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: _____

   City: Coamo State: P.R. Zip: _____

2. School Name: Esc. Román Colón Correa

3. Date of inspection: 4/Feb./20

4. Inspector's Name: Ing. Fidel R. Cintrón Fuentes, P.E.

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?	☐	☑
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. BUILDING SITE INSPECTION (continued)

		YES	NO
9.	Evidence of earthquake-induced permanent ground deformation in the immediate vicinity of the property?	☐	☑

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): 2005

b) Total square footage (best estimate): _____

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 _____

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

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 Not visible

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

17. Roof configuration:
- ☐ a. Gable
- ☐ b. Hip
- ☑ c. Flat or very low slope
- ☐ d. Shed
- ☐ e. 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?	☐	☑	
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?	☐	☑	☐
b. Fresh cracking at building corners?	☐	☑	☐
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?	☐	☑	☐

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

D. EXTERIOR BUILDING INSPECTION (continued)

22. Kitchen Hook (if yes, provide description and photos)	YES	NO	N/A
a. Present on external wall?	☐	☑	☐
b. Present at internal location?	☐	☑	☐
c. Collapse or partial collapse?	☐	☑	☐
d. Visible damage or cracking?	☐	☑	
e. Visible tilting or separation from building?	☐	☑	☐
f. Shifted or loose and displaced	☐	☑	☐
g. Deterioration or deformation	☐	☑	☐
	☐	☑	☐

23. Roof: (if yes, provide description and photos)			
a. Shifted or dislodged or concrete damage?	☐	☑	☐
b. Impact damage to roof from falling object?	☐	☑	☐
c. Displaced rooftop HVAC units?	☐	☑	☐
d. Significantly sagging roof ridgelines?	☐	☑	☐
e. Signs of movement between rafter tails and wall finishes at eaves?	☐	☑	☐
f. . Buckled/dislodged flashing or tearing of roof membrane, roof/wall intersections in split level buildings, additions, or other building irregularities?	☐	☑	☐
g. Tearing of roof membrane or deck waterproofing at re-entrant corners?	☐	☑	☐
h. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of rooftop mechanical equipment?	☐	☑	☐
i. Shifting of or damage to solar panels?	☐	☑	☐

OCULAR INSPECTION CHECKLIST

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

D. EXTERIOR BUILDING INSPECTION (continued)

24. Attached or abutting improvements: (if yes, provide description and photos)	YES	NO	N/A
a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings?	☐	☑	☐
b. Evidence of recent settlement or displacement of exterior steps, patios, or walkways relative to the building?	☐	☑	
c. Signs of movement between building floor and/ or exterior hardscape or retaining wall along the uphill side of hon steeply sloping sites?	☐	☑	☐
d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)?	☐	☑	☐

25. Independent exterior improvements: (if yes, provide description and photos)			
a. Damaged detached gazebo?	☐	☑	☐
b. Damage to fences / privacy walls?	☐	☑	☐
c. Damage to retaining walls?	☐	☑	☐
d. Damage to walkway?	☐	☑	☐
e. Evidence of leakage from water supply lines?	☐	☑	☐
f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks?	☐	☑	☐
g. Others damage	☐	☑	☐

E. INTERIOR INSPECTION

26. General information N/A

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 Cement plaster

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?	☐	☑	☐
	b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections?	☐	☑	☐
	c. Door or window openings racked out of square?	☐	☑	☐
	d. Wall leaning?	☐	☑	☐
	e. Pattern of cracking that extends from the floor slab through the wall?	☐	☑	
	f. Movement or sliding of walls relative to the floor?	☐	☑	
	g. Severe cracking, separations, or offsets at building irregularities?	☐	☑	☐
	h. Doors damaged, difficult to operate, or inoperable?	☐	☑	☐
	i. Windows damaged, difficult to operate, or inoperable?	☐	☑	☐
28.	**Ceilings:** (if yes, provide description and photos)			
	a. Collapse of ceiling finish?	☐	☑	☐
	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"?	☐	☑	☐
	c. Damage to ceiling finishes in vicinity of corridors or commons places?	☐	☑	☐
	d. Separations or cracks in ceiling finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?	☐	☑	☐
	e. Water damage or evidence of recent leakage from plumbing lines or roofing?	☐	☑	☐

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?	☐	☑	☐
	b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?	☐	☑	☐
	c. Significant sagging or unusual bounciness of floors frames?	☐	☑	☐
	d. Separations or cracks in floor finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?	☐	☑	☐
	e. Signs of movement between floor and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites?	☐	☑	☐
	f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?	☐	☑	☐
	g. Impact damage to floor finishes from falling contents?	☐	☑	☐
30.	**Mechanical systems: (if yes, provide description and photos)**	☐	☑	☐
	a. Displaced connection of appliance flues connected to chimneys?	☐	☑	☐
	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?	☐	☑	☐
	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?	☐	☑	☐
	d. Damage to gas line of gas stoves or gas fueled clothes dryers?	☐	☑	☐
	e. Damage to toilets?	☐	☑	☐
	f. Decreased or restricted water pressure at appliances, faucets, or toilets?	☐	☑	☐
	g. Toppling or shifting of free-standing wood stove and/or flue?	☐	☑	☐
	h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?	☐	☑	☐
	i. Other Damage in the dining room	☐	☑	☐
	j. Damage near the gas tank	☐	☑	☐

OCULAR 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?	☐	☑	☐
	b. Impact damage to countertops from falling objects?	☐	☑	☐
	c. Cracking of ceramic tile in showers or tub/shower enclosures consistent with earthquake damage to adjacent wall finishes?	☐	☑	☐

F. CONTINGENT INSPECTIONS

		YES	NO	N/A
32.	**Retaining Tank Wall damage?**	☐	☑	☐
33.	Water tank or other field subterranean structure	☐	☑	☐

OCULAR INSPECTION CHECKLIST

G. RECOMENDACIÓN

JOSUE L. CRUZ

Hora de Entrada a Inspección: 12:45 P.M.

Hora de Salida de Inspección: 2:15 P.M.

Edificio: Esc. Rafael Colón Correa

Código: # 50609

Municipio: COAMO

Fecha de Inspección: 4/Feb./20.

Abrir	(Verde)	☑
Abrir Parcialmente	(Amarillo)	☐
No Abrir	(Rojo)	☐

Comentarios: Se observaron pequeñas grietas en paredes y columnas y vigas. Los edificios están estructuralmente estables y se recomienda su uso. Grietas son de fácil corrección.

Nota: No se observó la condición de columna corta.

This report has been prepared for the exclusive use by the here-in stated client or their agent. It should be noted that, as requested, this report is based solely on a visual inspection of the as-is facility for the purpose of assessing the presence of significant structural damage resulting from the seismic event of January 07, 2020 which may affect its structural condition compared to that prior to said event. The inspection may not reveal all deficiencies; all components and conditions which by the nature of their location are concealed, camouflaged or difficult to inspect are excluded from the report. Report does not include materials testing, soil studies, structural studies or analysis of structure design. The determination of the structural adequacy of the existing facility to meet the applicable design and construction building codes requirements, as well as developing recommendations for the rehabilitation of the facility will require a more extensive investigation than that one requested to be conducted and reported herein.

Nombre (Letra de Molde)

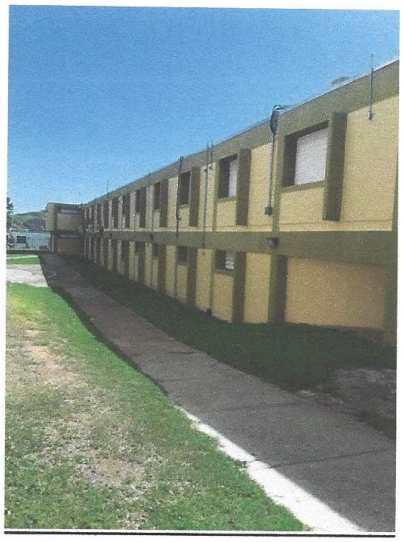
Firma

9195
Licencia

IVAN R. CINTRON FUENTES
INGENIERO LICENCIADO
LIC. 9185
PUERTO RICO

FOTOS: ESCUELA ROMÁN COLÓN CORREA

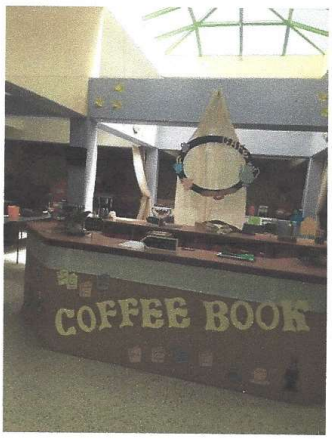
COAMO, PUERTO RICO



Fachada

Pasillo

Salón típico



Biblioteca

Grieta en mocheta de fácil corrección

Grieta en pared de fácil corrección

Grieta en plafón de fácil corrección

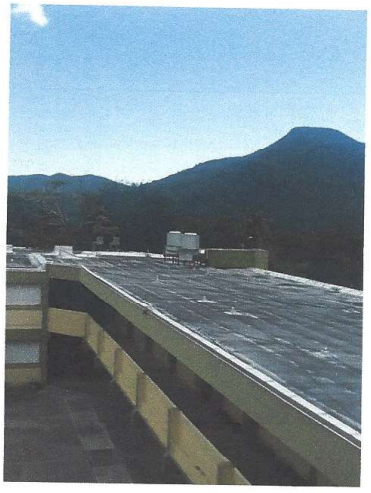
Junta de expansión

Comedor

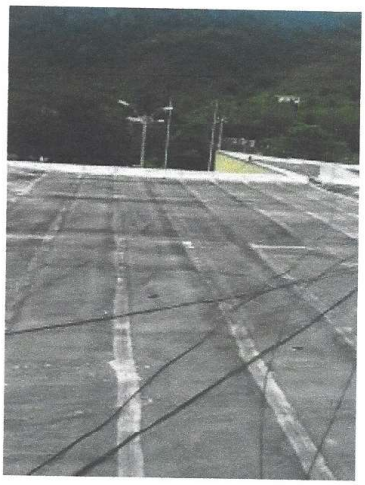
Comedor

Cancha

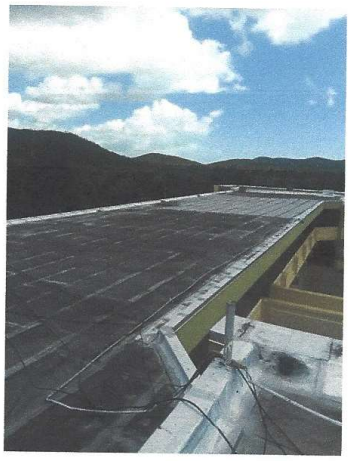
Cancha



Techo



Tratamiento de techo



Techo

FERPO CONSULTING, PSC.
P.O. Box 361300, San Juan, Puerto Rico 00936-1300
Tel. (787) 505-4981

Building Name: Escuela Ramon Colon Lopez DE 50609

Inspector (s): Juan Cintron PE

CERTIFICATION:

I, Jose A. Fernandez Polo, Principal Engineer, License 5238, certify that: I have reviewed and discussed this ocular inspection report with the engineer that inspected the building, and based on my knowledge and experience, I agree with their conclusion

Abrir	(Verde)	☑
Abrir Parcialmente	(Amarillo)	☐
No Abrir	(Rojo)	☐

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Name: José A. Fernandez Polo, PE

JOSE A. FERNANDEZ POLO INGENIERO LICENCIADO LIC. 5238

Signature

2-5-2020

Date