

# CARTA DE TRAMITE

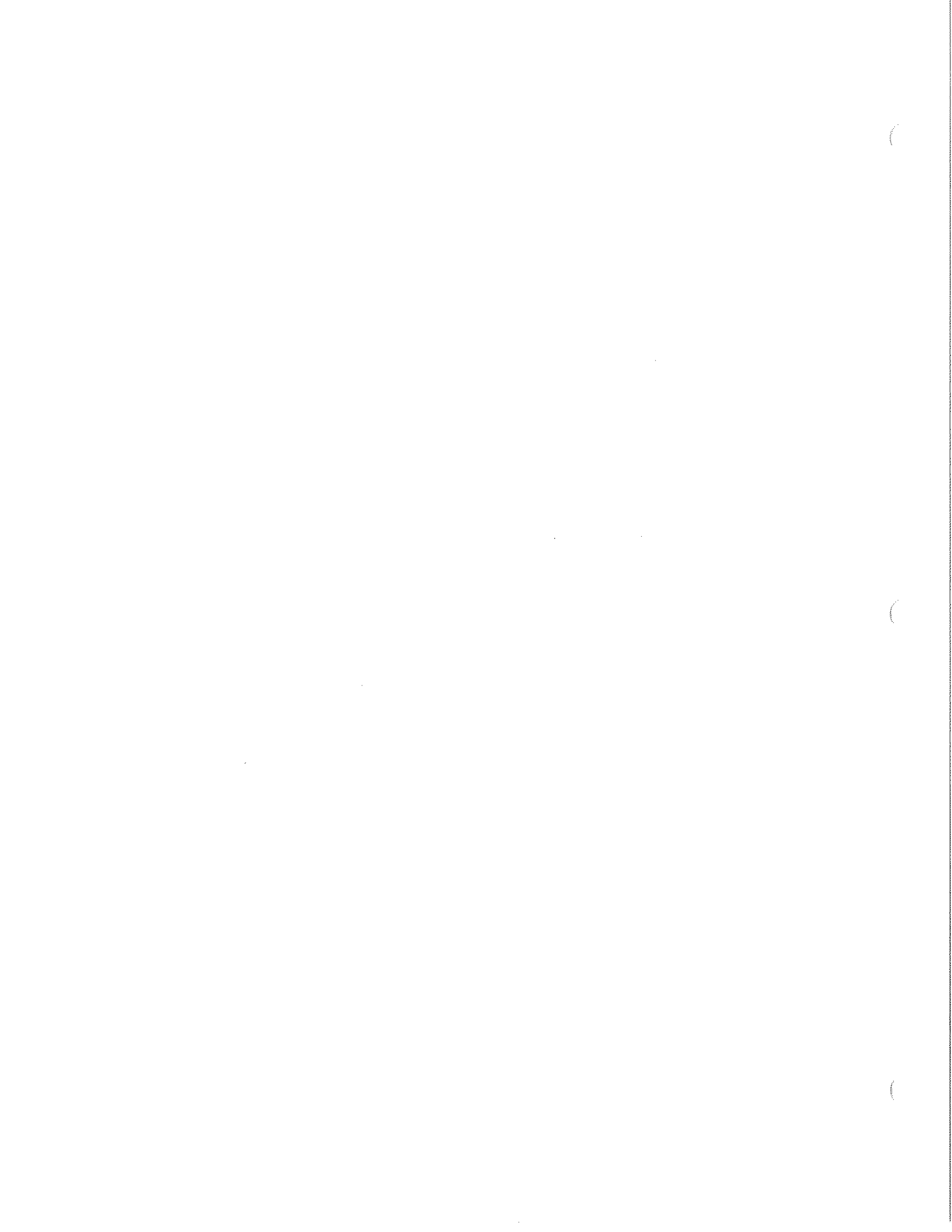
Para: Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

De: Nombre de la Compañía Consultora: ETS & ASSOCIATES, P.S.C.  
Dirección Postal: PO BOX 1184 CANOVASSE P.R. 00729  
Teléfono: 701-637-5444  
Nombre del Representante Autorizado:  
Firma:

Escuela: CARIBINO Soto Código: 30197  
Municipio: Fajardo Fecha de Inspección: 1-10-2020  
Escuela:

Nombre del Ingeniero que emite la recomendación: ING. Luis Abreu

- Anejos:
1. Recomendación al Secretario
  2. Estampilla Digital Especial emitida por el CIAPR
  3. Informe de inspección Ocular



# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

## A. GENERAL INFORMATION

1. Street Address of the School: Calle Igualdad  
 City: Fajardo State: P.R Zip: 00738
2. School Name: Gabino Soto
3. Date of inspection: 1/10/2020
4. Inspector's Name: Waldemar Nieves

## B. BUILDING SITE INSPECTION

### 5. Utility Service Safety:

IMPORTANT—Immediately following an earthquake, check the entire property, especially near appliances, for the smell of gas. If gas odor is detected, turn off the gas at the meter where it enters the house. Locate and repair leaks before turning gas back on. If the gas odor persists after the gas has been shut off, vacate the building and contact the gas utility company immediately.

IMPORTANT—Before entering a damaged, vacant building verify that gas is off. Check the gas meter for damage and position of main gas valve, either a manual valve or a seismically-activated gas shut-off valve. Do not enter the building if gas odor is detected.

- a. Odor of natural gas leakage?  YES  NO      b. Downed powerlines?  YES  NO

### 6. Surrounding topography: (@check one)

- Flat  
 Gently sloping (easily walkable)  
 Steeply sloping (difficult or impossible to walk in some areas)

### 7. Building pad: (@check one)

- Flat  
 Terraced or multilevel  
 Gently sloping (less than 4-foot ground surface elevation difference across house)  
 Steeply sloping (greater than 4-foot ground surface elevation difference across house)

### 8. Geotechnical Issues: (if yes, provide description and photos)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| a. New cracks in the ground?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b. Signs of fresh cracking in or movement of hardscape?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| c. Signs of fresh cracking in or movement of retaining walls?                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| d. Patterns of cracking that extend through the ground surface, hardscape, and improvements?      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| e. Evidence of sand boils or other fresh-appearing deposits of sand or mud?                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| f. Unusual slumping, rising, or bulging of the ground surface?                                    | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| g. Evidence of rock falls or slope instability above site?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| h. Ground movement or wet areas indicating possible broken underground utility lines?             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| i. Other phenomena (e.g., septic tanks surfacing, differential settlement, ground consolidation)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

# OCULAR INSPECTION CHECKLIST

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**B. BUILDING SITE INSPECTION (continued)**

9. Evidence of earthquake-induced permanent ground deformation in the immediate vicinity of the property?  YES  NO

**C. GENERAL BUILDING INFORMATION**

10. Safety Assessment Tag: (check one)  Green  Yellow  Red (others):  None  Yellow  Red

11. a) Year of original construction (best estimate): 1940  
 b) Total square footage (best estimate): 21,796.51

12. Have any repairs, modifications, or demolition been performed since the earthquake?  YES  NO

If yes, describe \_\_\_\_\_

13. Building configuration:  a. Single story  b. Combination one and two story  c. Full two story  d. Three story  e. Split level  f. Typical  g. Other, describe \_\_\_\_\_

14. Exterior wall finish:  a. Stucco  b. Panel siding  c. Metal siding  d. Masonry veneer  e. Other, describe Plaster

15. Foundation configuration:  a. Slab-on-grade  b. Crawlspace without cripple walls  c. Crawlspace with cripple walls  d. Exposed piers or posts  e. Typical  f. Metal  g. Other, describe \_\_\_\_\_

16. Sill bolting:  a. Structure bolted to foundation  b. Structure not bolted to foundation  c. Don't know

17. Roof configuration:  a. Gable  b. Hip  c. Flat or very low slope  d. Shed  e. Other, describe \_\_\_\_\_

18. Roof covering:  a. Asphaltic membrane  b. Wood shingle or shake  c. Concrete  d. Metal  e. Elastomeric  f. Other, describe \_\_\_\_\_

# OCULAR INSPECTION CHECKLIST

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## D. EXTERIOR BUILDING INSPECTION

**19. General: (if yes, provide description and photos)**

YES                  NO                  N/A

- a. Collapse, partial collapse, or building off foundation?
- b. Obvious lean in any story?

**20. Exterior walls: (if yes, provide description and photos)**

- a. Fresh cracking at corners of door and window openings?
- b. Fresh cracking at building corners?
- c. Door or window openings racked out of square?
- d. Broken glass in windows or doors?
- e. Wall leaning?
- f. Bulging or delamination of stucco?
- g. Pattern of cracking that extends from the ground surface, through foundation, and wall?
- h. Evidence of recent relative movement at mudsill line?
- i. . . . At locations where the exterior stucco is continuous from the framing down over the foundation, is there cracking of stucco along the mudsill level accompanied by indications of permanent displacement (sliding) of the building relative to the foundation?
- j. Collapse, partial collapse, or separation of masonry veneer?
- k. Severe cracking, separations, or offsets at building irregularities?

**21. Foundation: (if yes, provide description and photos)**

- a. Fresh cracking of exposed perimeter foundation?
  - b. Relative movement between slab and footing in "two-pour" slab-on-grade foundations?
  - c. Ask homeowner if any earthquake retrofits have been done to the home?
- If Y describe: \_\_\_\_\_
- d. If the answer to c is Y, were bolts added to connect the home to the foundation?
  - e. If the answer to c is Y, were plywood or sheathing added to any cripple walls under the home?

# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

## D. EXTERIOR BUILDING INSPECTION (continued)

	YES	NO	N/A	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Kitchen Hook (if yes, provide description and photos)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Present on external wall?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Present at internal location?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Collapse or partial collapse?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Visible damage or cracking?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Visible tilting or separation from building?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Shifted or loose and displaced
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Deterioration or deformation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Roof: (if yes, provide description and photos)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Shifted or dislodged or concrete damage?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Impact damage to roof from falling object?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Displaced rooftop HVAC units?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Significantly sagging roof ridgelines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Signs of movement between rafter tails and wall finishes at eaves?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Buckled/dislodged flashing or tearing of roof membrane, roof/wall intersections in split level buildings, additions, or other building irregularities?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Tearing of roof membrane or deck waterproofing at re-entrant corners?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of rooftop mechanical equipment?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Shifting of or damage to solar panels?

# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

## D. EXTERIOR BUILDING INSPECTION (continued)

- |                          |                                     |                          |                          |  |
|--------------------------|-------------------------------------|--------------------------|--------------------------|--|
|                          |                                     | YES                      | NO                       |  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Evidence of recent settlement or displacement of exterior steps, patios, or walkways relative to the building?                            |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Signs of movement between building floor and/ or exterior hardscape or retaining wall along the uphill side of non steeply sloping sites? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)?                          |

25. Independent exterior improvements: (if yes, provide description and photos)
- |                          |                                     |                          |                          |   |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
|                          |                                     | YES                      | NO                       |   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | a. Damaged detached gazebo?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b. Damage to fences / privacy walls?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c. Damage to retaining walls?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d. Damage to walkway?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e. Evidence of leakage from water supply lines?                               |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g. Others damage  |

