

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: _____ **State:** _____ **Zip:** _____
2. **School Name:** _____
3. **Date of inspection:** _____
4. **Inspector's Name:** _____

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

C. GENERAL BUILDING INFORMATION

- | | | | | | |
|-----|---|---------------------------------|--|---------------------------------|------------------------------|
| 10. | Safety Assessment Tag: (check one) | <input type="checkbox"/> None | <input type="checkbox"/> Green | <input type="checkbox"/> Yellow | <input type="checkbox"/> Red |
| | (others): | <input type="checkbox"/> Yellow | <input type="checkbox"/> Red | | |
| 11. | a) Year of original construction (best estimate): _____ | | | | |
| | b) Total square footage (best estimate): _____ | | | | |
| 12. | Have any repairs, modifications, or demolition been performed since the earthquake? | YES | NO | | |
| | If yes, describe _____ | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 13. | Building configuration: | 16. | Sill bolting: | | |
| | <input type="checkbox"/> a. Single story | | <input type="checkbox"/> a. Structure bolted to foundation | | |
| | <input type="checkbox"/> b. Combination one and two story | | <input type="checkbox"/> b. Structure not bolted to foundation | | |
| | <input type="checkbox"/> c. Full two story | | <input type="checkbox"/> c. Don't know | | |
| | <input type="checkbox"/> d. Three story | 17. | Roof configuration: | | |
| | <input type="checkbox"/> e. Split level | | <input type="checkbox"/> a. Gable (Dos Aguas) | | |
| | <input type="checkbox"/> f. Typical | | <input type="checkbox"/> b. Hip (Cuatro Aguas) | | |
| | <input type="checkbox"/> g. Other, describe _____ | | <input type="checkbox"/> c. Flat or very low slope | | |
| 14. | Exterior wall finish: | | <input type="checkbox"/> d. Shed (Un Agua) | | |
| | <input type="checkbox"/> a. Stucco | | <input type="checkbox"/> e. Other, describe _____ | | |
| | <input type="checkbox"/> b. Panel siding | 18. | Roof covering: | | |
| | <input type="checkbox"/> c. Metal siding | | <input type="checkbox"/> a. Asphaltic membrane | | |
| | <input type="checkbox"/> d. Masonry veneer | | <input type="checkbox"/> b. Wood shingle or shake | | |
| | <input type="checkbox"/> e. Other, describe _____ | | <input type="checkbox"/> c. Concrete | | |
| 15. | Foundation configuration: | | <input type="checkbox"/> d. Metal | | |
| | <input type="checkbox"/> a. Slab-on-grade | | <input type="checkbox"/> e. Elastomeric | | |
| | <input type="checkbox"/> b. Crawlspace without cripple walls | | <input type="checkbox"/> f. Other, describe _____ | | |
| | <input type="checkbox"/> c. Crawlspace with cripple walls | | | | |
| | <input type="checkbox"/> d. Exposed piers or posts | | | | |
| | <input type="checkbox"/> e. Typical | | | | |
| | <input type="checkbox"/> f. Metal | | | | |
| | <input type="checkbox"/> g. 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?

DI. 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?

DII. 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 School Director (or Rep.) if any earthquake retrofits have been done to the building?

If Y describe: _____

d. If the answer to c is Y, were bolts added to connect the building to the foundation?

e. If the answer to c is Y, were plywood or sheathing added to any cripple walls under the building?

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D. EXTERIOR BUILDING INSPECTION (continued)

	YES	NO	N/A
22. Kitchen Hood (if yes, provide description and photos)			
a. Present on external wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Present at internal location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collapse or partial collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Visible damage or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Visible tilting or separation from building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shifted or loose and displaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deterioration or deformation	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
b. Impact damage to roof from falling object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Displaced rooftop HVAC units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Significantly sagging roof ridgelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signs of movement between rafter tails and wall finishes at eaves?	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>
g. Tearing of roof membrane or deck waterproofing at re-entrant corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of rooftop mechanical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shifting of or damage to solar panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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D. EXTERIOR BUILDING INSPECTION (continued)

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| 24. Attached or abutting improvements: (if yes, provide description and photos) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Collapse, partial collapse, or separation of attached porches, carports, Gazebos, or awnings? | <input type="checkbox"/> | <input 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 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 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 type="checkbox"/> | <input type="checkbox"/> |
| 25. Independent exterior improvements: (if yes, provide description and photos) | | | |
| a. Damaged detached gazebo? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Damage to fences / privacy walls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Damage to retaining walls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Damage to walkway? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evidence of leakage from water supply lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Others damage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. INTERIOR INSPECTION

26. General information

- | | |
|--|---|
| <p>a. If interior access not possible, identify reason</p> <p><input type="checkbox"/> i. Red tag</p> <p><input type="checkbox"/> ii. Hazardous materials</p> <p><input type="checkbox"/> iii. Other hazardous condition, describe _____</p> <p><input type="checkbox"/> iv. Other, describe _____</p> | <p>b. Typical wall and ceiling finish</p> <p><input type="checkbox"/> i. Drywall</p> <p><input type="checkbox"/> ii. Plaster on gypsum lath</p> <p><input type="checkbox"/> iii. Plaster on wood lath</p> <p><input type="checkbox"/> iv. Other, describe _____</p> |
|--|---|

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

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E. INTERIOR INSPECTION (continued)

29. Floors: (if yes, provide description and photos)	YES	NO	N/A
a. Evidence of recent sloping, sagging, settlement or displacement of floors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Significant sagging or unusual bounciness of floors frames?	<input type="checkbox"/>	<input 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 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 type="checkbox"/>	<input type="checkbox"/>
f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impact damage to floor finishes from falling contents?	<input type="checkbox"/>	<input 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 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 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 type="checkbox"/>	<input type="checkbox"/>
d. Damage to gas line of gas stoves or gas fueled clothes dryers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Damage to toilets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Decreased or restricted water pressure at appliances, faucets, or toilets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Toppling or shifting of free-standing wood stove and/or flue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other Damage in the dining room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Damage near the gas tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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 type="checkbox"/> | <input type="checkbox"/> |
| b. Impact damage to countertops from falling objects? | <input type="checkbox"/> | <input 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 type="checkbox"/> | <input type="checkbox"/> |

F. CONTINGENT INSPECTIONS

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 32. Retaining Tank Wall damage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Water tank or other field subterranean structure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

G. RECOMENDACIÓN AL SECRETARIO

Departamento de Educación
 Dr. Eligio Hernández Pérez
 Secretario de Educación

Hora: _____

Código: _____

Escuela: _____

Fecha de Inspección: _____

Municipio: _____

- Abrir Escuela (Verde)
- Abrir Parcialmente la Escuela (Amarillo)
- No Abrir la Escuela (Rojo)

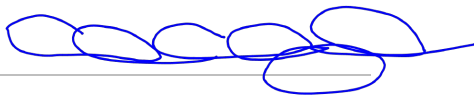
Comentarios:

(Ver Anejo A para más detalle)

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.

Nombre (Letra de Molde)

Firma



Licencia

