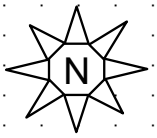


Rapid Struct Triage RST-1

Date/Time: ______ **By:** ______ **Page** ____ **of** ____

CIRCLE ALL ITEMS OR INFORMATION THAT APPLY

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE THAN NOTED.

Task Force: ______ **Date/Time of Disaster:** ______ See Form RST-2 for Instructions

N

AREA MAP

STRUCT. ID: ______

OCCUPANCY: ______
FLOOR AREA: ______
No. STORIES: ______

MATERIAL:

CMU WOOD STEEL CIP CONC.
URM TILT-UP PT CONC. PC CONC.
OTHER: ______

PROBABILITY of VIABLE VICTIMS

POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW
VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT
TYPE OF VOIDS:	OPEN	SEPARATED	COMPACT

ASSESSMENT of RISK

PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH
NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH
VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN

STRUCT. RATING

XP MP LP

LR MR XR

COORD: ______

PREV. SEARCHED? Y N UNKN

SLOW-GO: FIRE HAZMAT OTHER: ______

NOTES: ______

STRUCT. ID: ______

OCCUPANCY: ______
FLOOR AREA: ______
No. STORIES: ______

MATERIAL:

CMU WOOD STEEL CIP CONC.
URM TILT-UP PT CONC. PC CONC.
OTHER: ______

PROBABILITY of VIABLE VICTIMS

POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW
VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT
TYPE OF VOIDS:	OPEN	SEPARATED	COMPACT

ASSESSMENT of RISK

PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH
NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH
VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN

STRUCT. RATING

XP MP LP

LR MR XR

COORD: ______

PREV. SEARCHED? Y N UNKN

SLOW-GO: FIRE HAZMAT OTHER: ______

NOTES: ______

STRUCT. ID: ______

OCCUPANCY: ______
FLOOR AREA: ______
No. STORIES: ______

MATERIAL:

CMU WOOD STEEL CIP CONC.
URM TILT-UP PT CONC. PC CONC.
OTHER: ______

PROBABILITY of VIABLE VICTIMS

POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW
VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT
TYPE OF VOIDS:	OPEN	SEPARATED	COMPACT

ASSESSMENT of RISK

PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH
NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH
VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN

STRUCT. RATING

XP MP LP

LR MR XR

COORD: ______

PREV. SEARCHED? Y N UNKN

SLOW-GO: FIRE HAZMAT OTHER: ______

NOTES: ______

Rapid Struct Triage RST-2 Date/Time: _____ By: _____ Page _____ of _____

CIRCLE ALL INFORMATION OR ITEMS THAT APPLY. NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED

STRUCT. ID:	PROBABILITY of VIABLE VICTIMS				STRUCT. RATING
OCCUPANCY:	POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW	
FLOOR AREA:	VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT	XP MP LP
No. STORIES:	TYPE of VOIDS:	OPEN	SEPARATED	COMPACT	
MATERIAL:	ASSESSMENT of RISK				
CMU WOOD STEEL CIP CONC.	PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH	
URM TILT-UP PT CONC. PC CONC.	NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH	LR MR XR
OTHER:	VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN	
COORD:	SLOW-GO: FIRE HAZMAT	OTHER:			
PREV. SEARCHED? Y N UNKN	NOTES:				

STRUCT. ID:	PROBABILITY of VIABLE VICTIMS				STRUCT. RATING
OCCUPANCY:	POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW	
FLOOR AREA:	VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT	XP MP LP
No. STORIES:	TYPE of VOIDS:	OPEN	SEPARATED	COMPACT	
MATERIAL:	ASSESSMENT of RISK				
CMU WOOD STEEL CIP CONC.	PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH	
URM TILT-UP PT CONC. PC CONC.	NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH	LR MR XR
OTHER:	VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN	
COORD:	SLOW-GO: FIRE HAZMAT	OTHER:			
PREV. SEARCHED? Y N UNKN	NOTES:				

STRUCT. ID:	PROBABILITY of VIABLE VICTIMS				STRUCT. RATING
OCCUPANCY:	POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW	
FLOOR AREA:	VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT	XP MP LP
No. STORIES:	TYPE of VOIDS:	OPEN	SEPARATED	COMPACT	
MATERIAL:	ASSESSMENT of RISK				
CMU WOOD STEEL CIP CONC.	PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH	
URM TILT-UP PT CONC. PC CONC.	NUMBER of FALLING HAZARDS	LOW	MEDIUM	HIGH	LR MR XR
OTHER:	VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN	
COORD:	SLOW-GO: FIRE HAZMAT	OTHER:			
PREV. SEARCHED? Y N UNKN	NOTES:				

STRUCT. ID:	PROBABILITY of VIABLE VICTIMS				STRUCT. RATING
OCCUPANCY:	POTENTIAL NUMBER TRAPPED:	HIGH	MEDIUM	LOW	
FLOOR AREA:	VICTIM ACCESS EFFORT:	EASY	MEDIUM	DIFFICULT	XP MP LP
No. STORIES:	TYPE of VOIDS:	OPEN	SEPARATED	COMPACT	
MATERIAL:	ASSESSMENT of RISK				
CMU WOOD STEEL CIP CONC.	PROBABIL. of FURTHER COLLAPSE:	LOW	MEDIUM	HIGH	
URM TILT-UP PT CONC. PC CONC.	NUMBER of FALLING HAZARDS:	LOW	MEDIUM	HIGH	LR MR XR
OTHER:	VOID SUPPORT CONDITION:	GOOD	POOR	UNKNOWN	
COORD:	SLOW-GO: FIRE HAZMAT	OTHER:			
PREV. SEARCHED? Y N UNKN	NOTES:				

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 saught 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).

Hazards Evaluation Form HAZ-1

Date/Time: _____ By: _____ Page _____ of _____

CIRCLE ALL INFORMATION AND DATA THAT APPLY

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED

STRUCT. ID: _____

OCCUPANCY: _____

No. STORIES: _____ BASEMENTS: _____

STRUCTURE MARKING:

☐ DATE/TIME OF DISASTER: _____

DATE/TIME OF EVAL: _____

MATERIALS:

CMU WOOD STEEL CIP CONC.

URM TILT-UP PT CONC. PC CONC.

OTHER: _____

TYPE OF COLLAPSE:

PANCAKE SOFT 1st FLOOR WALL FAILURE

TORSION MIDDLE STORY OVERTURNING

OTHER: _____

LATERAL SYSTEM:

SHEARWALL MOMENT FRAME BRACED FRAME

OTHER: _____

LOCATION OF VOIDS:

BETWEEN FLOORS BASEMENT SHAFTS

OTHER: _____

ACCESS POINTS/STRATEGY:

A _____

B _____

C _____

D _____

VICTIM & OTHER INFORMATION:

HAZARD (On sketch)	TYPE / DESCRIPTION	SEVERITY (9 High, 1 Low)	COMMENT
1			
2			
3			
4			
5			
6			
7			
8			

SKETCH:

SIDE C

N

SIDE B

SIDE D

SIDE A

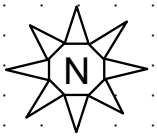
Hazards Evaluation Form HAZ-2 Date/Time: _____ By: _____ Page _____ of _____

CIRCLE ALL INFORMATION OR ITEMS THAT APPLY NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTEI

STRUCT. ID: _____

SKETCH:

SIDE C



SIDE E

SIDE D

SIDE A

US&R Structure / Hazards Check List - HAZ-3 **By:** _____

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

STRUCTURE DESCRIPTION:

Bldg ID: _____

_____

No. Stories: No. Basements:

TYPE OF COLLAPSE:

Pancake | Soft 1st Floor | Wall Failure
Torsion | Middle Story | Overturn
Other:

From a SAFE Distance, CHECK:

- ☐ Alignment of Structure's Corners & Faces
- ☐ Alignment of Structure's Floors
- ☐ Condition of Openings
- ☐ Condition of Facing or Projecting Elements
- ☐ Presence of Precast Conc Facing or Brick/Stone Veneer
- ☐ Presence of other FALLING HAZARDS
- ☐ Presence of Rootop Equipment, Towers, etc
- ☐ Presence of Distinctive Elements, Additions, Stairwells
- ☐ Any Alternate Energy Source - Generator, Solar Elec
- ☐ Presence of Tanks w/Explosive/Corrosive Material

Walk around Structure and CHECK:

- ☐ Continuity of Vertical load Path
- ☐ Continuity of Lateral Load Path
- ☐ Alignment & Condition of all Wall Piers
- ☐ Condition of Foundation & Adjacent Ground
- ☐ Presence of Flowing Liquids
- ☐ I.D Areas of Structure to be avoided
- ☐ I.D. Sections with potential for Brittle Failure
- ☐ I.D most PROBABLE Collapse Mode
- ☐ I.D All Exterior FALLING HAZARDS
- ☐ I.D All Ingress and Egress Locations

If you choose to enter the Structure:

- ☐ Make sure that at least one other Team Member remains outside and you maintain radio contact
- ☐ Notify TFL you are entering structure - Which Side
- ☐ Leave Easily Visable Trail as you explore interior **
- ☐ Check Each Closed Door for heat PRIOR to OPENING
- ☐ Inspect Ground Floor Level Before moving Upward
- ☐ Check Main Columns and Shear Walls-Cracks, Spalling
- ☐ Check Main Beam to Column Connections
- ☐ Check Stair wells for Damage and Access
- ☐ Check Condition of Floor System
- ☐ I.D. All Interior Collapse Hazards
- ☐ I.D All Interior Falling Hazards
- ☐ Locate Safe Havans and Escape Routes
- ☐ Report all Data to Outside Person before continuing
- ☐ Proceed Up/Down Only if Can Maintain Radio Contact
- ☐ Proceed to Upper Stories, Check each before Proceding
- ☐ Proceed to Basement and Check Structure & Foundation

NOTES

1. ** Suggestions for Visable Trail are: Light Sticks, Paint Arrows on floor, Electronic Relay Devices

Hazards Mitigation Form MIT-1

Date/Time: _____ By: _____ Page _____ of _____

CIRCLE ALL INFORMATION OR ITEMS THAT APPLY

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTEI

STRUCT. ID: _____

OCCUPANCY: _____

No. STORIES: _____ BASEMENTS: _____

MATERIALS:

CMU	WOOD	STEEL	CIP CONC.
URM	TILT-UP	PT CONC.	PC CONC.

OTHER: _____

TYPE OF COLLAPSE:

PANCAKE	SOFT 1st FLOOR	WALL FAILURE
TORSION	MIDDLE STORY	OVERTURNING

OTHER: _____

MITIGATION ABBREVIATIONS/SYMBOLS:

A&B	← Avoid & Barracade	M-Exp	← Minimize Exposure
Remo	← Remove	Shld	← Shield
Mon	← Monitor	T	← Single Spot Shore
V-Sho	← Vertical Shore	TT	← Double Tee Shore
H-Sho	← Horizontal Shore	V-2	← 2-post Vert. Shore
Rkr	← Raker Shore	V-3	← 3-post Vert. Shore
DB	← Diagonal Brace	LP	← Laced Post
V-TB	← Vertical Tieback	C	← Cribbing
H-TB	← Horizontal Tieback		

HAZARD (From HAZ-1)	MIT METHOD (Use abbrev. & mark on sketch)	PRIORITY (1 High, 9 Low)	TIME REQ'D (Est. in hours)	COMMENT
1				
2				
3				
4				
5				
6				
7				
8				

SKETCH:

SIDE C

N

SIDE E

SIDE D

SIDE A

Hazards Mitigation Log MIT-Log

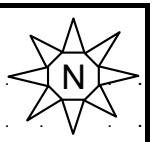
Date/Time: _____ **By:** _____ **Page** _____ **of** _____

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

NOTE: AFTERSHOCKS MAY CAUSE ADDITIONAL DAMAGE OTHER THAN NOTED.

STRUCT. ID: _____

HAZARD (From HAZ-1)	MIT METHOD (From MIT-1)	DATE	TIME	COMMENT
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				



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

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 = ____________

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

N

US&R Struct. Monitoring Form - MON-2 **By:** **Date:** **Mon-2 Sh 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 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 =

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

Name

Location

Description

MONITORING POINT # (MP)

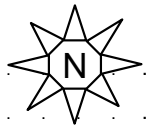
Location

Description

ALERT displacement =

ALARM displacment =

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

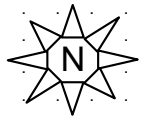


US&R Struct. Monitoring Form - CP-Log

By: _____ **Date:** _____ **CP Sht** __ **of** __

CONTROL POINT	READINGS*			TIME	IP Loc.	Comments, notes, angles…

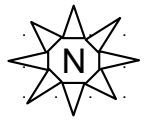
SITE PLAN SKETCH



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

US&R Struct. Monitoring Log - MON-Log - MP # ____ **By:** _____ **Date:** _____ **MP** ____ **Sht** ____

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.

US&R Structure Monitoring Log - MON-Log-P **By:** ______________________ **Sht** ____ **of** ____

DATE	TIME	REF (Control) POINT	MONITORING POINT	COMMENT
Example				
mm / dd / yy	1000 Hrs	RP1-1 actual reading		Temp = 77F, establish control #1
	1000 Hrs	RP1-2 actual reading		Establish control #2
	1005 Hrs		MP1-1 initial reading	Establish monitoring point #1
	1015 Hrs		MP1-1 reading	No change from previous reading.

US&R StS Shift Change Form **HandOff** **BY:** **DATE:**

STRUCTURE DESCRIPTION:	**HAZARDS:**
	Haz Mat situations
	Hanging or fallling debris
Bldg I.D.	Heavy Equipmein in area
	Other rescue personnel in area

ENDING SHIFT SUMMARY:

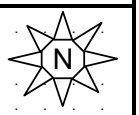
PRIORITIES FOR NEW SHIFT:

OPERATIONS:	**NEW/ADDITIONAL FORCES**
Monitoring devices	Aftershocks
Status of debris removel	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:



US&R Crane Use/Order Form - CU-1 By: _____ Date: _____ Page ____ of ____

Situation Name: _____ **Date and Time of Lift:** _____

Rigging Task: _____ **Task Force Name:** _____

Weather Conditions: _____ **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

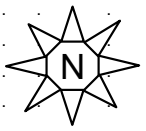
Setup On: ☐ Crawlers ☐ Outriggers ☐ Tires ☐ Extended ☐ Retracted ☐ Other

Lift will be On: ☐ On Main Block ☐ On Jib

Max. Intended Working Radius	Boom Angle:	Rated Capacity:	Percent of Capacity : (Total Load / Rated Capacity)
Over Rear:	Over Rear:	Over Rear:	Over Rear:
Over Side:	Over Side:	Over Side:	Over Side:
Over Front:	Over Front:	Over Front:	Over Front:

Hazards: ☐ Electrical ☐ Fire ☐ Underground ☐ Other _____ Are Crane Mats, Blocking Reqd: _____

SKETCH:



US&R Shoring Check List - SHOR-1 **By:** _____

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

STRUCTURE DESCRIPTION:

Bldg ID: _____

_____

No. Stories: No. Basements:

TYPE OF COLLAPSE:

Pancake | Soft 1st Floor | Wall Failure

Torsion | Middle Story | Overturn

Other:

SHORING SIZE-UP

I.D. Damage, Hazards & Potential Victim Locations:

- ☐ What caused collapse?
- ☐ Potential for Aftershocks?
- ☐ Is structure leaning and/or openings racked?
- ☐ Are floors sloped? Is floor hinged or free?
- ☐ Is there a V or A collapse w/ ladder effect?
- ☐ Best method to mitigate hazards & damage?
- ☐ Avoid, Remove, Limit Access
- ☐

If Shoring is to be built, determine the following:

- ☐ Type & Placement relative to Hazards and Victims
- ☐ Type of structure: Concrete, Wood, URM, PC Conc.
- ☐ What supports the shoring; Slab on Ground, Soil, Basement Slab, or upper Story
- ☐ Condition of supported Structure: Cracked Solid Slab, Beamless Slab, Beams supporting slabs or joist; Wood or Steel joist or trusses
- ☐ Support beams that support slabs or joists
- ☐ Check sagging beams/girders, or beams with damaged connections
- ☐ For wood structures, to support joists, place shores perpendicular to joist and align posts under joist.
- ☐ Consider Sloped Floor Shores or Cribbing for limited height conditions.

Prepare the area to be shored:

- ☐ May need to remove debris and floor coverings.
- ☐ If soil supported, use 18"x18" foot under post location
- ☐ Consider temporary shores to reduce risk (T or Dbl-T).
- ☐ Prefab. shoring as much as possible to reduce risk.
- ☐ Add bracing after wedges are tightened.

SHORING INSPECTION

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.

Check for proper construction of shore

- ☐ Check to see if posts are straight, plumb, and have full bearing on header and wedges
- ☐ Are connections tight and wedges snug?
- ☐ Is header in full contact with supported structure?
- ☐ Has sole deflected due to soft soil or support?
- ☐ Are all components of shoring system in place?

Check for signs of overload.

- ☐ Cupping of wedges and crushing of sole.
- ☐ Crushing of header at post.
- ☐ Splitting of header at end of overhang.
- ☐

Actions to be taken if signs of overload are observed.

- ☐ Add additional shoring.
- ☐ Have structure re-evaluated by a StS to see if it is responding differently than expected
- ☐ Check assumptions of original shoring design.
- ☐

US&R Tunnel / Hazards Evaluation Form T-HAZ-1 **By:** _____

Need to re-evaluate following Aftershocks or Secondary Collapse

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**

VICTIM & OTHER INFORMATION:

_____

_____

_____

_____

LOCATION OF BEST ACCESS & SAR STRATEGY:

_____

_____

TUNNEL COMPONENT HAZARD MARK DEFINITIONS

L = Low Hazard **M = Medium Hazard**
X = High Hazard **N = Not Applicable/No Hazard**

COMPONENT EVALUATION:

Upper Plenum
Underside of Roof ____
Top of Ceiling Slab ____
Right Wall ____
Left Wall ____

Lower Plenum
Underside of Roadway Slab ____
Bott. of Plenum Slab ____
Right Wall ____
Left Wall ____

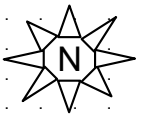
Roadway
Underside of Ceil/Roof Slab ____
Top of Roadway Slab ____
Right Wall ____
Left Wall ____

Miscellaneous
Safety Walks ____
Railings ____
Utility Support ____
Other _____

Portals
TF Entry End ____
TF Exit End ____

Other:
_____ ____
_____ ____
_____ ____

SKETCH:



US&R Rapid Bridge Assessment Form RBA-1 **By:** _____

Need to Re-Assess following Aftershock or Additional Flooding

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 **Multri-Span** **Truss** **Arch** **Culvert**

Movable: **Swing** **Vert. Lift** **Draw/Bascule**

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: _____

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

Foundation

Abutments ____

Interior Supports ____

Wing Walls ____

Explain: _____

Approaches

Roadway Settlement ____

Horizontal Offset ____

Bridge Seat Bearing ____

Type of Bearing _____

Superstructure

Beam/Girder/Truss ____

Slab/Deck ____

Expansion Joint ____

Other _____

Geotechnical

Liquefaction ____

Faulting ____

Scour ____

Landslide ____

Other: _____

SKETCH: