

Building Marking

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.

Building Security

 Secure Open/unsecured Signs of recent entry

Utilities

 (Note Entry Points for each active utility on sketch)

Active Utilities No Yes **If Yes:** Gas Electricity Oil Water

Building Use

 (The original use of the building and how it was last used)

Building Construction

Number of Floors _____ **Basement:** Yes Sub-Basement Multi Sub-Levels

Exterior Walls Block/Brick Curtain Wall Wood Metal Tie Rods (stars)

Openings in Exterior Walls Many Few Windowless
(Windows, Doors, etc.)

Structural Members Steel Concrete Wood Mixed (*Describe*)
(Beams, Girders, Columns)

Truss Construction Roof Floors

Exposed Structural Members Yes No
(Beams, Girders, Columns & Trusses)

Ceiling Type None Suspended Metal Sheetrock/Plaster Wood

Condition of Interior Walls and Floors

 (Integrity of compartmentation)

 Good Deteriorating Multiple penetrations that would allow fire spread Walls

Condition of Roof

 Good Some instability/deterioration Major deterioration Floors

General Condition of Structure

 Good Minor structural instability Major deterioration of structural elements

Fire Protection Systems

Operational Fire Alarm System Yes No

Operational Sprinkler System Yes No System off, but usable if supplied through FD connection
(Valves open, pressure showing on gauges)

Operational Standpipe System Yes No

Fire Department Connection Yes No
(If Yes, note location on sketch)

Fire Potential

Fuel Packages (Fuel Load)

Quantity Numerous Moderate Limited

Distribution Concentrated Spread out

Housekeeping Good Poor

Interior Finish Combustible Non-combustible Mixed (Describe)

Room Size Large Moderate Small

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)

Potential for a Multi-Room fire on arrival of first due company

Potential for structural collapse early in the fire development

Potential for fire fighters to become lost or trapped during operations

Narrative:

Inspected by:

Posting Authorized by:

Data Entered by: