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:

<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>
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</table>

Cross Street (if available):

<table>
<thead>
<tr>
<th>Street Name</th>
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<table>
<thead>
<tr>
<th>City:</th>
<th>County:</th>
<th>Zip:</th>
</tr>
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</table>


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: