


CARTA DE TRAMITE

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

De: Nombre de la Compañía Consultora: EAS y Asociados PSC.
Dirección Postal: PO Box 1184 Carroguas PR. 00729
Teléfono: 787-637-5466
Nombre del Representante Autorizado:
Firma: 

Escuela: La Loma Código: 20537
Municipio: Barranquitas Fecha de Inspección: 1/13/2020
Escuela: _____

Nombre del Ingeniero que emite la recomendación: Ing. Waldemar Nieves

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: Carubera 156 KM 20.0
 City: Barranguitas State: P.R. Zip: 00705

2. School Name: La Loma

3. Date of inspection: 1/13/2020

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

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)	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Green	<input type="checkbox"/> Yellow	<input type="checkbox"/> Red
	(others):	<input type="checkbox"/> Yellow	<input type="checkbox"/> Red		
11.	a) Year of original construction (best estimate): _____				
	b) Total square footage (best estimate): <u>46,882 SF</u>	YES	NO		
12.	Have any repairs, modifications, or demolition been performed since the earthquake?	<input type="checkbox"/>	<input type="checkbox"/>		
	If yes, describe _____				
13.	Building configuration:	16.	Sill bolting:		
	<input type="checkbox"/> a. Single story		<input type="checkbox"/> a. Structure bolted to foundation		
	<input checked="" type="checkbox"/> b. Combination one and two story		<input type="checkbox"/> b. Structure not bolted to foundation		
	<input type="checkbox"/> c. Full two story		<input type="checkbox"/> c. Don't know		
	<input checked="" type="checkbox"/> d. Three story	17.	Roof configuration:		
	<input type="checkbox"/> e. Split level		<input type="checkbox"/> a. Gable		
	<input type="checkbox"/> f. Typical		<input type="checkbox"/> b. Hip		
	<input type="checkbox"/> g. Other, describe _____		<input checked="" type="checkbox"/> c. Flat or very low slope		
14.	Exterior wall finish:		<input type="checkbox"/> d. Shed		
	<input type="checkbox"/> a. Stucco		<input type="checkbox"/> e. Other, describe _____		
	<input type="checkbox"/> b. Panel siding	18.	Roof covering:		
	<input type="checkbox"/> c. Metal siding		<input checked="" type="checkbox"/> a. Asphaltic membrane		
	<input type="checkbox"/> d. Masonry veneer		<input type="checkbox"/> b. Wood shingle or shake		
	<input checked="" type="checkbox"/> e. Other, describe <u>Plaster</u>		<input type="checkbox"/> c. Concrete		
15.	Foundation configuration:		<input type="checkbox"/> d. Metal		
	<input type="checkbox"/> a. Slab-on-grade		<input checked="" type="checkbox"/> e. Elastomeric		
	<input type="checkbox"/> b. Crawlspace without cripple walls		<input type="checkbox"/> f. Other, describe _____		
	<input type="checkbox"/> c. Crawlspace with cripple walls				
	<input type="checkbox"/> d. Exposed piers or posts				
	<input type="checkbox"/> e. Typical				
	<input type="checkbox"/> f. Metal				
	<input type="checkbox"/> g. Other, describe _____				

OCULAR INSPECTION CHECKLIST

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

D. EXTERIOR BUILDING INSPECTION

	YES	NO	N/A
19. General: (if yes, provide description and photos)			
a. Collapse, partial collapse, or building off foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Obvious lean in any story?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
20. Exterior walls: (if yes, provide description and photos)			
a. Fresh cracking at corners of door and window openings?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking at building corners?	<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. Broken glass in windows or doors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Wall leaning?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Bulging or delamination of stucco?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g. Pattern of cracking that extends from the ground surface, through foundation, and wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Evidence of recent relative movement at mudsill line?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Collapse, partial collapse, or separation of masonry veneer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Severe cracking, separations, or offsets at building irregularities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
21. Foundation: (if yes, provide description and photos)			
a. Fresh cracking of exposed perimeter foundation?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Relative movement between slab and footing in "two-pour" slab-on-grade foundations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Ask homeowner if any earthquake retrofits have been done to the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Y describe: _____			
d. If the answer to c is Y, were bolts added to connect the home to the foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If the answer to c is Y, were plywood or sheathing added to any cripple walls under the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
22. Kitchen Hook (if yes, provide description and photos)			
a. Present on external wall?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Present at internal location?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Collapse or partial collapse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Visible damage or cracking?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Visible tilting or separation from building?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Shifted or loose and displaced	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Deterioration or deformation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Roof: (if yes, provide description and photos)			
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 type="checkbox"/>	<input checked="" 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 checked="" 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"/>
g. Tearing of roof membrane or deck waterproofing at re-entrant corners?	<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 checked="" type="checkbox"/>	<input type="checkbox"/>
i. Shifting of or damage to solar panels?	<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: 1:10 pm
Escuela: La Loma
Municipio: Barranquitas

Hora de Salida de Inspección: 3:00 pm
Código: 20537
Fecha de Inspección: 1/13/2020

- Abrir Escuela (Verde)
- Abrir Parcialmente la Escuela (Amarillo)
- No Abrir la Escuela (Rojo)

Comentarios: Se recomienda clausurar los edificios que perdieron el techo con el Huracán María. Además se recomienda corregir la junta de construcción de área de la rampa para personas discapacitadas.

Ing. WALDEMAR NIEVES RIVERA
Nombre (Letra de Moide)

[Handwritten Signature]
Firma

24269
Licencia



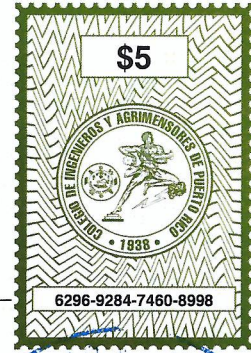


COLEGIO DE INGENIEROS Y AGRIMENSORES
DE PUERTO RICO

PO Box 363845 * San Juan, Puerto Rico * 00936-3845
Tel. 787-758-2250 * Fax. 787-758-7639

ESTAMPILLA DIGITAL ESPECIAL (EDE)

Ing. Waldemar Nieves Rivera, PE



Práctica de: Ingeniería
Licencia: 24269
Renglón: Certificación
Descripción del Trabajo: Inspección y Verificación de Instalaciones
Fecha de Emisión: 2020-01-20
Monto Emitido: \$5
Número de Serie: 6296-9284-7460-8998
Número de Caso: 20537
Proyecto / Unidad: 20537 - Escuela La Loma
Rol del Profesional: Evaluador

Certificación:

El profesional certifica con la emisión de la estampilla digital especial del Colegio de Ingenieros y Agrimensores de Puerto Rico el haber cumplido con las disposiciones de la Sección 11 de la Ley 319 del 15 de mayo de 1938, según enmendada.

La colocación del sello profesional constituye la cancelación de la estampilla digital especial