



# GEOTECHNICAL RAPID ASSESSMENT FORM

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

## PROPERTY OR BUILDING IDENTIFICATION

③ 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)

## SITE DESCRIPTION

<p>⑥ Structures Present</p> <p><input type="radio"/> Commercial building</p> <p><input type="radio"/> Residential dwelling</p> <p><input type="radio"/> Accessory buildings (garage, shed)</p> <p><input type="radio"/> Retaining wall</p> <p><input type="radio"/> &lt; 1.5 m</p> <p><input type="radio"/> &gt; 1.5 m</p> <p><input type="radio"/> Other <input type="text"/></p>	<p>⑦ Topographic Setting</p> <p><input type="radio"/> Flat Ground</p> <p><input type="radio"/> Flat Ground, adjacent to slope:</p> <p><input type="radio"/> Slope above / below buildings</p> <p><input type="radio"/> Slope height (m) _____</p> <p><input type="radio"/> Distance to slope (m) _____</p> <p><input type="radio"/> Sloping Ground:</p> <p><input type="radio"/> Gentle &lt; 10 deg</p> <p><input type="radio"/> Moderate 10 to 20 deg</p> <p><input type="radio"/> Steep &gt; 20 deg</p>	<p>⑧ Other Relevant Features (e.g. River, stream, gully)</p> <p>Describe, including distance to structures</p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>
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## HAZARD IDENTIFICATION (Factual information)

⑨ Hazards Observed

<input type="radio"/> Landslide	<input type="radio"/> Debris Flow	<input type="radio"/> Ground Cracking	Sketch included <input type="radio"/> Yes <input type="radio"/> No
<input type="radio"/> Boulder roll	<input type="radio"/> Lateral Spreading	<input type="radio"/> Slope Creep	
<input type="radio"/> Cliff Collapse	<input type="radio"/> Debris avalanche	<input type="radio"/> Other _____	

More information about hazards observed (include slope heights, instability volumes, block sizes, crack lengths, distance to buildings, etc.)

Has hazard affected structure(s)?  Yes  No If yes, list structure(s) \_\_\_\_\_

Has hazard affected access?  Yes  No

Has hazard affected utilities?  Yes  No  Unknown If yes, list utilities \_\_\_\_\_

Has hazard affected multiple properties?  Yes  No  Unknown If yes, provide details \_\_\_\_\_

## ASSESSMENT OF LIFE SAFETY RISK

<b>10</b> List all hazards observed	<b>Potential to Affect Structure</b>				<b>Assessed Life Safety Risk</b>			<b>Structure(s) affected</b>
	Unlikely	Possible	Likely	Impacted	Low	Moderate	High	
<input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input style="width: 100%;" type="text"/>

**11** Is life safety risk mitigated by natural or man-made protection? (if Yes, describe)

Yes    No

**12** Is there likely to be further failure of land instability?    Yes    No

If yes, estimated time frame of failure    Hours    Days    Weeks    Months

**13** Are there any health hazards that may be present? (if Yes, describe)

Yes    No

## ASSESSMENT OUTCOME - PLACARDS

<p><b>14</b> Low Risk      W <input type="radio"/> CAN BE USED</p> <div style="background-color: #ffff00; padding: 5px; border: 1px solid #f00; margin-bottom: 5px;"> <p>Moderate Risk      Y1 <input type="radio"/> RESTRICTED ACCESS TO PART(S) OF THE PROPERTY ONLY</p> <p>   Y2 <input type="radio"/> RESTRICTED ACCESS – SHORT TERM ENTRY ONLY</p> <p style="font-size: small;">Access to be supervised    A <input type="radio"/> Yes    B <input type="radio"/> No</p> </div> <div style="background-color: #ff0000; padding: 5px; border: 1px solid #f00;"> <p>High Risk      R1 <input type="radio"/> ENTRY PROHIBITED (At risk from external factors)</p> <p>   R2 <input type="radio"/> ENTRY PROHIBITED (Severe damage to building)</p> </div>	<p><b>15</b> Survey Extent of Hazard*</p> <table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td rowspan="2" style="width: 30%;">Exterior</td> <td>A <input type="radio"/> Partial</td> </tr> <tr> <td>B <input type="radio"/> Complete</td> </tr> <tr> <td rowspan="3">Interior</td> <td>C <input type="radio"/> Not accessed</td> </tr> <tr> <td>D <input type="radio"/> Partial</td> </tr> <tr> <td>E <input type="radio"/> Complete</td> </tr> </table>	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
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							

Assessor Signature\*

## SUGGESTED FURTHER ACTIONS

<b>16</b> Recommended further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*
<p>A <input type="radio"/> None</p> <p>B <input type="radio"/> Level 2 Rapid Assessment (tick below if particular expertise is required)</p> <p>B1 <input type="radio"/> Structural Engineer</p> <p>B2 <input type="radio"/> Geotechnical Engineer</p> <p>B3 <input type="radio"/> Geotechnical Area Wide Assessment</p> <p>B4 <input type="radio"/> Other: <input style="width: 100%;" type="text"/></p> <p>C <input type="radio"/> Further evaluation to be arranged by building owner: <input style="width: 100%;" type="text"/></p> <p>D <input type="radio"/> Welfare visit required?   <input type="radio"/> Yes   <input type="radio"/> No</p>	<p>A <input type="radio"/> None required</p> <p>B <input type="radio"/> Cordon required</p> <p>Describe extent (add diagram on separate sheet if required)</p> <div style="border: 1px solid #f00; padding: 5px; margin-bottom: 5px; width: 100%;"></div> <div style="border: 1px solid #f00; padding: 5px; margin-bottom: 5px; width: 100%;"></div> <div style="border: 1px solid #f00; padding: 5px; width: 100%;"></div>	<p>A <input type="radio"/> None required</p> <p>B <input type="radio"/> Barricades already in place</p> <p>C <input type="radio"/> Barricades required</p> <p>Describe extent (add diagram on separate sheet if required)</p> <div style="border: 1px solid #f00; padding: 5px; margin-bottom: 5px; width: 100%;"></div> <div style="border: 1px solid #f00; padding: 5px; margin-bottom: 5px; width: 100%;"></div> <div style="border: 1px solid #f00; padding: 5px; width: 100%;"></div>	<p>A <input type="radio"/> Standard</p> <p>B <input type="radio"/> Immediate action required</p>
<p>Immediate Actions <input style="width: 100%;" type="text"/></p>			

# NOTES

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# RAPID BUILDING ASSESSMENT - GEOTECHNICAL SKETCH SHEET

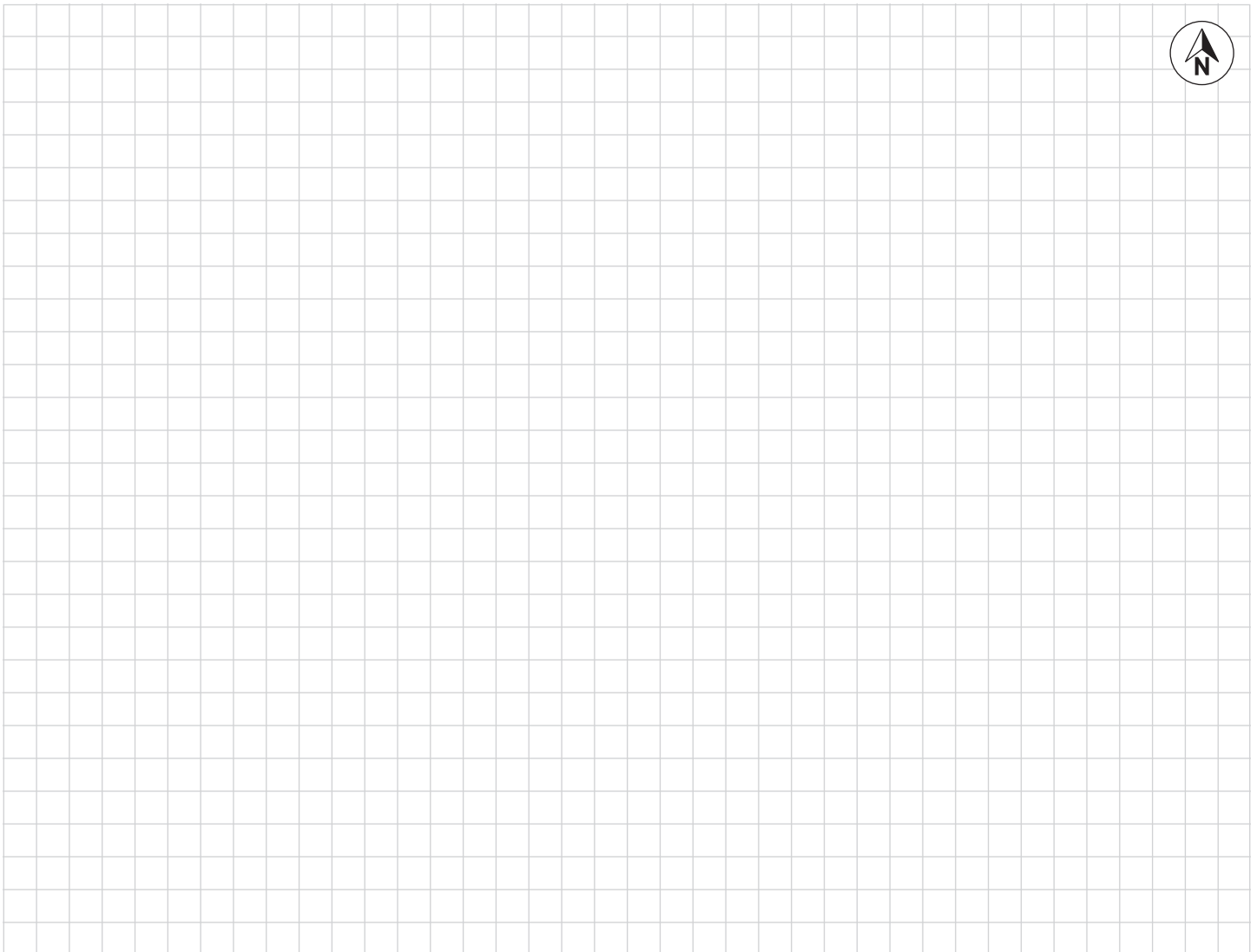
Assessor Name\*

Assessor ID\*  Assessment Date\*    Action Required?\* A  Yes B  No  
Day Month Year

Unit / Number\*  /  Street\*

City/Town\*

Show building damage, access restrictions or cordoning areas. Identify the building on the sketch and staple the sheet to this assessment form and add any notes if required. Include cross section(s) if helpful.



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: