Building Assessment Team (BAT) Report				
Building Name:				
Location Info (Address, Intersection, Part of Bldg, or Ro	oom #):			
BAT Inspector (Name):		Date:	Time:	AM/PM
Div/Dept:	Phor	ne:	Fax:	
SECTION 1: Completed by Building Assessment Team (BAT) return form to local D				cal DCC/ASAP
I. PRELIMINARY BUILDING ASSESSMENT REPORT			YES	NO
Collapse, partial collapse or building off for	undation		153	NO
Building, or a story, noticeably leaning	- diludion			
3. Obvious severe damage/distress				
4. Chimney, parapet, or other falling hazard				
5. Severe ground or slope movement presen	t			
6. Severe window glass breakage or 'X' build		veen windows (>60	0% in a story)	
7. Any visible indication of a fire/smoke (Call	5000 to report	a fire)		
8. Any visible indication of a hazardous materials release (Call 5000 to report Hazardous Materials)				
II. SIGNAGE (Check Closed on sign and post on every b	uilding entrand	ce if the answer = "	'Yes" to <u>anv</u> of the previous con	ditions)
How is the building posted?		Closed	Caution	
NOTE: Official Building Status (Open/Closed)	Limited Entry)	will be determined	d & authorized by the Institute (FOC.
SECTION 2: Only Complete this Section if information				
,,	, , , , , , , , , , , , , , , , , , , ,		A	
I. OPERATIONAL CONDITIONS/Utilities	YES/ON/OK	NO/OFF/NOT OR		OTHER
			(E	xplain Below*)
1 Daylor/Congrator				
1. Power/Generator				
2. Water				
2. Water 3. Gas				
2. Water3. Gas4. Communications (Phone/Network)				
 Water Gas Communications (Phone/Network) Ventilation 	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas	NO	YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding		YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding 10. Interior Debris		YES	UNKNOWN	
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding 10. Interior Debris		YES	UNKNOWN	
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2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding 10. Interior Debris	e information	YES	UNKNOWN Priority: CIRCLE ONE	of the below
2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding 10. Interior Debris * Add notes or sketches here to provide more	e information		Priority: CIRCLE ONE	-
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2. Water 3. Gas 4. Communications (Phone/Network) 5. Ventilation II. OPERATIONAL CONDITIONS/HAZARDS 6. Fire/Smoke 7. Gas Leak/Smell of Gas 8. Hazardous Materials Spill 9. Flooding 10. Interior Debris * Add notes or sketches here to provide more	e information		Priority: CIRCLE ONE	IUM LOW
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