

Task Force: _____	Date/Time of Disaster: _____	See Form RST-2 for Instructions
<p>AREA MAP</p>		

<p>BLDG. ID:</p> <p>FLOOR AREA: _____</p> <p>No. STORIES: _____</p> <p>OCCUPANCY: _____</p> <p>MATERIAL: (Circle all that apply)</p> <p>WOOD CIP CONCRETE STEEL</p> <p>URM TILT-UP PT CONC PC CONC</p> <p>OTHER: _____</p>	<p>CRITERIA for PROBABILITY of VIABLE VICTIMS (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED LOW___ MEDIUM___ HIGH___</p> <p>VICTIM ACCESS EFFORT DIFFICULT___ MEDIUM___ EASY___</p> <p>TYPE OF VOIDS COMPACT___ SEPARATED___ OPEN___</p> <p>CRITERIA for ASSESSMENT of RISK (check one in each line)</p> <p>CHANCE OF FURTHER COLLAPSE LOW___ MEDIUM___ HIGH___</p> <p>No. OF FALLING HAZARDS LOW___ MEDIUM___ HIGH___</p> <p>VOID SUPPORT CONDITION GOOD___ POOR___ UNKNOWN___</p>	<p>BLDG RATINGS (Circle one each line)</p> <p>LP MP XP</p> <p>LR MR XR</p>
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<p>GPS Coordinates _____</p> <p>Notes: _____</p>	<p>SLOW- GO (circle if applies) FIRE HAZMAT OTHER: _____</p>
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<p>BLDG. ID:</p> <p>FLOOR AREA: _____</p> <p>No. STORIES: _____</p> <p>OCCUPANCY: _____</p> <p>MATERIAL: (Circle all that apply)</p> <p>WOOD CIP CONCRETE STEEL</p> <p>URM TILT-UP PT CONC PC CONC</p> <p>OTHER: _____</p>	<p>CRITERIA for PROBABILITY of VIABLE VICTIMS (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED LOW___ MEDIUM___ HIGH___</p> <p>VICTIM ACCESS EFFORT DIFFICULT___ MEDIUM___ EASY___</p> <p>TYPE OF VOIDS COMPACT___ SEPARATED___ OPEN___</p> <p>CRITERIA for ASSESSMENT of RISK (check one in each line)</p> <p>CHANCE OF FURTHER COLLAPSE LOW___ MEDIUM___ HIGH___</p> <p>No. OF FALLING HAZARDS LOW___ MEDIUM___ HIGH___</p> <p>VOID SUPPORT CONDITION GOOD___ POOR___ UNKNOWN___</p>	<p>BLDG RATINGS (Circle one each line)</p> <p>LP MP XP</p> <p>LR MR XR</p>
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<p>GPS Coordinates _____</p> <p>Notes: _____</p>	<p>SLOW- GO (circle if applies) FIRE HAZMAT OTHER: _____</p>
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<p>BLDG. ID:</p> <p>FLOOR AREA: _____</p> <p>No. STORIES: _____</p> <p>OCCUPANCY: _____</p> <p>MATERIAL: (Circle all that apply)</p> <p>WOOD CIP CONCRETE STEEL</p> <p>URM TILT-UP PT CONC PC CONC</p> <p>OTHER: _____</p>	<p>CRITERIA for PROBABILITY of VIABLE VICTIMS (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED LOW___ MEDIUM___ HIGH___</p> <p>VICTIM ACCESS EFFORT DIFFICULT___ MEDIUM___ EASY___</p> <p>TYPE OF VOIDS COMPACT___ SEPARATED___ OPEN___</p> <p>CRITERIA for ASSESSMENT of RISK (check one in each line)</p> <p>CHANCE OF FURTHER COLLAPSE LOW___ MEDIUM___ HIGH___</p> <p>No. OF FALLING HAZARDS LOW___ MEDIUM___ HIGH___</p> <p>VOID SUPPORT CONDITION GOOD___ POOR___ UNKNOWN___</p>	<p>BLDG RATINGS (Circle one each line)</p> <p>LP MP XP</p> <p>LR MR XR</p>
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<p>GPS Coordinates _____</p> <p>Notes: _____</p>	<p>SLOW- GO (circle if applies) FIRE HAZMAT OTHER: _____</p>
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<p>BLDG. ID: _____</p> <p>FLOOR AREA: _____</p> <p>No. STORIES: _____</p> <p>OCCUPANCY: _____</p> <p>MATERIAL: (Circle all that apply)</p> <p>WOOD CIP CONCRETE STEEL</p> <p>URM TILT-UP PT CONC PC CONC</p> <p>OTHER: _____</p>	<p>CRITERIA for PROBABILITY of VIABLE VICTIMS (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED LOW___ MEDIUM___ HIGH___</p> <p>VICTIM ACCESS EFFORT DIFFICULT___ MEDIUM___ EASY___</p> <p>TYPE OF VOIDS COMPACT___ SEPARATED___ OPEN___</p> <p>CRITERIA for ASSESSMENT of RISK (check one in each line)</p> <p>CHANCE OF FURTHER COLLAPSE LOW___ MEDIUM___ HIGH___</p> <p>No. OF FALLING HAZARDS LOW___ MEDIUM___ HIGH___</p> <p>VOID SUPPORT CONDITION GOOD___ POOR___ UNKNOWN___</p>	<p>BLDG RATINGS (Circle one each line)</p> <p>LP MP XP</p> <p>LR MR XR</p>
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Instructions for RST Forms Note: XR is used to indicate High Risk, since HR indicates Human Remains. XP = High Probability

1. The purpose of RST- 1 & 2 is to aid in rapidly determining Probability of Viable Victims and Relative Risk for numbers of structures.
2. The forms would be used when US&R forces need to respond to a large number of damaged structures following a sudden event.
3. Each structure is given a Rating for Viable Victim Probability: LP = Low, MP = Medium, and XP = High Probability.
(Note: Input from Search Team Mgr & Rescue Team Ldr or Squad Officer should be sought in determining Victim Viability Rating.)
4. Each structure is given a Rating for Risk: LR = Low, MR = Medium, and XR = High Risk.
5. These ratings should be based on the criteria listed, and more than one structure may have the same rating.
6. The ratings should be based on the best judgments of the team, and must be made very rapidly. This form is only a guide.
7. Record GPS coordinates in the provided box. Specify format (always check with IST or Plans to determine proper format & datum).

US&R Structure / Hazards Evaluation Form - HAZ-1

By: _____

Where required, circle all the information or items that apply.

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED.

STRUCTURE DESCRIPTION: Bldg ID: _____ No. Stories: _____ No. Basements: _____	BUILDING MARKING: <input type="checkbox"/> Date/Time of Eval: _____ Date/Time of Disaster: _____
MATERIALS: Wood Concrete Steel URM PC Concrete Other: _____	TYPE OF COLLAPSE: Pancake Soft 1st Floor Wall Failure Torsion Middle Story Overturn Other: _____
FRAMING SYSTEM: Shearwall Moment Frame Braced Frame Other: _____	LOCATION OF VOIDS: Between Floors Basement Shafts Other: _____
OCCUPANCY: Hospital Police Station Fire Station Emergency Operations Center Office Building School Public Assembly Industrial Hotel Apartment Retail Store Other: _____	DESCRIPTION OF UNSAFE AREAS & HAZARDS: _____ _____ _____ _____ _____ _____ _____ _____
VICTIM & OTHER INFORMATION: _____ _____	
LOCATION OF BEST ACCESS & SAR STRATEGY: _____ _____	

SKETCH

US&R Structure / Hazards Evaluation Form - HAZ-2

By:

Where required, circle all the information or items that apply.

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED.

SKETCH:

A large rectangular area filled with a uniform grid of small dots, intended for drawing a sketch. The grid covers the majority of the page below the 'SKETCH:' label.

US&R Structure / Hazards Check List - HAZ-3

By: _____

This is only a Check List. Check all Appropriate Structure Hazards

<p>STRUCTURE DESCRIPTION:</p> <p>Bldg ID: _____</p> <p>No. Stories: _____ No. Basements: _____</p>	<p>TYPE OF COLLAPSE:</p> <table border="0"> <tr> <td>Pancake</td> <td>Soft 1st Floor</td> <td>Wall Failure</td> </tr> <tr> <td>Torsion</td> <td>Middle Story</td> <td>Overturn</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </table>	Pancake	Soft 1st Floor	Wall Failure	Torsion	Middle Story	Overturn	Other:		
Pancake	Soft 1st Floor	Wall Failure								
Torsion	Middle Story	Overturn								
Other:										
<p>From a SAFE Distance, CHECK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alignment of Structure's Corners & Faces <input type="checkbox"/> Alignment of Structure's Floors <input type="checkbox"/> Condition of Openings <input type="checkbox"/> Condition of Facing or Projecting Elements <input type="checkbox"/> Presence of Precast Conc Facing or Brick/Stone Veneer <input type="checkbox"/> Presence of other FALLING HAZARDS <input type="checkbox"/> Presence of Rooftop Equipment, Towers, etc <input type="checkbox"/> Presence of Distinctive Elements, Additions, Stairwells <input type="checkbox"/> Any Alternate Energy Source - Generator, Solar Elec <input type="checkbox"/> Presence of Tanks w/Explosive/Corrosive Material 	<p>Walk around Structure and CHECK:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Continuity of Vertical load Path <input type="checkbox"/> Continuity of Lateral Load Path <input type="checkbox"/> Alignment & Condition of all Wall Piers <input type="checkbox"/> Condition of Foundation & Adjacent Ground <input type="checkbox"/> Presence of Flowing Liquids <input type="checkbox"/> I.D Areas of Structure to be avoided <input type="checkbox"/> I.D. Sections with potential for Brittle Failure <input type="checkbox"/> I.D most PROBABLE Collapse Mode <input type="checkbox"/> I.D All Exterior FALLING HAZARDS <input type="checkbox"/> I.D All Ingress and Egress Locations 									
<p>If you choose to enter the Structure:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure that at least one other Team Member remains outside and you maintain radio contact <input type="checkbox"/> Notify TFL you are entering structure - Which Side <input type="checkbox"/> Leave Easily Visible Trail as you explore interior ** <input type="checkbox"/> Check Each Closed Door for heat PRIOR to OPENING <input type="checkbox"/> Inspect Ground Floor Level Before moving Upward <input type="checkbox"/> Check Main Columns and Shear Walls-Cracks, Spalling <input type="checkbox"/> Check Main Beam to Column Connections <input type="checkbox"/> Check Stair wells for Damage and Access <input type="checkbox"/> Check Condition of Floor System <input type="checkbox"/> I.D. All Interior Collapse Hazards <input type="checkbox"/> I.D All Interior Falling Hazards <input type="checkbox"/> Locate Safe Havans and Escape Routes <input type="checkbox"/> Report all Data to Outside Person before continuing <input type="checkbox"/> Proceed Up/Down Only if Can Maintain Radio Contact <input type="checkbox"/> Proceed to Upper Stories, Check each before Proceeding <input type="checkbox"/> Proceed to Basement and Check Structure & Foundation 	<p>NOTES</p> <p>1. ** Suggestions for Visable Trail are: Light Sticks, Paint Arrows on floor, Electronic Relay Devices</p>									

US&R Struct. Haz. Mitigation Form - MIT-1

By: _____

Date: _____

Where required, circle all the information or items that apply.

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED.

<p>STRUCTURE DESCRIPTION:</p> <p>Bldg ID: _____</p> <p>No. Stories: _____ No. Basements: _____</p> <p>MATERIALS: Wood Concrete Steel URM PC Concrete</p> <p>TYPE OF COLLAPSE: Pancake Soft 1st Story Wall Failure O-turn Other</p>	<p>MITIGATION METHODS & ABBREVIATIONS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Avoid and Barracade</td> <td>A&B</td> <td>Horiz. Tieback</td> <td>H-TB</td> </tr> <tr> <td>Remove</td> <td>Remo</td> <td>Vert Tieback</td> <td>V-TB</td> </tr> <tr> <td>Minimize Exposure</td> <td>Exp-M</td> <td>Shield</td> <td>Shld</td> </tr> <tr> <td>Vertical Shore</td> <td>V-Sho</td> <td></td> <td></td> </tr> <tr> <td>Horiz. Shore</td> <td>H-Sho</td> <td>Monitor</td> <td>Mon</td> </tr> <tr> <td>Raker Shore</td> <td>R-Sho</td> <td>(GoTo Monitor Form)</td> <td></td> </tr> <tr> <td>Daigonal Brace</td> <td>DB</td> <td>Other (specify)</td> <td></td> </tr> </table>	Avoid and Barracade	A&B	Horiz. Tieback	H-TB	Remove	Remo	Vert Tieback	V-TB	Minimize Exposure	Exp-M	Shield	Shld	Vertical Shore	V-Sho			Horiz. Shore	H-Sho	Monitor	Mon	Raker Shore	R-Sho	(GoTo Monitor Form)		Daigonal Brace	DB	Other (specify)	
Avoid and Barracade	A&B	Horiz. Tieback	H-TB																										
Remove	Remo	Vert Tieback	V-TB																										
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Horiz. Shore	H-Sho	Monitor	Mon																										
Raker Shore	R-Sho	(GoTo Monitor Form)																											
Daigonal Brace	DB	Other (specify)																											

