



Industrial Facilities

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. Facility Information:

Facility Type: _____ When Built: _____

No. of stories: _____ Basements: _____

Facility 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 Structure:

Industrial Facilities (continued)

Total estimated loss:

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

Is facility operational? _____ If no, why not? _____

Were operations disrupted? _____

If so, for how long? _____

To what degree? _____

Status of utilities: _____

Estimated dollar losses:

Casualties:

Deaths: _____ Injuries: _____ Unknown: _____

Estimated Modified Mercalli Intensity: _____ Estimated Peak Ground Acceleration (PGA): _____

Does facility warrant further investigation? _____

If yes, why? _____

V. Miscellaneous Data

Architect: _____ Engineer: _____

Are plans available? _____

Where? _____

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

Sketches/Comments: