


## CARTA DE TRAMITE

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

De: Nombre de la Compañía Consultora: Integra Desig Group, PSC  
Dirección Postal: c Arterial B #576  
Suite #2 San Juan PR 00918  
Teléfono: 787-767-2111  
Nombre del Representante Autorizado: *Roberto C. Rivera De Uelle*  
Firma: 

Escuela:	Ramon T Rivera (Lajitas)	Código:	20545
Municipio:	Barranquitas	Fecha de Inspección:	26-enero-2020
Escuela:			

Nombre del Ingeniero que emite la recomendación: Wilfredo Rodriguez

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: CARR. 771, KM. 5 KM. 4 BO. BARRANGOS
- City: BARRANQUITAS State: PR Zip: 00794
2. School Name: \_\_\_\_\_
3. Date of inspection: 12/15/2020 (RAMON T. RIVERA)
4. Inspector's Name: ING. WILFREDO RODRIGUEZ

## 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 building. 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 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 building)
- Steeply sloping (greater than 4-foot ground surface elevation difference across building)

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

- a. New cracks in the ground?
- b. Signs of fresh cracking in or movement of hardscape?
- c. Signs of fresh cracking in or movement of retaining walls?
- d. Patterns of cracking that extend through the ground surface, hardscape, and improvements?
- e. Evidence of sand boils or other fresh-appearing deposits of sand or mud?
- f. Unusual slumping, rising, or bulging of the ground surface?
- g. Evidence of rock falls or slope instability above site?
- h. Ground movement or wet areas indicating possible broken underground utility lines?
- i. Other phenomena (e.g., septic tanks surfacing, differential settlement, ground consolidation)?

- |                          | YES                      | NO                                  |
|--------------------------|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
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### A. GENERAL INFORMATION

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CARR. 771, KM. 5 HM. 4 BO. BARRANQUITAS  
BARRANQUITAS, PR 00794

City: BARRANQUITAS

State: PR

Zip: 00794

2. School Name:

LAJITAS (RAMON T. RIVERA)

3. Date of inspection:

20 ENERO 2020

4. Inspector's Name:

ING. WILFREDO RODRIGUEZ

### 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 building. 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 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 building)

Steeply sloping (greater than 4-foot ground surface elevation difference across building)

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

YES

NO

a. New cracks in the ground?

b. Signs of fresh cracking in or movement of hardscape?

c. Signs of fresh cracking in or movement of retaining walls?

d. Patterns of cracking that extend through the ground surface, hardscape, and improvements?

e. Evidence of sand boils or other fresh-appearing deposits of sand or mud?

f. Unusual slumping, rising, or bulging of the ground surface?

g. Evidence of rock falls or slope instability above site?

h. Ground movement or wet areas indicating possible broken underground utility lines?

i. Other phenomena (e.g., septic tanks surfacing, differential settlement, ground consolidation)?

## OCULAR INSPECTION CHECKLIST

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

<b>B. BUILDING SITE INSPECTION (continued)</b>	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

<p>10. Safety Assessment Tag: ( #check one) <input checked="" type="checkbox"/> None <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red                  (others): <input type="checkbox"/> Yellow <input type="checkbox"/> Red</p> <p>11. a) Year of original construction (best estimate): <u>1950-1970</u>                  b) Total square footage (best estimate): _____</p> <p>12. Have any repairs, modifications, or demolition been performed since the earthquake?                  If yes, describe _____</p> <p>13. <b>Building configuration:</b>  <input type="checkbox"/> a. Single story  <input checked="" type="checkbox"/> b. Combination one and two story  <input type="checkbox"/> c. Full two story  <input checked="" type="checkbox"/> d. Three story  <input type="checkbox"/> e. Split level  <input type="checkbox"/> f. Typical  <input type="checkbox"/> g. Other, describe _____</p> <p>14. <b>Exterior wall finish:</b>  <input type="checkbox"/> a. Stucco  <input type="checkbox"/> b. Panel siding  <input type="checkbox"/> c. Metal siding  <input checked="" type="checkbox"/> d. Masonry veneer  <input type="checkbox"/> e. Other, describe _____</p> <p>15. <b>Foundation configuration:</b>  <input type="checkbox"/> a. Slab-on-grade  <input type="checkbox"/> b. Crawlspace without cripple walls  <input type="checkbox"/> c. Crawlspace with cripple walls  <input checked="" type="checkbox"/> d. Exposed piers or posts  <input checked="" type="checkbox"/> e. Typical  <input type="checkbox"/> f. Metal  <input type="checkbox"/> g. Other, describe _____</p>	<p>16. <b>Sill bolting:</b>  <input checked="" type="checkbox"/> a. Structure bolted to foundation  <input type="checkbox"/> b. Structure not bolted to foundation  <input type="checkbox"/> c. Don't know</p> <p>17. <b>Roof configuration:</b>  <input checked="" type="checkbox"/> a. Gable  <input type="checkbox"/> b. Hip  <input checked="" type="checkbox"/> c. Flat or very low slope  <input type="checkbox"/> d. Shed  <input type="checkbox"/> e. Other, describe _____</p> <p>18. <b>Roof covering:</b>  <input checked="" type="checkbox"/> a. Asphaltic membrane  <input type="checkbox"/> b. Wood shingle or shake  <input type="checkbox"/> c. Concrete  <input type="checkbox"/> d. Metal  <input type="checkbox"/> e. Elastomeric  <input type="checkbox"/> f. Other, describe _____</p>
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## 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
<b>19. General: (if yes, provide description and photos)</b>			
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"/>	
<b>20. Exterior walls: (if yes, provide description and photos)</b>			
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"/>
<b>21. Foundation: (if yes, provide description and photos)</b>			
a. Fresh cracking of exposed perimeter foundation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Relative movement between slab and footing in "two-pour" slab-on-grade foundations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Ask occupant if any earthquake retrofits have been done to the building?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If Y describe: _____			
d. If the answer to c is Y, were bolts added to connect the building to the foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. If the answer to c is Y, were plywood or sheathing added to any cripple walls under the building?	<input type="checkbox"/>	<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.

### D. EXTERIOR BUILDING INSPECTION (continued)

	YES	NO	N/A
<b>22. Kitchen Hook (if yes, provide description and photos)</b>			
a. Present on external wall?	<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"/>
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 checked="" 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 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 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 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.

### D. EXTERIOR BUILDING INSPECTION (continued)

- |  | YES                      | NO                                  | N/A                      |
|--|--------------------------|-------------------------------------|--------------------------|
| <b>24. Attached or abutting improvements: (if yes, provide description and photos)</b>   | <input type="checkbox"/> | <input checked="" 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"/> |
| 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"/> |
| 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 checked="" type="checkbox"/> | <input 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>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| a. Damaged detached gazebo?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input 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 checked="" type="checkbox"/> | <input 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
- i. Red tag
  - ii. Hazardous materials
  - iii. Other hazardous condition, describe \_\_\_\_\_
  - iv. Other, describe N/A

- b. Typical wall and ceiling finish
- i. Drywall
  - ii. Plaster on gypsum lath
  - iii. Plaster on wood lath
  - iv. Other, describe CEMENT PLASTER

## OCULAR INSPECTION CHECKLIST

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### E. INTERIOR INSPECTION (continued)

		YES	NO	N/A
<b>27.</b>	<b>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 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.</b>	<b>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 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

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### 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 buildings 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"/>
<b>30. Mechanical systems: (if yes, provide description and photos)</b>			
a. Displaced connection of appliance flues connected to chimneys?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>

## 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 checked="" type="checkbox"/> | <input type="checkbox"/> |

# OCULAR INSPECTION CHECKLIST

## G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

Hora de Entrada a Inspección: 8:00 AM

Hora de Salida de Inspección: 9:45 AM

Escuela: Ramón T. Rivera (Lajitas)

Código: 20545

Municipio: Barranquitas

Fecha de Inspección: 26 de enero de 2020

Abrir Escuela (Verde)

Abrir Parcialmente la Escuela (Amarillo)

No Abrir la Escuela (Rojo)

### Comentarios:

La escuela Ramón T. Rivera está compuesta por varios edificios de varios niveles para salones de clase y una cancha. El edificio principal es de tres niveles.

De la inspección visual, en uno de los edificios de un nivel se encontró que una de las paredes que esta por debajo de las ventanas tenía una grieta significativa. La pared no es un elemento estructural y no representa un riesgo para la integridad estructural del edificio. Si embargo, se le recomendó al director reubicar el salón a otra área del plantel de la escuela. Ver Fotos.



Se debe entender que este informe está basado solamente en una inspección ocular de las facilidades con el propósito de observar en las escuelas la presencia de daños significativos causados por los eventos sísmicos registrados hasta la fecha de este informe. La determinación de la adecuación estructural de las escuelas y su cumplimiento con los códigos aplicables de diseño o construcción, al igual que el desarrollo de recomendaciones para la rehabilitación de las facilidades, requerirá una evaluación detallada.

Wilfredo Rodríguez Uviñas  
Nombre (Letra de Molde)

*Wilfredo Rodríguez Uviñas*  
Firma

13719 PE  
# Licencia



Sello



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. Carlos I. Baez Dotel, PE



Práctica de: Ingeniería  
Licencia: 17371  
Renglón: Documento  
Descripción del Trabajo: Inspección y Verificación de Instalaciones  
Fecha de Emisión: 2020-01-28  
Monto Emitido: \$5  
Número de Serie: 2397-2664-2014-3390  
Número de Caso: 20545  
Proyecto / Unidad: Lajitas (Ramón T. Rivera)  
Rol del Profesional: Consultor

**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*