

Hoja de Trámite

7 de febrero de 2020

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

De: Ingenium Professional Group PSC
Calle Progreso # 50 – Suite 202, Fajardo PR 00738
Tels. 787.918.5890 / 5891 | Email: info@ingenium.group

Nombre del Representante Autorizado: Mano Pérez
Firma: 

Escuela: LUIS MUÑOZ RIVERA Codigo: 20834

Municipio: CAGUAS II Fecha Inspeccion: 15-Jan-20

Nombre del Ingeniero que emite la recomendación: JAVIER RAMIREZ LIC: 11654

Documentos Entregados:

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

Entregado a: _____ Fecha: _____

OCULAR INSPECTION CHECKLIST

G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación
Dr. Eligio Hernández Pérez
Secretario de Educación

Hora de Entrada
a Inspección: 7:45 am

Hora de Salida de
Inspección: 10:00 am

Escuela: Luis Muñoz Rivera

Código: 20834

Municipio: caguas

Fecha de Inspección: 15 enero 2020

Abrir Escuela (Verde)

Abrir Parcialmente la Escuela (Amarillo)

No Abrir la Escuela (Rojo)

Comentarios:

1. Cancha - Tuercas en pernos corroídos. Limitar acceso hasta su reparación. Tomar provisión para áreas aledañas
2. Edif A - Corregir grieta en techo
3. Comedor - Reparar techo de acero previo a su uso. Limitar acceso hasta reparación
4. Edif B - Pasillo frente salón 10. Remover empañetado previo a su uso. Coordinar para reparar.
5. Edif B - Detras Baños. Reparar varillas expuestas
6. Edif B - Pasillo Almacén. Reparar viga y empañetado
7. Edif C, Salones 19 y 18. Remover empañetado previo a su uso



Javier Ramirez Gonzalez

Nombre (Letra de Mano)

Firma

11654

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. William Melendez Rivas, PE



SELLO PROFESIONAL

Práctica de: Ingeniería
Licencia: 16383
Renglón: Certificación
Descripción del Trabajo: Trámites ante Entes Gubernamentales
Fecha de Emisión: 2020-01-21
Monto Emitido: \$5
Número de Serie: 8396-2343-2999-9759
Número de Caso: Código Escuela:20834
Proyecto / Unidad: Escuela Luis Muñoz Rivera, Caguas
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

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: 65 Final Calle Muñoz Rivera
 City: Caguas State: Puerto Rico Zip: 00726-4961
2. School Name: Luis Muñoz Rivera
3. Date of inspection: 15 enero 2020
4. Inspector's Name: Javier Ramirez Gonzalez

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? YES NO

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): 1,905
 b) Total square footage (best estimate): 5,100 m2

YES NO

12. Have any repairs, modifications, or demolition been performed since the earthquake?
 If yes, describe _____ YES NO
N/A

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 _____

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

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

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

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 _____

18. Roof covering:
- a. Asphaltic membrane
 - b. Wood shingle or shake
 - c. Concrete
 - d. Metal
 - e. Elastomeric
 - f. 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? 23 julio 2019 no hallazgos de PBP. Trazas <1.0 mg/cm2 en edificio antiguo (Pintura)	<input checked="" type="checkbox"/>	<input 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 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 homeowner if any earthquake retrofits have been done to the home?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" 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 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
22. Kitchen Hook (if yes, provide description and photos)			
a. Present on external wall?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Present at internal location?	<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"/>
d. Visible damage or cracking?	<input type="checkbox"/>	<input checked="" 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"/>
	<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 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 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
24. Attached or abutting improvements: (if yes, provide description and photos)	<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"/>
25. Independent exterior improvements: (if yes, provide description and photos)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Damaged detached gazebo?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Damage to fences / privacy walls?	<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"/>
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 _____

b. Typical wall and ceiling finish

i. Drywall

ii. Plaster on gypsum lath

iii. Plaster on wood lath

iv. Other, describe Concrete plaster

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
27. Walls: (if yes, provide description and photos)			
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"/>	
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 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"/>
28. Ceilings: (if yes, provide description and photos)			
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 checked="" type="checkbox"/>	<input 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 checked="" 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.

E. INTERIOR INSPECTION (continued)

	YES	NO	N/A
29. Floors: (if yes, provide description and photos)			
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"/>
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"/>	<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 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 checked="" 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.

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"/>

Inspeccion Escuela Luis Munoz Rivera

Jan 13, 2020

Total # of Issues: 33



LIST/REPORT NAME
Inspeccion Escuela Luis Munoz

PROJECT NAME
Luis Muñoz Rivera

COMPANY NAME
Javier Ramirez, PE-

DATE
Jan 13, 2020

PROJECT NUMBER
20834

CONSULTANT NAME

TOTAL # OF ISSUES 33

SIGN OFF:

ISSUE #

ISSUE

1

FLOOR

ROOM

Layout

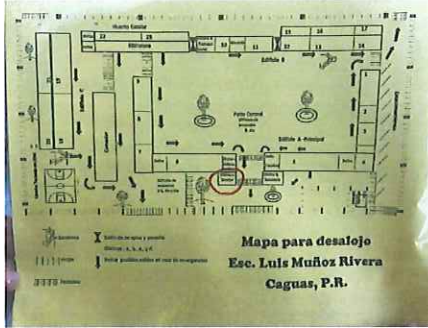
SHEET

STATUS

INCOMPLETE

ASSIGN TO

RESOLUTION DATE



ISSUE #

ISSUE

2

Grieta en empate de estructura principal con estructura accesorio

FLOOR

Edif B

ROOM

Edif Accesorio

SHEET

COMMENT

STATUS

INCOMPLETE

ASSIGN TO

RESOLUTION DATE



ISSUE #

ISSUE

3

Desprendimiento detalle arquitectónico. Condición no provocado por sismo.

FLOOR

Edif A

ROOM

Estacionamiento

SHEET

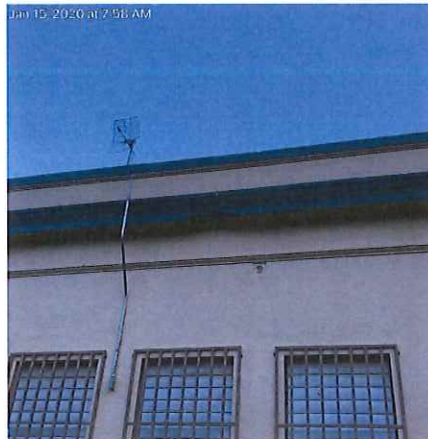
COMMENT

STATUS

INCOMPLETE

ASSIGN TO

RESOLUTION DATE



POWERED BY



Punch List




ISSUE # 4	ISSUE Asfalto agrietado en varios lugares colindando con Automeca.		
FLOOR Edif A			
ROOM Estacionamiento	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 5	ISSUE Condición edificio A		
FLOOR Edif A			
ROOM Estacionamiento	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 6	ISSUE Entrada Calle Muñoz Rivera. Empañetados y bloques roto. Condición no es de cuidado		
FLOOR Edif A			
ROOM Jardinera	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		


ISSUE # 7	ISSUE Entrada Calle Muñoz Rivera. Falta de empañetados. Condición no es de cuidado		
FLOOR Edif A			
ROOM Jardinera	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

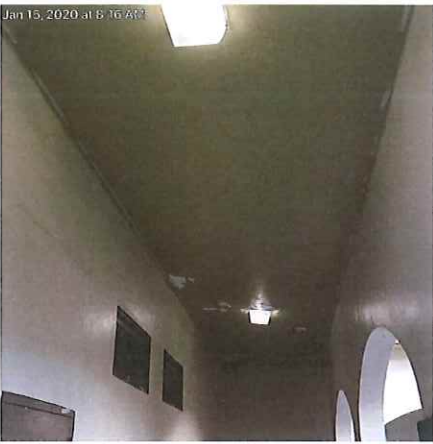
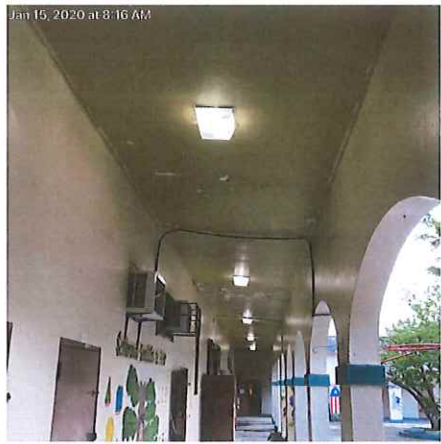
ISSUE # 8	ISSUE Entrada escuela lado Muñoz Rivera Edif A		
FLOOR Edif A			
ROOM	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

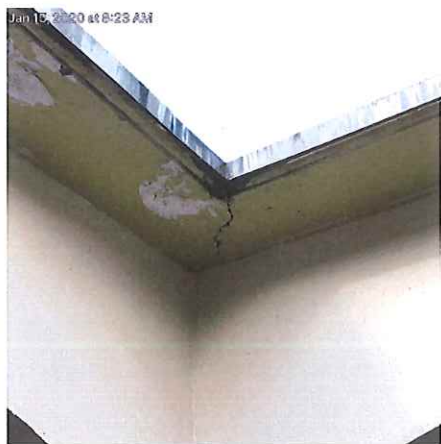
ISSUE # 9	ISSUE Grieta en esquina pared superior e inferior ventana.	
FLOOR Edif B		
ROOM Edificio Accesorio	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	


ISSUE #	ISSUE Condición edificio	
FLOOR Edif B		
ROOM Estacionamiento	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	


ISSUE # 11	ISSUE Grieta en columna. Apareta ser pintura y empañetado. Condición previo al sismo según conserje	
FLOOR Edif B		
ROOM Estacionamiento	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE # 12	ISSUE Grietas en pared de verja de metal eslabonado	 <p>Jan 15, 2020 at 8:15 AM</p>
FLOOR Estacionamiento		
ROOM as Edif B	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE # 13	ISSUE Filtración en techo	 <p>Jan 15, 2020 at 8:16 AM</p>	 <p>Jan 15, 2020 at 8:16 AM</p>
FLOOR Edif A			
ROOM Pasillo	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE #	ISSUE Grieta en techo. Condición previo al evento sísmico. Se recomienda atención inmediata	 <p>Jan 15, 2020 at 8:21 AM</p>	 <p>Jan 15, 2020 at 8:23 AM</p>
FLOOR Edif A			
ROOM Pasillo	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		


ISSUE # 15	ISSUE Humedad en pared	 <p>Jan 15, 2020 at 8:25 AM</p>
FLOOR Edif A		
ROOM Salon 4	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	


ISSUE # 16	ISSUE Humedad en paredes	
FLOOR Edif A		
ROOM 05	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	



ISSUE # 17	ISSUE Empate de cemento agrietado. Condición previo al sismo	
FLOOR Edif A		
ROOM Salon 6	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE #	ISSUE Reparar techo en acero. Elementos no están estables		
FLOOR Edif A			
ROOM Frente Comedor	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

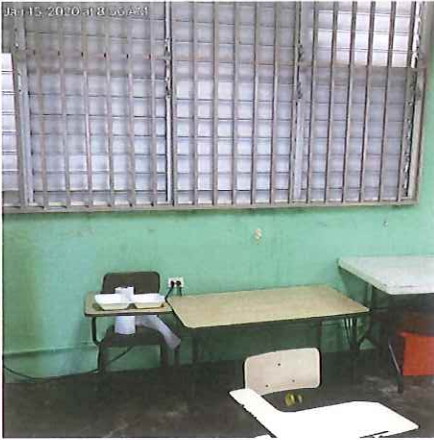
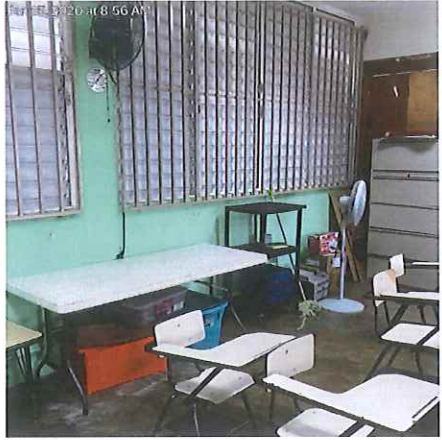
ISSUE # 19	ISSUE Desprendimiento por varilla expuesta. Condición previo al sismo	
FLOOR Edif B		
ROOM Pasillo salon 10	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

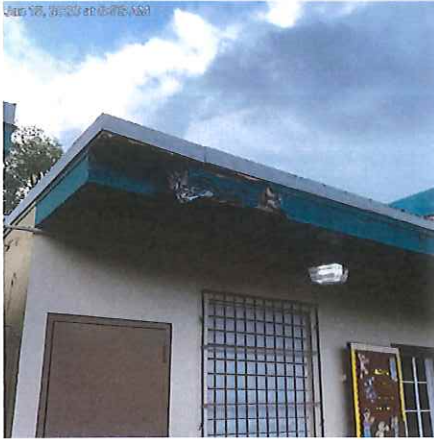
ISSUE # 20	ISSUE Humedad en pared entre biblioteca y ofic trabajadora social	
FLOOR Edif B		
ROOM	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE # 21	ISSUE Varillas expuestas. Requiere atención	
FLOOR Edif B		
ROOM Detras baños	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE #	ISSUE Grietas en empate escalera. Condición previa al sismo. Estructuras actúan separadas		
FLOOR Edif B			
ROOM Escaleras	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 23	ISSUE Reflejo de humedad en techo	
FLOOR Edif B		
ROOM Salon 16	COMMENT	
SHEET		
STATUS INCOMPLETE		
ASSIGN TO	RESOLUTION DATE	

ISSUE # 24	ISSUE Reflejo humedad en pared		
FLOOR Edif B			
ROOM n 15	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

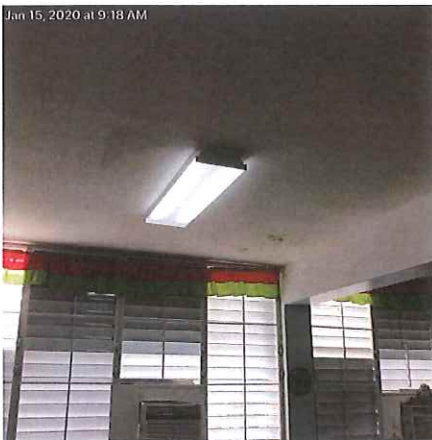
ISSUE # 25	ISSUE Desprendimiento de empañetado y madera comprometida		
FLOOR Edif B			
ROOM Pasillo almacen	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

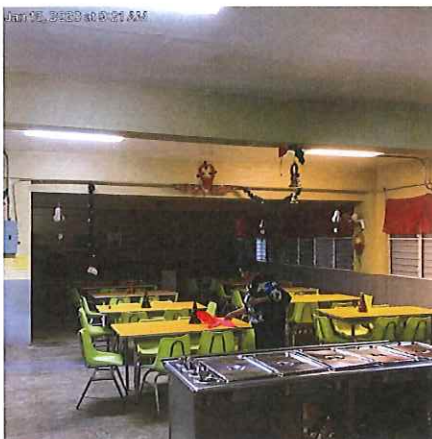
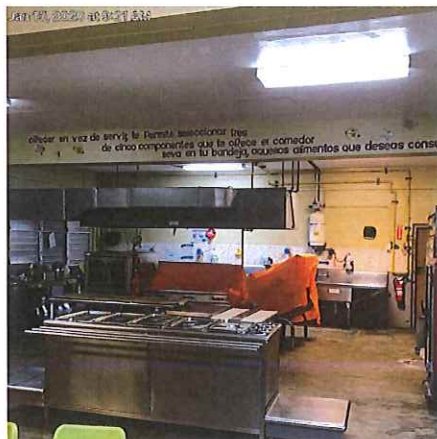
ISSUE #	ISSUE Separación pared donde ubica los tanque de gas. Condición previo al sismo		
FLOOR Comedor			
ROOM Tanque de gas	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 27	ISSUE Desprendimiento empañetado y reflejo de humedad. Condición previo al sismo		
FLOOR Edif C			
ROOM Pasillos	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

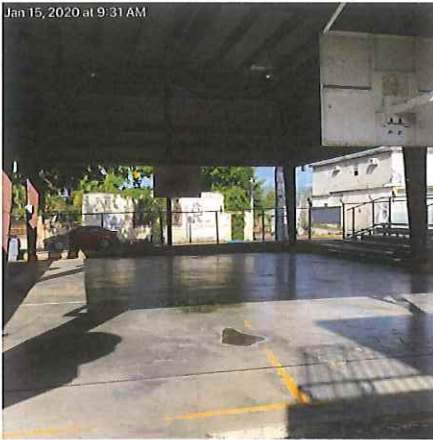
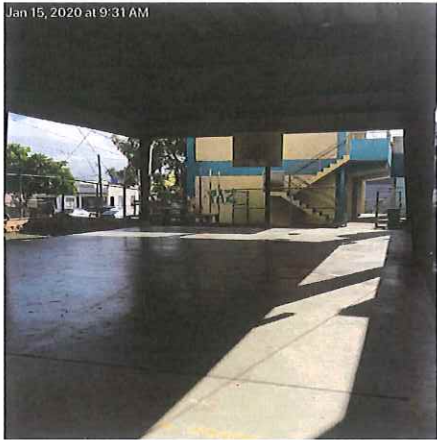
ISSUE # 28	ISSUE Desprendimiento empañetado y reflejo de humedad en techo. Requiere atención previo al uso del salon		
FLOOR Edif C			
ROOM in 19	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 29	ISSUE Desprendimiento de empañetado. Requiere atención previo al uso. Reflejo humedad en techo		
FLOOR Edif C			
ROOM Salon 18	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 30	ISSUE Humedad en techo		
FLOOR Edif B			
ROOM Salon 23	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 31	ISSUE Condición actual. Equipos funcionales		
FLOOR Comedor			
ROOM	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 32	ISSUE Algunas tuercas de pernos en columnas están corroídas. Se sugiere atención		
FLOOR Cancha			
ROOM	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		

ISSUE # 33	ISSUE		
FLOOR Cancha			
ROOM	COMMENT		
SHEET			
STATUS INCOMPLETE			
ASSIGN TO	RESOLUTION DATE		