

CSR 91225552

Christchurch Eq. RAPID Assessment Form - LEVEL 1

Inspector Initials
Territorial Authority

NMC
Christchurch City

Date of Inspection
Time

27/12/10
4:40pm

Exterior Only
Exterior and Interior

Building Name

CTU

Short Name

Address

219 MADRAS

GPS Co-ordinates

S° E°

Contact Name

Contact Phone

Storeys at and above ground level

6 Below ground level

Total gross floor area (m²)

Year built

No of residential Units

Photo Taken

Yes No

Type of Construction

- Timber frame
- Steel frame
- Tilt-up concrete
- Concrete frame
- RC frame with masonry infill

- Concrete shear wall
- Unreinforced masonry
- Reinforced masonry
- Confined masonry
- Other:

Primary Occupancy

- Dwelling
- Commercial/ Offices
- 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 <i>Glazing</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>glazing if dislodged will fall into self contained balcony</i>
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

Inspection ID _____ (Office Use Only)

USAR Damaged Building Reconnaissance Report

Name Andy Goss Time _____ Date 27/12/10

Building Description	Address <u>219 Madras St.</u>	Construction (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 _____	Use (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 _____			

Damage / Hazards	Damage / Hazards			Estimated Overall Building Damage		
		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 & in danger of falling or collapse</i>						

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

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

5th floor has a round structural pillar, it is just outside lift and has significant cracks in it. Joanne was in the building since the boxing day quake and feels it should be rechecked. Staff on site but please liaise through her as she is the manager based in Wellington. This building has public use etc. Thanks

CSR indicate
CCC told bldg
checked + ok'd
by Eng. (Paul Campbell?)
no record of certificate
or located.



Send Message

Extra Data

Create Time Record

Event Details

Event Code	<input checked="" type="checkbox"/> RF	Added	05/01/2011 10:38
Existing event being updated, no auto updates will be made.			
Event Status	<input checked="" type="checkbox"/> C	Completed	<input type="checkbox"/> Customer advised by email
Planned Date	Time	Planned Officer	
Actual Date	05/01/2011	Time	10:38 am
		Actual Officer	RM5
Logged By	<input checked="" type="checkbox"/> RM5	Riesterer, Maureen	<input type="checkbox"/> Warning
Details	Service Request referred to ERE Rescue, Civil Defence (cdrescue@ccc.govt.nz)		
Stage No		<input type="checkbox"/> Complete Stage	
Action No		<input type="checkbox"/> Complete Action	
Susp Start Date	<input checked="" type="checkbox"/>	Susp Start Time	<input checked="" type="checkbox"/> 12:00 am
		Stage for Susp	<input checked="" type="checkbox"/>

Event Details

Event Code	<input checked="" type="checkbox"/> COM	CSR Completed	Added	07/01/2011 09:53
Existing event being updated, no auto updates will be made.				
Event Status	<input checked="" type="checkbox"/> C	Completed	<input type="checkbox"/> Customer advised by email	
Planned Date		Time	Planned Officer	
Actual Date	07/01/2011	Time	Actual Officer	BL9 Bronner, Laura
Logged By	<input checked="" type="checkbox"/> BL9	Bronner, Laura	<input type="checkbox"/> Warning	
Details	Joanne has stated that landlord has had checked by structural engineer and all OK. (Paul Campbell 6/1/11)			
Stage No			<input type="checkbox"/> Complete Stage	
Action No			<input type="checkbox"/> Complete Action	
Susp Start Date	<input checked="" type="checkbox"/>	Susp Start Time	<input checked="" type="checkbox"/> 12:00 am	Stage for Susp <input checked="" type="checkbox"/>