LIST OF POSSIBLE HAZARDS	HAZ LOCATOR (Use Circled No. & locate on Sketch)	MIT METHOD (Use abbrev. indicated above)	PRIORITY (From 1 to 9, may be several of ea.)	TIME REQD (Est. to complete reqd mitigation)	COMMENT
FALLING HAZARD TYPE					
Glass, Light Bldg Facing					
Bldg Contents, H'vy inc Safe					
Brick Veneer					
Rock Veneer Panels					
P.C. Panels					
HVAC Units					
Ducts, Elec Conduit					
Structure Element - Loose					
Str Elmt, Hanging & Attached					
Other					
LOCAL COLLAPSE HAZARD					
Leaning Wall					
Damaged Column					
Damaged Floor					
Un-braced Column					
Punching Shear Potential					
Debris Overload-Floor					
ResQ Equip Overload					
Rain & Clogged Roof Drains					
Damaged Retaining Wall					
Other					
GLOBAL COLLAPSE HAZARD					
Leaning Building					
Multi Floor Collapse					
Multi Column Collapse					
Other					

SKETCH:

US&R Struct. Monitoring Form - MON-1

By: _____ Date: _____

Monitoring Began

Monitoring Ended

STRUCTURE DESCRIPTION:

Bldg ID: _____

No. Stories: _____ No. Basements: _____

ATMOSPHERIC CONDITIONS Temperature _____

Day Clear Calm Haze

Nite Cloudy Windy Gusty

SKETCH OF SITE (show structure, instrument, CPs):

INSTRUMENT SETUP

Model/Serial No. _____ Calibrated Yes / No _____

Location _____ Job Name _____

Description _____ IP Coordinates _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____

Location _____

Description _____

MONITORING POINT # (MP)

Location _____

Description _____

ALERT displacement = _____

ALARM displacment = _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____

Location _____

Description _____

MONITORING POINT # (MP)

Location _____

Description _____

ALERT displacement = _____

ALARM displacment = _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____

Location _____

Description _____

MONITORING POINT # (MP)

Location _____

Description _____

ALERT displacement = _____

ALARM displacment = _____

US&R Struct. Monitoring Form - MON-2

By: _____ Date: _____

Mon-2 Sht _____ of _____

Monitoring Began _____

Monitoring Ended _____

ADDITIONAL INSTRUMENT SETUP LOCATIONS

Location _____ Job Name _____
 Description _____ IP Coordinates _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____
 Location _____
 Description _____

MONITORING POINT # (MP)

Location _____
 Description _____
 ALERT displacement = _____
 ALARM displacement = _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____
 Location _____
 Description _____

MONITORING POINT # (MP)

Location _____
 Description _____
 ALERT displacement = _____
 ALARM displacement = _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____
 Location _____
 Description _____

MONITORING POINT # (MP)

Location _____
 Description _____
 ALERT displacement = _____
 ALARM displacement = _____

CONTROL POINTS - at least three (see CP-LOG)

Name _____
 Location _____
 Description _____

MONITORING POINT # (MP)

Location _____
 Description _____
 ALERT displacement = _____
 ALARM displacement = _____

SKETCH OF SITE (show structure, instrument, CPs):

CONTROL POINT	READINGS*			TIME	IP Loc.	Comments, notes, angles...	SITE PLAN SKETCH

* NOTE: Total Station record X, Y, Z coordinates. Theodolite record Horizontal (HA) and Vertical (VA) Angle.

Situation Name: _____
Rigging Task: _____
Weather Conditions: _____

Date and Time of Lift: _____
Task Force Name: _____
Task Force Leader: _____

Load Description: _____
 Load Weight: _____
 Block Weight: _____
 Rigging Weight: _____
 Jib Weight: _____
 Jib Ball Weight: _____
 Hoist Line Weight: _____
 Other Weight: _____
Total Weight: _____

Crane Operator: _____
Crane Make & Model: _____
Crane Serial No: _____
Boom Length: _____
Jib Length: _____
Jib Position: Stowed Retracted Offset at _____
Size of Counterweights Installed: _____
Front Outrigger Installed: Yes No

Lift will be On: On Main Block On Jib

Setup On: Crawlers Outriggers Tires
 Extended Retracted Other

Max. Intended Working Radius
 Over Rear: _____
 Over Side: _____
 Over Front: _____

Boom Angle:
 Over Rear: _____
 Over Side: _____
 Over Front: _____

Rated Capacity:
 Over Rear: _____
 Over Side: _____
 Over Front: _____

Percent of Capacity :
 (Total Load / Rated Capacity)
 Over Rear: _____
 Over Side: _____
 Over Front: _____

Hazards: Electrical Fire Underground Other _____ **Are Crane Mats, Blocking Req'd:** _____

SKETCH:

US&R Shoring Check List - SHOR-1

By: _____

This is only a Check List. Check all Appropriate Structure Hazards

<p>STRUCTURE DESCRIPTION:</p> <p>Bldg ID: _____</p> <p>No. Stories: _____ No. Basements: _____</p>	<p>TYPE OF COLLAPSE:</p> <table border="0"> <tr> <td>Pancake</td> <td>Soft 1st Floor</td> <td>Wall Failure</td> </tr> <tr> <td>Torsion</td> <td>Middle Story</td> <td>Overturn</td> </tr> <tr> <td>Other:</td> <td></td> <td></td> </tr> </table>	Pancake	Soft 1st Floor	Wall Failure	Torsion	Middle Story	Overturn	Other:		
Pancake	Soft 1st Floor	Wall Failure								
Torsion	Middle Story	Overturn								
Other:										
<p>SHORING SIZE-UP</p>	<p>SHORING INSPECTION</p>									
<p>I.D. Damage, Hazards & Potntial Victim Locations:</p> <ul style="list-style-type: none"> <input type="checkbox"/> What caused collapse? <input type="checkbox"/> Potential for Aftershocks? <input type="checkbox"/> Is structure leaning and/or openings racked? <input type="checkbox"/> Are floors sloped? Is floor hinged or free? <input type="checkbox"/> Is there a V or A collapse w/ ladder effect? <input type="checkbox"/> Best method to mitigate hazards & damage? <input type="checkbox"/> Avoid, Remve, Limit Access <input type="checkbox"/> 	<p>Inspect shores every 12 hours (Shift Change), and/or following any known loading change such as: Aftershocks, High Winds, Secondary Explosion, Load Shift and/or Change.</p> <p>Check for proper construction of shore</p> <ul style="list-style-type: none"> <input type="checkbox"/> Check to see if posts are straight, plumb, and have full bearing on header and wedges <input type="checkbox"/> Are connections tight and wedges snug? <input type="checkbox"/> Is header in full contact with supported structure? <input type="checkbox"/> Has sole deflected due to soft soil or support? <input type="checkbox"/> Are all components of shoring system in place? 									
<p>If Shoring is to be built, determine the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Type & Placement relative to Hazards and Victims <input type="checkbox"/> Type of structure: Concrete, Wood, URM, PC Conc. <input type="checkbox"/> What supports the shoring; Slab on Ground, Soil, Basement Slab, or upper Story <input type="checkbox"/> Condition of supported Structure: Cracked Solid Slab, Beamless Slab, Beams supporting slabs or joist; Wood or Steel joist or trusses <input type="checkbox"/> Support beams that support slabs or joists <input type="checkbox"/> Check sagging beams/girders, or beams with damaged connections <input type="checkbox"/> For wood structures, to support joists, place shores perpendicular to joist and align posts under joist. <input type="checkbox"/> Consider Sloped Floor Shores or Cribbing for limited height conditions. 	<p>Check for signs of overload.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cupping of wedges and crushing of sole. <input type="checkbox"/> Crushing of header at post. <input type="checkbox"/> Splitting of header at end of overhang. <input type="checkbox"/> <p>Actions to be taken if signs of overload are observed.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Add additional shoring. <input type="checkbox"/> Have structure re-evaluated by a StS to see if it is responding differently than expected <input type="checkbox"/> Check assumptions of original shoring design. <input type="checkbox"/> 									
<p>Prepare the area to be shored:</p> <ul style="list-style-type: none"> <input type="checkbox"/> May need to remove debris and floor coverings. <input type="checkbox"/> If soil supported, use 18"x18" foot under post location <input type="checkbox"/> Consider temporary shores to reduce risk (T or Dbl-T). <input type="checkbox"/> Prefab. shoring as much as possible to reduce risk. <input type="checkbox"/> Add bracing after wedges are tightened. 										

US&R Tunnel / Hazards Evaluation Form T-HAZ-1

Need to re-evaluate following Aftershocks or Secondary Collapse

By: _____

STRUCTURE DESCRIPTION:
 Tunnel Name: _____
 Struct. Number: _____
 Begin Station: _____ End Station: _____
 Other I D Information _____

OVERALL MARKING:
 Date/Time of Eval: _____
 Date/Time of Disaster: _____
 Low Hazard Medium Hazard High Hazard

LINER TYPE: (Circle type that applies)
 UR = Unlined Rock CIPNR = Cast-in-place, no Reinf.
 CIPR = CIP Conc, Reinf. SG = Shotcrete/Gunite
 PCLS = Precast Conc. Liner Segments URM
 SCB = Steel Columns & Beams, Jack Arches TIMBER

TUNNEL COMPONENT HAZARD MARK DEFINITIONS
 L = Low Hazard M = Medium Hazard
 X = High Hazard N = Not Applicable/No Hazard

VICTIM & OTHER INFORMATION:

COMPONENT EVALUATION:

Upper Plenum		Miscellaneous
Underside of Roof _____		Safety Walks _____
Top of Ceiling Slab _____		Railings _____
Right Wall _____		Utility Support _____
Left Wall _____		Other _____
Lower Plenum		Portals
Underside of Roadway Slab _____		TF Entry End _____
Bott. of Plenum Slab _____		TF Exit End _____
Right Wall _____		
Left Wall _____		Other:

Roadway		_____
Underside of Ceil/Roof Slab _____		_____
Top of Roadway Slab _____		_____
Right Wall _____		_____
Left Wall _____		_____

LOCATION OF BEST ACCESS & SAR STRATEGY:

SKETCH:

US&R Rapid Bridge Assessment Form RBA-1
Need to Re-Assess following Aftershock or Additional Flooding

By: _____

BRIDGE DESCRIPTION:
 Bridge Name & Roadway: _____
 City - County - Vicinity: _____
 Length Ft: Width: Abutment Ht. High Low
 GPS Coordinates: _____

TASK FORCE BRIDGE ASSESSMENT MARKING:
 Date/Time of Eval: _____
 Date/Type of Disaster: _____
 NO Task Force Restrictions TF Pass w/Restrictions
 Task Force Passage PROHIBITED

INTERNAL SUPPORTS - Number of Spans: Height:
 Support Type: (circle type) Bents Columns Piers
 Foundation Type: Deep (Pile) Shallow (Spread)

HAZARD MARK DEFINITIONS
 L = Low Hazard M = Medium Hazard
 X = High Hazard N = Not Applicable/No Hazard

BRIDGE TYPE: (Circle type that applies)
 Simple Span Multi-Span Truss Arch Culvert
 Movable: Swing Vert. Lift Draw/Bascule

COMPONENT EVALUATION: Mark all L, M, X, or N

<u>Foundation</u>		<u>Geotechnical</u>
Abutments	_____	Liquefaction _____
Interior Supports	_____	Faulting _____
Wing Walls	_____	Scour _____
Explain: _____		Landslide _____
		<u>Other:</u> _____
<u>Approaches</u>		
Roadway Settlement	_____	_____
Horizontal Offset	_____	_____
Bridge Seat Bearing	_____	_____
Type of Bearing	_____	_____
<u>Superstructure</u>		
Beam/Girder/Truss	_____	_____
Slab/Deck	_____	_____
Expansion Joint	_____	_____
Other	_____	_____

BRIDGE MATERIAL: (Circle all types that apply)

Wood Beam Wood Arch Wood Truss Other _____

Steel Stringer Steel Girder Steel truss

CIP Conc Slab CIP Conc Beam CIP Conc Arch

Precast Tee PC Girder PC Slab/Box Posten

OTHER INFO: _____

SKETCH