

# RAPID DAMAGE ASSESSMENT FORM

## 1 ASSESSMENT Photos taken: Yes No

Jurisdiction: \_\_\_\_\_ Assessment date: \_\_\_\_\_ Time: \_\_\_\_\_  
(DD MM YY) (24 hour clock)

Assessor ID/Agency: \_\_\_\_\_ Areas assessed:  Exterior Only  Exterior and interior

## 2 BUILDING DESCRIPTION

Building Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Building contact/phone: \_\_\_\_\_  
Number of storeys above ground: \_\_\_\_\_ below ground: \_\_\_\_\_  
Number of units within building (residential/commercial): \_\_\_\_\_

### Type of Construction

Wood Frame  Steel Frame  Concrete Frame   
 Masonry  Other: \_\_\_\_\_  Unknown

### Occupancy Type (check all that apply)

Single Family Dwelling  Industrial  School  
 Multi-residential  Offices  Government  
 Emergency Services  Commercial  Other: \_\_\_\_\_

## 3 ASSESSMENT Initial Follow-up

Investigate the building and area around it. Circle the observed condition and check the appropriate column.

| Observed Conditions:                                            | Minor/None               | Moderate                 | Severe                   |
|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Collapse, partial collapse, or building off foundation          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Building or storey leaning / out of plumb                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Damage to primary structural members, racking of walls          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Falling hazards such as chimney, parapet, etc.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ground movement or slope failure, scour, erosion                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Damaged / Submerged fixtures (water / sewer / electrical / gas) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Proximity risks / other (specify): _____                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Number of residential/commercial units not habitable: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

## 4 POSTING

Severe conditions endangering the overall building are grounds for an Unsafe posting. Localized Severe and overall Moderate conditions may allow a Restricted Use posting. Where required, ensure that RESTRICTED USE and UNSAFE placards are posted at all entrances.

Number of Placards Posted: \_\_\_\_\_  INSPECTED (Green)  RESTRICTED USE (Yellow)  UNSAFE (Red)

Record any use and entry restrictions exactly as printed on the **YELLOW** placard:

- Do not enter or use the following areas: \_\_\_\_\_  
 Brief entry allowed for access to contents: \_\_\_\_\_  
 Do not use flooded/damaged appliances, devices or services (electric, gas) until recertified by a licensed contractor  
 Other restrictions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 5 FURTHER ACTIONS Check the boxes below only if further actions are needed.

Barricades needed in the following areas: \_\_\_\_\_  
\_\_\_\_\_

Further Assessment recommended  Detailed  Structural  Geotechnical  Other \_\_\_\_\_

Other recommendations: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_