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:

<table>
<thead>
<tr>
<th>Address Number</th>
<th>Direction (N, S, E, W)</th>
<th>Street Name</th>
<th>Suffix (Rd, St, Ave)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<tr>
<td>Cross Street (if available):</td>
<td></td>
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</tr>
</tbody>
</table>

c. City: __________________
d. County: __________________
e. Zip: __________________
f. Map Reference (Quad, etc.): __________________
g. Latitude: __________________
h. Longitude: __________________
i. Thomas Bros. Page: __________________
j. Grid: __________________
k. 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:
   ___________________________________________________________________________________
   ___________________________________________________________________________________
   ___________________________________________________________________________________
### 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? ________________________________________________

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### V. Nonstructural Damage

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

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### VI. Miscellaneous

Architect: ___________________________  Engineer: ___________________________

Are plans available? _______
Where? _____________________________________________________________

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

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Sketches/Comments: