

## 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:** PR #10 km. 52.2  
**City:** Utuado **State:** P.R. **Zip:** 00641
2. **School Name:** Escuela Superior Vocacional Antonio Reyes Padilla
3. **Date of Inspection:** January 10, 2020
4. **Inspector's Name:** Adolfo Bonilla 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 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): 2002 (Inauguration 2005)  
b) Total square footage (best estimate): 153,700 (Including 1st, 2nd floors, vocational workshop and basketball court)

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 (assumed not bolted concrete structure, bolted steel structure)

14. Exterior wall finish:

- ☐ a. Stucco  
☐ b. Panel siding  
☐ c. Metal siding  
☐ d. Masonry veneer  
☒ e. Other, describe Cement Plaster

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 (columns and beams 2ft\* 2ft, 23.5 span. Confirm with construction plans)  
☐ 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

### 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? hair cracks

☒ ☐ ☐

b. Fresh cracking at building corners? hair cracks

☒ ☐ ☐

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?

☐ ☐ ☒



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### D. EXTERIOR BUILDING INSPECTION (continued)

#### 22. Kitchen Hook (If yes, provide description and photos)

	YES	NO	N/A
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"/>	
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"/>
At the inspection date, kitchen's labors were prepared foods.	<input type="checkbox"/>	<input checked="" 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"/>

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### 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 non 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>   |                          |                                     |                          |
| 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 \_\_\_\_\_

b. Typical wall and ceiling finish

- ☐ i. Drywall
- ☐ ii. Plaster on gypsum lath
- ☐ iii. Plaster on wood lath
- ☐ iv. Other, describe \_\_\_\_\_

## GENERAL EARTHQUAKE DAMAGE INSPECTION CHECKLIST

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### 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? hair crack	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections? hair crack	<input checked="" type="checkbox"/>	<input 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"/>
<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 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"/>



## GENERAL EARTHQUAKE DAMAGE 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? No fresh cracks. Floor with terrazo	<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"/>
<b>30. Mechanical systems: (if yes, provide description and photos)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? See comment at page 8	<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"/>

## GENERAL EARTHQUAKE DAMAGE INSPECTION CHECKLIST

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### 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"/> |

27 d - In "Economia Domestica 2" kitchen room, a objectable odor was present. The maintenance employee comment that the odor was report before, suspect that one stove can had a leakage. We recommend to the DE authority, call the fire department or a propane gas distributor to examine the equipment. Into the time, for prevention, the designated personal should close the gas valve.



Fecha de Expiración: 2024-06-19



**G. RECOMENDACIÓN AL SECRETARIO**

Departamento de Educación  
Dr. Eligio Hernández Pérez  
Secretario de Educación

Hora: 1:30 PM

Código: 17863 (AEP-8897)

Escuela: Escuela Superior Vocacional Antonio Reyes Padilla

Fecha de Inspección: 10 de enero de 2020

Municipio: Ututo

Abrir Escuela (Verde) ☒

Abrir Parcialmente la Escuela (Amarillo) ☐

No Abrir la Escuela (Rojo) ☐

**Comentarios:** Se presenta grietas capilares ("hair cracks") en las juntas entre las paredes de bloques y elementos de concreto (columnas, vigas y techo). En otros salones (especialmente el segundo piso del edificio al ESTE), se desprendió el enlucido (empaquetado) engalletado de manera aleatoria en la junta de paredes de bloques y viga. En este caso no se afecta ningún elemento estructural y la reparación consiste en reponer la porción de enlucido afectado. Las condiciones de filtraciones en techo en algunos salones son condiciones previamente existente. Al momento de la inspección el comedor estaba en funciones.

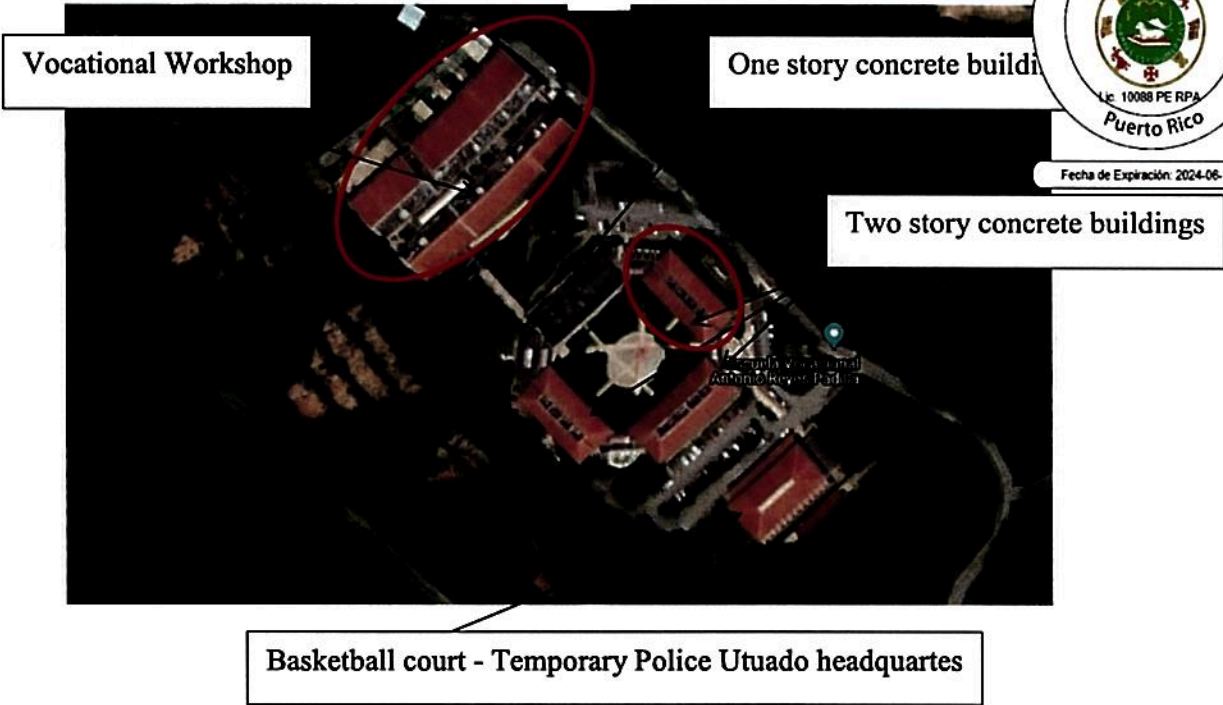
Adolfo Bonilla Rodríguez  
Nombre (Letra de Molde)

Firma

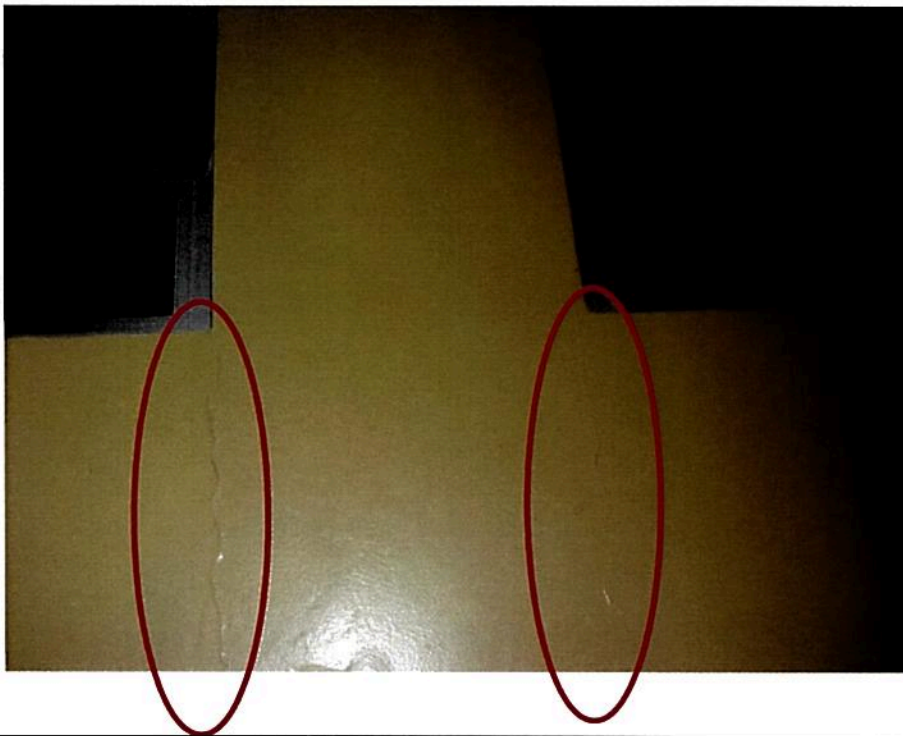
10088  
# Licencia



Antonio Reyes Padilla Vocational High School  
PR 10, km 52.2, Utuado PR



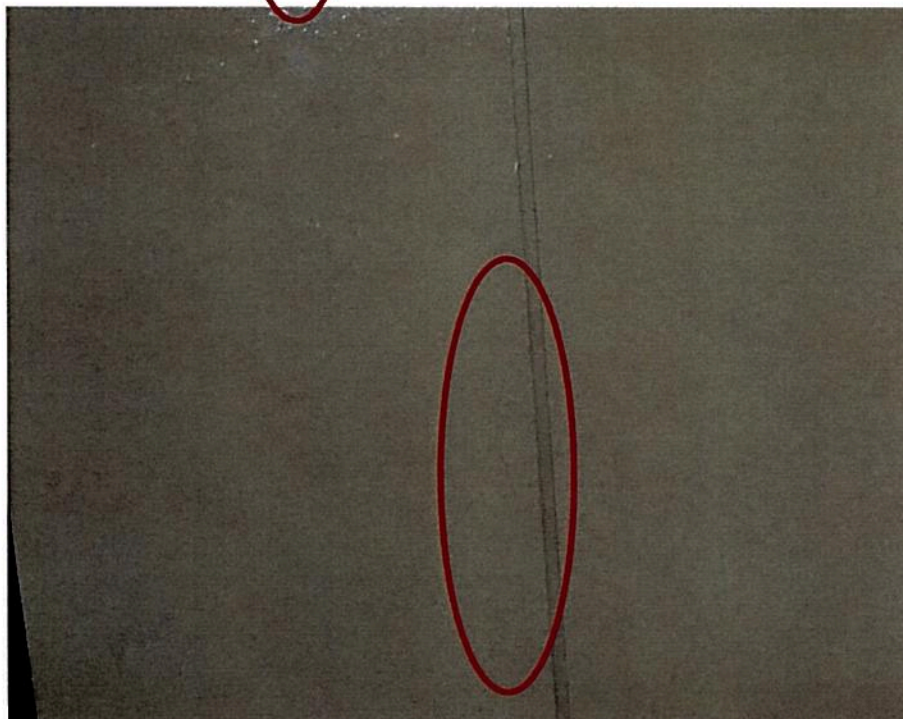
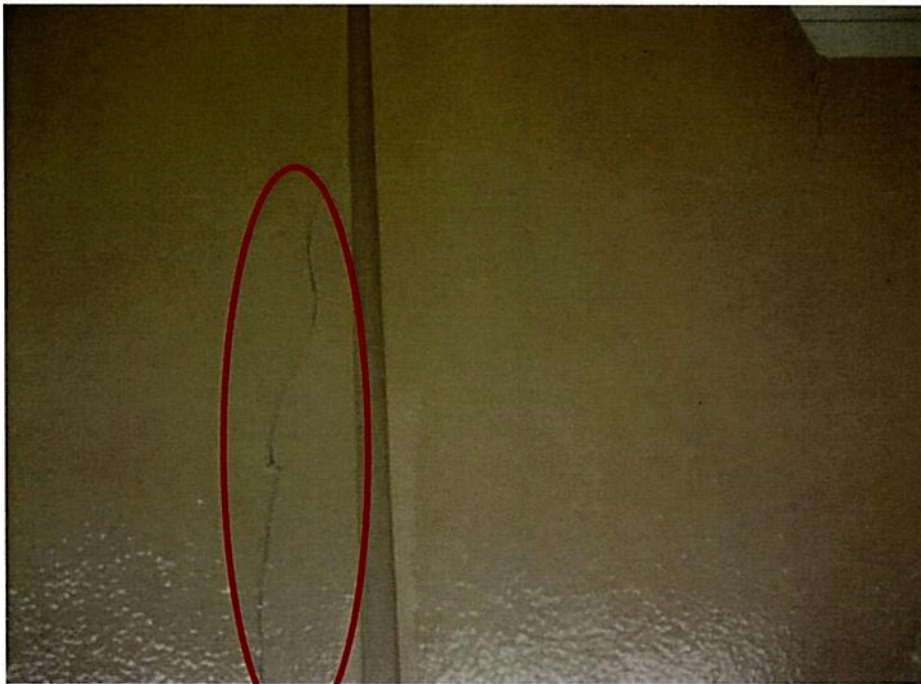
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PR 10, km 52.2, Utuado PR



Typical "hair crack" between column and block wall at exterior façade (aprox 35%), concentrated in the EAST two story concrete building



Antonio Reyes Padilla Vocational High School  
PR 10, km 52.2, Utuado PR



Typical "hair crack" between column and block wall at exterior façade

Antonio Reyes Padilla Vocational High School  
PR 10, km 52.2, Utuado PR



Typical “hair crack” at windows corners in the interior walls



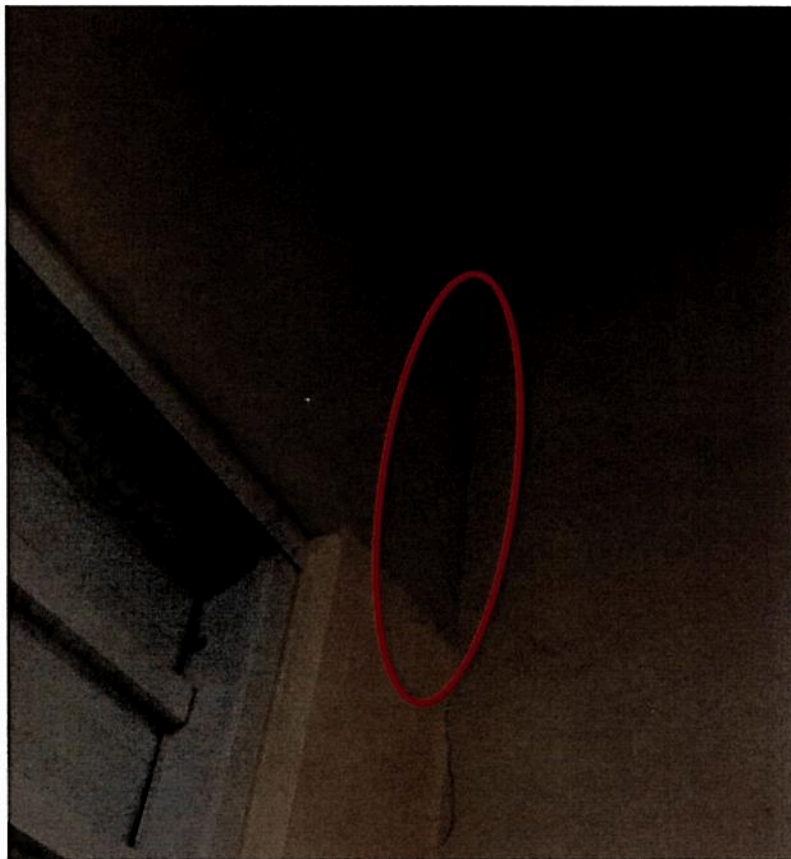
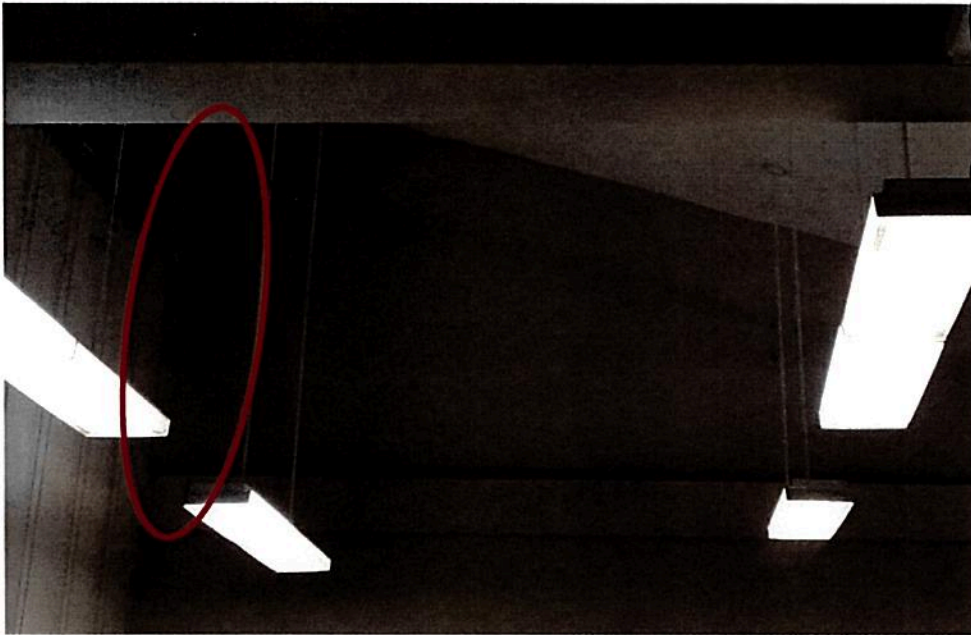
Antonio Reyes Padilla Vocational High School  
PR 10, km 52.2, Utuado PR



Typical “hair crack” at windows corners in the interior walls. Cement plaster in local areas detached deposited the waste in the floor.



Antonio Reyes Padilla Vocational High School  
PR 10, km 52.2, Utuado PR



Typical "hair crack" at joints corners in the interior walls