

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

BLDG. ID:	<p>Criteria for Probability of Viable Victims (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED LOW___ MEDIUM___ HIGH___</p> <p>TIME REQ'D TO ACCESS VICTIMS 12 Hrs___ 6 Hrs___ 1 Hr___</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>CLASSIFICATION (Circle one each line)</p> <p>LP MP HP</p> <p>LR MR XR</p>
FLOOR AREA: _____ No. STORIES: _____ OCCUPANCY: _____ MATERIAL: (Circle all that apply) WOOD CIP CONCRETE STEEL URM TILT-UP PT CONC PC CONC OTHER: _____		

GPS Coordinates _____	SLOW- GO (circle if applies) FIRE HAZMAT OTHER: _____ Notes: _____
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<p>GPS Coordinates _____</p> <p>_____</p>	<p>SLOW- GO (circle if applies) FIRE HAZMAT OTHER: _____</p> <p>Notes: _____</p>	

Instructions for Recon Forms Note: XR is used to indicate High Risk, since HR is used to indicate Human Remains

1. The purpose of Recon 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 should be given a Classification for Viable Victim Probability: LP = Low Probability, MP = Moderate, and HP = High.
4. Each structure should be given a Classification for Risk: LR = Low Risk, MR = Moderate Risk, and XR = High Risk.
5. These Classifications should be based on the Criteria listed. (Presented as a guide to allow the StS to quickly make a decision.)
6. More than one structure may have the same Classifications, such as HP, LR or LP, XR.
7. The Classification should be based on the best judgments of the Recon Team, and must be made very rapidly.
8. Record GPS coordinates in the provided box. Specify format (always check with IST or Plans to determine format to be used).

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:

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 grid of small dots, intended for a hand-drawn sketch. The grid consists of approximately 30 columns and 40 rows of dots.

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, Stairwell: <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.

STRUCTURE DESCRIPTION: Bldg ID: _____ No. Stories: _____ No. Basements: _____ MATERIALS: Wood Concrete Steel URM PC Concrete TYPE OF COLLAPSE: Pancake Soft 1st Story Wall Failure O-turn Other	MITIGATION METHODS & ABBREVIATIONS 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)
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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):

A large grid area for sketching the site, showing structure, instrument, and control points. The grid consists of small squares, providing a space for drawing and labeling the site details.

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.

POINT	READINGS*		TIME	IP Loc.	Comments, notes, angle	SKETCH

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

STRUCTURE DESCRIPTION:	HAZARDS:
-----	Haz Mat situations
-----	Hanging or falling debris
Bldg I.D.	Heavy Equipme in area
-----	Other rescue personnel in area

ENDING SHIFT SUMMARY:

PRIORITIES FOR NEW SHIFT:

OPERATIONS:	NEW/ADDITIONAL FORCES
Monitoring devices	Aftershocks
Status of debris removal	Wind
Ongoing rescue operations	Rain (settlement due to undermining)
Victim removal	Possible secondary explosions
-----	New partial collapses

MITIGATION STATUS REPORT	EQUIPMENT AVAILABLE:
Changes to mitigation operations	Lost
Locations of shores to be checked	Broken
Areas requiring shoring	Used up
Monitoring devices	Needed

MISCELLANEOUS:

SKETCH:

Situation Name: _____ Rigging Task: _____ Weather Conditions: _____	Date and Time of Lift: _____ Task Force Name: _____ Task Force Leader: _____
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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: <input type="checkbox"/> Stowed <input type="checkbox"/> Retracted <input type="checkbox"/> Offset at _____ Size of Counterweights Installed: _____ Front Outrigger Installed: Yes No
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Lift will be On: <input type="checkbox"/> On Main Block <input type="checkbox"/> On Jib	Setup On: <input type="checkbox"/> Crawlers <input type="checkbox"/> Outriggers <input type="checkbox"/> Tires <input type="checkbox"/> Extended <input type="checkbox"/> Retracted <input type="checkbox"/> Other
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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 : <small>(Total Load / Rated Capacity)</small> Over Rear: _____ Over Side: _____ Over Front: _____
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Hazards: Electrical Fire Underground Other _____ **Are Crane Mats, Blocking Req'd:** _____

SKETCH: