: _____ Engineer: _____

Are plans available? _____

Where? _____

Film or digital images (include filename and/or roll information): _____

Sketches/Comments: