


CARTA DE TRAMITE

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

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

Escuela: Joaquin R Parrilla Código: 25239
Municipio: Patillas Fecha de Inspección: 16/ Enero/ 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

9:35 AM @ 11:45 AM

1. Street Address of the School: Carr. 799
- City: Patillas State: P.R. Zip: 00723
2. School Name: Joaquin Parrilla
3. Date of inspection: 16-Enero-2020
4. Inspector's Name: Waldemar Nives Rivera Lic. 29269

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"/> |

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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): 1975
b) Total square footage (best estimate): 30,084

YES NO

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

13. Building configuration:

- a. Single story
 b. Combination one and two story
 c. Full two story
 d. Three story
 e. Split level
 f. Typical
 g. Other, describe _____

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 _____

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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 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 checked="" 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

G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación
Dr. Eligio Hernández Pérez
Secretario de Educación

Hora de Entrada
a Inspección:

9:30

Hora de Salida de
Inspección:

12:30 PM

Escuela:

Joaquín Parrilla

Código:

25239

Municipio:

Patillas

Fecha de Inspección:

16- Enero-2020

Abrir Escuela (Verde)

Abrir Parcialmente la Escuela (Amarillo)

No Abrir la Escuela (Rojo)

Comentarios:

→ No hubo acceso a los techos.

Ing. WALDEMAR NIEVES RIVERA
Nombre (Letra de Molde)


Firma

24269

Licencia



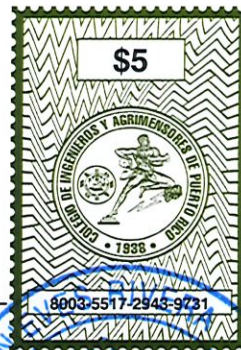


COLEGIO DE INGENIEROS Y AGRIMENSORES
DE PUERTO RICO

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
Reglón: Certificación
Descripción del Trabajo: Inspección y Verificación de Instalaciones
Fecha de Emisión: 2020-01-20
Monto Emitido: \$5
Número de Serie: 8003-5517-2943-9731
Número de Caso: 25239
Proyecto / Unidad: 25239 - Escuela Joaquin Parrilla
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