



Vacant/Abandoned Building Evaluation Form

Address: _____

Property Name: _____

Owner Name: _____ Telephone: _____

Owner Address: _____

Answer each of the following questions about the building. Select multiple options, if necessary; explain response. Draw a simple sketch of the location and explain your observations in a brief narrative.

<p>Building Security</p> <p><input type="checkbox"/> Secure <input type="checkbox"/> Open/unsecured <input type="checkbox"/> Signs of recent entry</p>
<p>Utilities (Note Entry Points for each active utility on sketch)</p> <p>Active Utilities <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes: <input type="checkbox"/> Gas <input type="checkbox"/> Electricity <input type="checkbox"/> Oil <input type="checkbox"/> Water</p>
<p>Building Use (The original use of the building and how it was last used)</p>
<p>Building Construction</p> <p>Number of Floors _____ Basement: <input type="checkbox"/> Yes <input type="checkbox"/> Sub-Basement <input type="checkbox"/> Multi Sub-Levels</p> <p>Structural Members <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Wood <input type="checkbox"/> Mixed (<i>Describe</i>) (Beams, Girders, Columns)</p> <p>Truss Construction <input type="checkbox"/> Roof <input type="checkbox"/> Floors</p> <p>Exposed Structural Members <input type="checkbox"/> Yes <input type="checkbox"/> No (Beams, Girders, Columns & Trusses)</p> <p>Exterior Walls <input type="checkbox"/> Block/Brick <input type="checkbox"/> Curtain Wall <input type="checkbox"/> Wood <input type="checkbox"/> Metal Tie Rods (<i>stars</i>)</p> <p>Openings in Exterior Walls <input type="checkbox"/> Many <input type="checkbox"/> Few <input type="checkbox"/> Windowless (Windows, Doors, etc.)</p> <p>Ceiling Type <input type="checkbox"/> None <input type="checkbox"/> Suspended <input type="checkbox"/> Metal <input type="checkbox"/> Sheetrock/Plaster <input type="checkbox"/> Wood</p>
<p>Condition of Interior Walls and Floors (Integrity of compartmentation)</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Deteriorating <input type="checkbox"/> Multiple penetrations that would allow fire spread <input type="checkbox"/> Walls</p> <p>Condition of Roof <input type="checkbox"/> Floors</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Some instability/deterioration <input type="checkbox"/> Major deterioration</p> <p>General Condition of Structure</p> <p><input type="checkbox"/> Good <input type="checkbox"/> Minor structural instability <input type="checkbox"/> Major deterioration of structural elements</p>
<p>Fire Protection Systems</p> <p>Operational Fire Alarm System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Operational Sprinkler System <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> System off, but usable if supplied through FD connection (Valves open, pressure showing on gauges)</p> <p>Operational Standpipe System <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Fire Department Connection <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, note location on sketch)</p>

LESSON PLAN – Evaluating Abandoned Buildings

Fire Potential

Fuel Packages (Fuel Load)

Quantity Numerous Moderate Limited
Distribution Concentrated Spread out
Interior Finish Combustible Non-combustible Mixed (Describe)
Room Size Large Moderate Small
Housekeeping Good Poor
Potential for a delay in FD notification High Medium Low

Exposures (Note locations on sketch)

Location **A side** **B side** **C side** **D side**
Separation (ft) _____ _____ _____ _____
Occupied (Y/N) _____ _____ _____ _____

Suppression Operations

Hazards In Building Holes in Floors Missing Stairs Open Shafts/pits
Building Access: 4 sides 3 sides 2 Sides Limited
Interior Layout Complicated Normal - Walls/Partitions Open
Water Supply: Adequate Inadequate (Note Locations on Sketch)

Hazardous materials located on the site Yes None Observed
 (If Yes, describe in detail)

Conditions that require immediate correction Yes No
 (If Yes, describe in detail)

Analysis of the building (provide *your* analysis of the building)

	High	Moderate	Low
Potential for an exposure fire (extension to another building)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for a Multi-Room fire on arrival of first due company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for structural collapse early in the fire development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for fire fighters to become lost or trapped during operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Narrative:

Inspected by:

Posting Authorized by:

Data Entered by: