

# Christchurch Eq. RAPID Assessment Form - LEVEL 1

Inspector Initials NMC Date of Inspection 27/12/10 Exterior Only  Exterior and Interior

Territorial Authority Christchurch City Time 4:40pm

Building Name CTU

Short Name \_\_\_\_\_ Type of Construction

Address 219 MADRAS  Timber frame  Concrete shear wall

GPS Co-ordinates S° \_\_\_\_\_ E° \_\_\_\_\_  Steel frame  Unreinforced masonry

Contact Name \_\_\_\_\_  Tilt-up concrete  Reinforced masonry

Contact Phone \_\_\_\_\_  Concrete frame  Confined masonry

Stores at and above ground level 6 Below ground level \_\_\_\_\_  RC frame with masonry infill  Other: \_\_\_\_\_

Total gross floor area (m<sup>2</sup>) \_\_\_\_\_ Year built \_\_\_\_\_ Primary Occupancy

No of residential Units \_\_\_\_\_  Dwelling  Commercial/ Offices

Photo Taken Yes  No   Other residential  Industrial

Public assembly  Government

School  Heritage Listed

Religious  Other

Investigate the building for the conditions listed below:

Overall Hazards / Damage	Minor/None	Moderate	Severe	Comments
Collapse, partial collapse, off foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Building or storey leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wall or other structural damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overhead falling hazard <u>Glazing</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>glazing if dislodged will fall into self contained balcony</u>
Ground movement, settlement, slips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Neighbouring building hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Choose a posting based on the evaluation and team judgement. Severe conditions affecting the whole building are grounds for an UNSAFE posting. Localised Severe and overall Moderate conditions may require a RESTRICTED USE. Place INSPECTED placard at main entrance. Post all other placards at every significant entrance.

INSPECTED GREEN  RESTRICTED USE YELLOW  UNSAFE RED

Record any restriction on use or entry:

Further Action Recommended:

Tick the boxes below only if further actions are recommended

- Barricades are needed (state location):
- Level 2 or detailed engineering evaluation recommended
  - Structural
  - Geotechnical
- Other: \_\_\_\_\_
- Other recommendations:

Estimated Overall Building Damage (Exclude Contents)

None	<input type="checkbox"/>		
0-1 %	<input type="checkbox"/>	31-60 %	<input type="checkbox"/>
2-10 %	<input type="checkbox"/>	61-99 %	<input type="checkbox"/>
11-30 %	<input type="checkbox"/>	100 %	<input type="checkbox"/>

Sign here on completion \_\_\_\_\_

Date & Time \_\_\_\_\_

ID \_\_\_\_\_

# USAR Damaged Building Reconnaissance Report

Name Andy Goss Time \_\_\_\_\_ Date 27/12/10

<b>Building Description</b>	Address <u>219 Madras St.</u>	<b>Construction</b> (tick more than 1 if required)  <input type="checkbox"/> Timber frame <input type="checkbox"/> Steel frame <input checked="" type="checkbox"/> Concrete frame <input type="checkbox"/> RC frame / masonry infill <input type="checkbox"/> Concrete shear wall <input type="checkbox"/> Unreinforced masonry <input type="checkbox"/> Confined masonry <input type="checkbox"/> Other _____	<b>Use</b> (tick more than 1 if required)  <input type="checkbox"/> Dwelling <input type="checkbox"/> Multi Residential (No. _____) <input type="checkbox"/> Public assembly <input type="checkbox"/> School <input type="checkbox"/> Religious <input type="checkbox"/> Commercial retail <input checked="" type="checkbox"/> Commercial offices <input type="checkbox"/> Industrial <input type="checkbox"/> Government <input type="checkbox"/> Heritage <input type="checkbox"/> Other _____
	Building Name <u>CTU</u>		
	GPS Coordinates (if available) _____		
	No. of stories at and above ground _____		
	No. of stories below ground _____		
	Approx year of construction _____		

<b>Damage / Hazards</b>	<b>Damage / Hazards</b>			<b>Estimated Overall Building Damage</b>		
		Minor	Moderate	Severe		
	Collapse, partial collapse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0-1%	<input checked="" type="checkbox"/>
	Building or storey leaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2-10%	<input type="checkbox"/>
	Parapet damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11-30%	<input type="checkbox"/>
	Overhead falling hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31-60%	<input type="checkbox"/>
	Ground movement, settlement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61-99%	<input type="checkbox"/>
	Endangering neighbouring building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100%	<input type="checkbox"/>
Endangered by neighbouring building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Glass Hazard	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Photos Taken Y <input type="checkbox"/> N <input type="checkbox"/>		
Other / general damage description comments...						
<i>2m x 1m window on 2nd floor South face is broken &amp; in danger of falling or collapse</i>						

<b>Actions</b>	<b>Cordon / Public Safety</b>		Engineering assessment required Y <input type="checkbox"/> *(Blue) <input checked="" type="checkbox"/> N <input type="checkbox"/>  Call me to discuss <input type="checkbox"/> Urgent <input type="checkbox"/> Non-urgent <input type="checkbox"/>  My contact phone _____ *(Lime Green)
	Temporary hazard tape applied <input checked="" type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>		
	Additional cordon / fencing required Y <input type="checkbox"/> *(Pink / Red) N <input type="checkbox"/> Urgent <input type="checkbox"/>		
	Non-urgent <input type="checkbox"/>		
	Imminent danger to public reported to USAR command for action Y <input type="checkbox"/> N <input type="checkbox"/>		
Comments...			
*(colours noted are to be marked on maps)			

(CCC Office Use) -  Entered into CCC Database     Cordon requested     Rapid eng assessment requested