## E. INTERIOR INSPECTION

26. General information
- |                          |                                     |                          |                          |   |
|--------------------------|-------------------------------------|--------------------------|--------------------------|---|
|                          |                                     | YES                      | NO                       |   |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | a. If interior access not possible, identify reason |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | i. Red tag  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | ii. Hazardous materials                             |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | iii. Other hazardous condition, describe            |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | iv. Other, describe                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | b. Typical wall and ceiling finish                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | i. Drywall  |
| <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | <input type="checkbox"/> | ii. Plaster on gypsum lath                          |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | iii. Plaster on wood lath                           |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | iv. Other, describe <u>Plaster</u>                  |

## OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### E. INTERIOR INSPECTION (continued)

	YES	NO	N/A
<b>27. Walls: (if yes, provide description and photos)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Fresh cracking, buckling, spalling, or detachment of interior wall finish at corners of door and window openings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Door or window openings racked out of square?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Wall leaning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Pattern of cracking that extends from the floor slab through the wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Movement or sliding of walls relative to the floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Severe cracking, separations, or offsets at building irregularities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Doors damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Windows damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>28. Ceilings: (if yes, provide description and photos)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a. Collapse of ceiling finish?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking of ceiling finishes, especially at re-entrant corners; cracks along corner bead at stairwell openings; cracking or tearing of finishes at ceiling/wall juncture; or multiple "nail pops"?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Damage to ceiling finishes in vicinity of corridors or commons places?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Separations or cracks in ceiling finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Water damage or evidence of recent leakage from plumbing lines or roofing?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

## E. INTERIOR INSPECTION (continued)

29.	Floors: (if yes, provide description and photos)	YES NO N/A	
	a. Evidence of recent sloping, sagging, settlement or displacement of floors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Significant sagging or unusual bounciness of floors frames?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Separations or cracks in floor finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Signs of movement between floor and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	g. Impact damage to floor finishes from falling contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30.	Mechanical systems: (if yes, provide description and photos)		
	a. Displaced connection of appliance flues connected to chimneys?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Toppling, shifting, leakage from tank, leakage from water connections displaced flue connection or damage/leakage at gas line or electrical connection of water heater?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	c. Shifting, damage/leakage at gas line, flue connection, electrical connection, refrigerant line, and condensate drain connection of furnace or air conditioning fan-coil unit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	d. Damage to gas line of gas stoves or gas fueled clothes dryers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	e. Damage to toilets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	f. Decreased or restricted water pressure at appliances, faucets, or toilets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	g. Toppling or shifting of free-standing wood stove and/or flue?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	i. Other Damage in the dining room	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	j. Damage near the gas tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## OCULAR INSPECTION CHECKLIST

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

### E. INTERIOR INSPECTION (continued)

- |  | YES                      | NO                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| 31. Architectural woodwork and special finishes: (if yes, provide description and photos)                                    |                          |                                     |                          |
| a. Shifting of or damage to kitchen or bathroom cabinetry?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b. Impact damage to countertops from falling objects?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c. Cracking of ceramic tile in showers or tub/shower enclosures consistent with earthquake damage to adjacent wall finishes? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

### F. CONTINGENT INSPECTIONS

- |  | YES                      | NO                                  | N/A                                 |
|--|--------------------------|-------------------------------------|-------------------------------------|
| 32. Retaining Tank Wall damage?                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 33. Water tank or other field subterranean structure | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

# OCULAR INSPECTION CHECKLIST

## G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

Hora de Entrada  
a Inspección:

3:20

Hora de Salida de  
Inspección:

4:25

Escuela:

Gabino Soto

Código:

30197

Municipio:

Fajardo

Fecha de Inspección:

1/10/2020

Abrir Escuela (Verde)

Abrir Parcialmente la Escuela (Amarillo)

No Abrir la Escuela (Rojo)

Comentarios:

Se recomienda remover con caracter de urgencia el empaquetado agallado en las áreas afectadas por la seguridad de los estudiantes.

Ing. WALDEMAR NIEVES RIVERA  
Nombre (Letra de Molde)

  
Firma

24269  
# Licencia



