

## 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: