

# GENERAL EARTHQUAKE DAMAGE 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 Sinsonte #881, Urb Country Club  
 City: San Juan State: Puerto Rico Zip: 00924
2. School Name: Escuela Angel Ramos ( Berwind Intermedia)
3. Date of inspection: January 13, 2020
4. Inspector's Name: Jose D Rivera Martinez

## 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"/> |

## GENERAL EARTHQUAKE DAMAGE INSPECTION CHECKLIST

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

### B. BUILDING SITE INSPECTION (continued)

- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 9. Evidence of earthquake-induced permanent ground deformation in the immediate vicinity of the property? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

### C. GENERAL BUILDING INFORMATION

10. Safety Assessment Tag: (check one)  None  Green  Yellow  Red  
 (others):  Yellow  Red
11. a) Year of original construction (best estimate): Unknown  
 b) Total square footage (best estimate): Aprox, 35105 sf -non including bb court
- |   | YES                      | NO                                  |
|---|--------------------------|-------------------------------------|
| 12. Have any repairs, modifications, or demolition been performed since the earthquake?<br>If yes, describe _____ | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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 cement 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 continuous footing
16. Sill bolting: N/A
- 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 concrete slab
18. Roof covering:
- a. Asphaltic membrane
  - b. Wood shingle or shake
  - c. Concrete
  - d. Metal (bb court)
  - e. Elastomeric
  - f. Other, describe \_\_\_\_\_



## GENERAL EARTHQUAKE DAMAGE INSPECTION CHECKLIST

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

### 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?

## GENERAL EARTHQUAKE DAMAGE 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
<b>22. Kitchen Hook (if yes, provide description and photos)</b> N/A			
a. Present on external wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Present at internal location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collapse or partial collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Visible damage or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	
e. Visible tilting or separation from building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shifted or loose and displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deterioration or deformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>23. Roof: (if yes, provide description and photos)</b>			
a. Shifted or dislodged or concrete damage?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Impact damage to roof from falling object?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Displaced rooftop HVAC units?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Significantly sagging roof ridgelines?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Signs of movement between rafter tails and wall finishes at eaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>
g. Tearing of roof membrane or deck waterproofing at re-entrant corners?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of rooftop mechanical equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Shifting of or damage to solar panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## GENERAL EARTHQUAKE DAMAGE 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                                 |
|--|--------------------------|-------------------------------------|-------------------------------------|
| <b>24. Attached or abutting improvements: (if yes, provide description and photos)</b>   |                          |                                     |                                     |
| a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings?   | <input type="checkbox"/> | <input checked="" 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"/> |                                     |
| c. Signs of movement between building floor and/ or exterior hardscape or retaining wall along the uphill side of hon steeply sloping sites? | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)?                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>25. Independent exterior improvements: (if yes, provide description and photos)</b>   |                          |                                     |                                     |
| a. Damaged detached gazebo?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| b. Damage to fences / privacy walls?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| c. Damage to retaining walls?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| d. Damage to walkway?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| e. Evidence of leakage from water supply lines?  | <input type="checkbox"/> | <input checked="" 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"/>            |
| g. Others damage   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

### E. INTERIOR INSPECTION

#### 26. General information

- a. If interior access not possible, identify reason N/A
- i. Red tag
- ii. Hazardous materials
- iii. Other hazardous condition, describe \_\_\_\_\_
- iv. Other, describe \_\_\_\_\_

b. Typical wall and ceiling finish

- i. Drywall (some)
- ii. Plaster on gypsum lath
- iii. Plaster on wood lath
- iv. Other, describe (typical concrete plaster walls, roof) \_\_\_\_\_



## GENERAL EARTHQUAKE DAMAGE 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>			
a. Fresh cracking, buckling, spalling, or detachment of interior wall finish at corners of door and window openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Door or window openings racked out of square?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d. Wall leaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Pattern of cracking that extends from the floor slab through the wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Movement or sliding of walls relative to the floor?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Severe cracking, separations, or offsets at building irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Doors damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Windows damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Note: Windows damaged appears as an old condition</i>			
<b>28. Ceilings: (if yes, provide description and photos)</b>			
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 type="checkbox"/>	<input checked="" type="checkbox"/>
c. Damage to ceiling finishes in vicinity of corridors or commons places?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
e. Water damage or evidence of recent leakage from plumbing lines or roofing?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## GENERAL EARTHQUAKE DAMAGE 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>29. Floors: (if yes, provide description and photos)</b>			
a. Evidence of recent sloping, sagging, settlement or displacement of floors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Significant sagging or unusual bounciness of floors frames?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input 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"/>	<input type="checkbox"/>
f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Impact damage to floor finishes from falling contents?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: Surface floor cracks damaged appears as an old condition			
<b>30. Mechanical systems: (if yes, provide description and photos)</b>			
a. Displaced connection of appliance flues connected to chimneys?	<input type="checkbox"/>	<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"/>	<input 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"/>	<input type="checkbox"/>
d. Damage to gas line of gas stoves or gas fueled clothes dryers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Damage to toilets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Decreased or restricted water pressure at appliances, faucets, or toilets?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Toppling or shifting of free-standing wood stove and/or flue?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i. Other Damage in the dining room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Damage near the gas tank	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## GENERAL EARTHQUAKE DAMAGE 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"/>

Note: Cracking of ceramic tiles due to the lack of maintenance in rest rooms walls

### F. CONTINGENT INSPECTIONS

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

#### Disclaimer:

It should be noted that, as requested, this report is based solely on a visual inspection of the as-is facility for the purpose of assessing the presence of significant structural damage resulting from the seismic event of January 07, 2020 which may affect its structural condition compared to that prior to the seismic event.

The determination of the structural adequacy of the existing facility to meet the applicable design and construction building codes requirements as well as developing recommendations for the rehabilitation of the facility will require a more extensive investigation than that one requested to be conducted and reported herein.



G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

Hora: De 9:30 pm a 12:30 pm

Código: 62406

Escuela: Angel Ramos

Fecha de Inspección: 13 Enero 2020

Municipio: San Juan, Puerto Rico

Abrir Escuela (Verde)

Abrir Parcialmente la Escuela (Amarillo)

No Abrir la Escuela (Rojo)

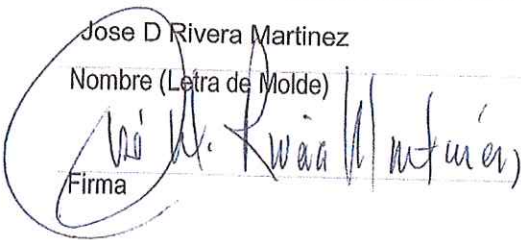
Comentarios: En esta inspeccion visual, no se encontro la presencia de daños estructurales relacionados con el sismo registrado en Puerto Rico el dia 7 de enero de 2020.

Se encontro grietas capilares existentes en varios pisos de la primera y segunda planta (unico edificio de 2 plantas), no relacionadas con el evento antes indicado.

Jose D Rivera Martinez

Nombre (Letra de Molde)

Firma



6567  
# Licencia

