



EARTHQUAKE RAPID ASSESSMENT FORM

Complex Residential and all Non-Residential Buildings Level 2

This form is not to be used for insurance assessments or purposes other than that intended by the RBA process. Fields with asterisks (*) are mandatory, others are optional.

ASSESSMENT

① Assessor Name*

Assessor ID* Territorial Authority*

② Assessment Date* Day Month Year

Assessment Time* Hour Minute (to nearest half hour)

A AM B PM

BUILDING IDENTIFICATION

③ Building Name

Unit / Number* /

Street*

City/Town*

GPS (Degree with 5 decimals after comma) South East

Other ID or access Photo taken A No B Yes Photo ID.

④ Contact Name

Type A Owner B Tenant C Other

Phone (with area code) (0)

⑤ Existing Placard* None W Y1 R1 Y2 R2

Date* Day Month Year

Team ID* (if provided)

BUILDING DESCRIPTION

⑥ Dimensions	Constr. Age	Building Type	Structure Type	Cladding Type
Stores above ground incl. ground floor <input type="text"/>	A <input type="radio"/> <1935 B <input type="radio"/> 1935-1976 C <input type="radio"/> 1977-1984 D <input type="radio"/> 1985-2000 E <input type="radio"/> >2000 F <input type="radio"/> Unknown	A <input type="radio"/> Complex residential B <input type="radio"/> School C <input type="radio"/> Commercial/Office D <input type="radio"/> Industrial E <input type="radio"/> Critical facility F <input type="radio"/> Public assembly G <input type="radio"/> Other: <input type="text"/>	A <input type="radio"/> Timber frame B <input type="radio"/> Steel frame C <input type="radio"/> Concrete frame D <input type="radio"/> Concrete shear wall E <input type="radio"/> Tilt-up concrete F <input type="radio"/> Reinforced masonry G <input type="radio"/> Unreinforced masonry H <input type="radio"/> Other: <input type="text"/>	A <input type="radio"/> Brick veneer B <input type="radio"/> Concrete panels C <input type="radio"/> Steel D <input type="radio"/> Glass E <input type="radio"/> Lightweight F <input type="radio"/> Other: <input type="text"/>
Stores below ground <input type="text"/>				
Footprint (m ²) <input type="text"/>				

EXTERNAL RISKS

⑦ Potential External Risks*

	A Yes	B No
1 Objects falling from adjacent buildings. Adjacent building ID or address: <input type="text"/>	<input type="radio"/>	<input type="radio"/>
2 Land instability above	<input type="radio"/>	<input type="radio"/>
3 Land instability below	<input type="radio"/>	<input type="radio"/>
4 Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>

If required add sketch on separate page showing extent and nature of the external risk factors.

DAMAGE ASSESSMENT

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	Damage						Damage				
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard*	N/A	A	B	C	D	Non-structural Hazards*	N/A	A	B	C	D
1 Collapse or partial collapse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	11 Parapets, ornamentation, chimneys	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Building or storey leaning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	12 Cladding, glazing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	13 Ceilings, light fixtures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Structural Hazards*	N/A	A	B	C	D	14 Interior walls, partitions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Foundations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	15 Access/egress (elevators, stairs, exits)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Roofs, floors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16 Fire safety concerns	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Gravity systems (columns, beams, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17 Utilities (e.g. gas, electricity, waste water, plumbing)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Lateral systems (walls, frames, braces)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18 Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8 Diaphragms, horizontal bracing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Comments: <input type="text"/>					
9 Precast connections	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>					
10 Other: <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>					

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Estimated Building Damage A None B 0-10% C 11-30% D 31-60% E 61-100%

SUMMARY

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Observed Damage	Level 2 Rapid Assessment Outcome*
Light or no damage	W <input type="radio"/> CAN BE USED (From assessment no known dangers)
Moderate damage	Y1 <input type="radio"/> RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY
	Y2 <input type="radio"/> RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A <input type="radio"/> Yes B <input type="radio"/> No
	R1 <input type="radio"/> ENTRY PROHIBITED (At risk from external factors)
Heavy damage	R2 <input type="radio"/> ENTRY PROHIBITED (Severe damage to building)

Assessor Signature*

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Survey Extent of Building*	
Exterior	A <input type="radio"/> Partial
	B <input type="radio"/> Complete
Interior	C <input type="radio"/> Not accessed
	D <input type="radio"/> Partial
	E <input type="radio"/> Complete

Geotech Assessment Completed?
 Yes No

SUGGESTED FURTHER ACTIONS

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Recommended further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*
A <input type="radio"/> None B <input type="radio"/> Level 2 Rapid Assessment (tick below if particular expertise is required) B1 <input type="radio"/> Structural Engineer B2 <input type="radio"/> Geotechnical Engineer B3 <input type="radio"/> Other: <input type="text"/> C <input type="radio"/> Further evaluation to be arranged by building owner: <input type="text"/> D <input type="radio"/> Welfare visit required? <input type="radio"/> Yes <input type="radio"/> No	A <input type="radio"/> None required B <input type="radio"/> Cordon required Describe extent (add diagram on separate sheet if required) <input type="text"/> <input type="text"/> <input type="text"/>	A <input type="radio"/> None required B <input type="radio"/> Barricades already in place C <input type="radio"/> Barricades required Describe extent (add diagram on separate sheet if required) <input type="text"/> <input type="text"/> <input type="text"/>	A <input type="radio"/> Standard B <input type="radio"/> Immediate action required
Immediate Actions (i.e. cover scarps, connect downpipes) <input type="text"/>			

If required add a sketch on a separate sheet of paper showing building damage, access restrictions or cordoning areas. Identify the building on the sketch and staple the sheet to this assessment form.

Sketch included on separate page? Yes No

END OF INSPECTION DATA ENTRY - EMERGENCY OPERATIONS CENTRE USE ONLY

Data entry completed Yes No Date
Day Month Year

Completed by: