

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

<p><b>BLDG. ID:</b> _____</p> <p>FLOOR AREA: _____</p> <p>No. STORIES: _____</p> <p>OCCUPANCY: _____</p> <p>MATERIAL: (Circle all that apply)</p> <p>WOOD   CIP CONCRETE   STEEL</p> <p>URM   TILT-UP   PT CONC   PC CONC</p> <p>OTHER: _____</p>	<p><b>CRITERIA for PROBABILITY of VIABLE VICTIMS</b> (check one in each line)</p> <p>POTENTIAL NUMBER TRAPPED    LOW___ MEDIUM___ HIGH___</p> <p>VICTIM ACCESS EFFORT    DIFFICULT___ MEDIUM___ EASY___</p> <p>TYPE OF VOIDS    COMPACT___ SEPARATED___ OPEN___</p> <p><b>CRITERIA for ASSESSMENT of RISK</b> (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><b>BLDG RATINGS</b> (Circle one each line)</p> <p>LP   MP   XP</p> <p>LR   MR   XR</p>
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<p>GPS Coordinates _____</p> <p>_____</p>	<p>SLOW- GO (circle if applies)    FIRE    HAZMAT    OTHER: _____</p> <p>Notes: _____</p> <p>_____</p>
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<p>GPS Coordinates _____</p> <p>_____</p>	<p><b>SLOW- GO</b> (circle if applies)    FIRE    HAZMAT    OTHER: _____</p> <p>Notes: _____</p> <p>_____</p>	

**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 sought 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).

**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><b>STRUCTURE DESCRIPTION:</b></p> <p>Bldg ID: _____</p> <p>No. Stories: _____ No. Basements: _____</p>	<p><b>TYPE OF COLLAPSE:</b></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><b>From a SAFE Distance, CHECK:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alignment of Structure's Corners &amp; Faces</li> <li><input type="checkbox"/> Alignment of Structure's Floors</li> <li><input type="checkbox"/> Condition of Openings</li> <li><input type="checkbox"/> Condition of Facing or Projecting Elements</li> <li><input type="checkbox"/> Presence of Precast Conc Facing or Brick/Stone Veneer</li> <li><input type="checkbox"/> Presence of other FALLING HAZARDS</li> <li><input type="checkbox"/> Presence of Rooftop Equipment, Towers, etc</li> <li><input type="checkbox"/> Presence of Distinctive Elements, Additions, Stairwells</li> <li><input type="checkbox"/> Any Alternate Energy Source - Generator, Solar Elec</li> <li><input type="checkbox"/> Presence of Tanks w/Explosive/Corrosive Material</li> </ul>	<p><b>Walk around Structure and CHECK:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Continuity of Vertical load Path</li> <li><input type="checkbox"/> Continuity of Lateral Load Path</li> <li><input type="checkbox"/> Alignment &amp; Condition of all Wall Piers</li> <li><input type="checkbox"/> Condition of Foundation &amp; Adjacent Ground</li> <li><input type="checkbox"/> Presence of Flowing Liquids</li> <li><input type="checkbox"/> I.D Areas of Structure to be avoided</li> <li><input type="checkbox"/> I.D. Sections with potential for Brittle Failure</li> <li><input type="checkbox"/> I.D most PROBABLE Collapse Mode</li> <li><input type="checkbox"/> I.D All Exterior FALLING HAZARDS</li> <li><input type="checkbox"/> I.D All Ingress and Egress Locations</li> </ul>									
<p><b>If you choose to enter the Structure:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make sure that at least one other Team Member remains outside and you maintain radio contact</li> <li><input type="checkbox"/> Notify TFL you are entering structure - Which Side</li> <li><input type="checkbox"/> Leave Easily Visible Trail as you explore interior **</li> <li><input type="checkbox"/> Check Each Closed Door for heat PRIOR to OPENING</li> <li><input type="checkbox"/> Inspect Ground Floor Level Before moving Upward</li> <li><input type="checkbox"/> Check Main Columns and Shear Walls-Cracks, Spalling</li> <li><input type="checkbox"/> Check Main Beam to Column Connections</li> <li><input type="checkbox"/> Check Stair wells for Damage and Access</li> <li><input type="checkbox"/> Check Condition of Floor System</li> <li><input type="checkbox"/> I.D. All Interior Collapse Hazards</li> <li><input type="checkbox"/> I.D All Interior Falling Hazards</li> <li><input type="checkbox"/> Locate Safe Havans and Escape Routes</li> <li><input type="checkbox"/> Report all Data to Outside Person before continuing</li> <li><input type="checkbox"/> Proceed Up/Down Only if Can Maintain Radio Contact</li> <li><input type="checkbox"/> Proceed to Upper Stories, Check each before Proceeding</li> <li><input type="checkbox"/> Proceed to Basement and Check Structure &amp; Foundation</li> </ul>	<p><b>NOTES</b></p> <p>1. ** Suggestions for Visible 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.

<p><b>STRUCTURE DESCRIPTION:</b></p> <p>Bldg ID: _____</p> <p>No. Stories: _____ No. Basements: _____</p> <p><b>MATERIALS:</b>                  Wood Concrete Steel URM PC Concrete</p> <p><b>TYPE OF COLLAPSE:</b>                  Pancake Soft 1st Story Wall Failure O-turn Other</p>	<p><b>MITIGATION METHODS &amp; ABBREVIATIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td>Avoid and Barracade</td> <td>A&amp;B</td> <td>Horiz. Tieback</td> <td>H-TB</td> </tr> <tr> <td>Remove</td> <td>Remo</td> <td>Vert Tieback</td> <td>V-TB</td> </tr> <tr> <td>Minimize Exposure</td> <td>Exp-M</td> <td>Shield</td> <td>Shld</td> </tr> <tr> <td>Vertical Shore</td> <td>V-Sho</td> <td></td> <td></td> </tr> <tr> <td>Horiz. Shore</td> <td>H-Sho</td> <td>Monitor</td> <td>Mon</td> </tr> <tr> <td>Raker Shore</td> <td>R-Sho</td> <td>(GoTo Monitor Form)</td> <td></td> </tr> <tr> <td>Daigonal Brace</td> <td>DB</td> <td>Other (specify)</td> <td></td> </tr> </table>	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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Horiz. Shore	H-Sho	Monitor	Mon																										
Raker Shore	R-Sho	(GoTo Monitor Form)																											
Daigonal Brace	DB	Other (specify)																											

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
<b><u>FALLING HAZARD TYPE</u></b>					
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					
<b><u>LOCAL COLLAPSE HAZARD</u></b>					
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					
<b><u>GLOBAL COLLAPSE HAZARD</u></b>					
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 )**

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Name \_\_\_\_\_  
 Location \_\_\_\_\_  
 Description \_\_\_\_\_

**MONITORING POINT # (MP )**

Location \_\_\_\_\_  
 Description \_\_\_\_\_  
 ALERT displacement = \_\_\_\_\_  
 ALARM displacement = \_\_\_\_\_

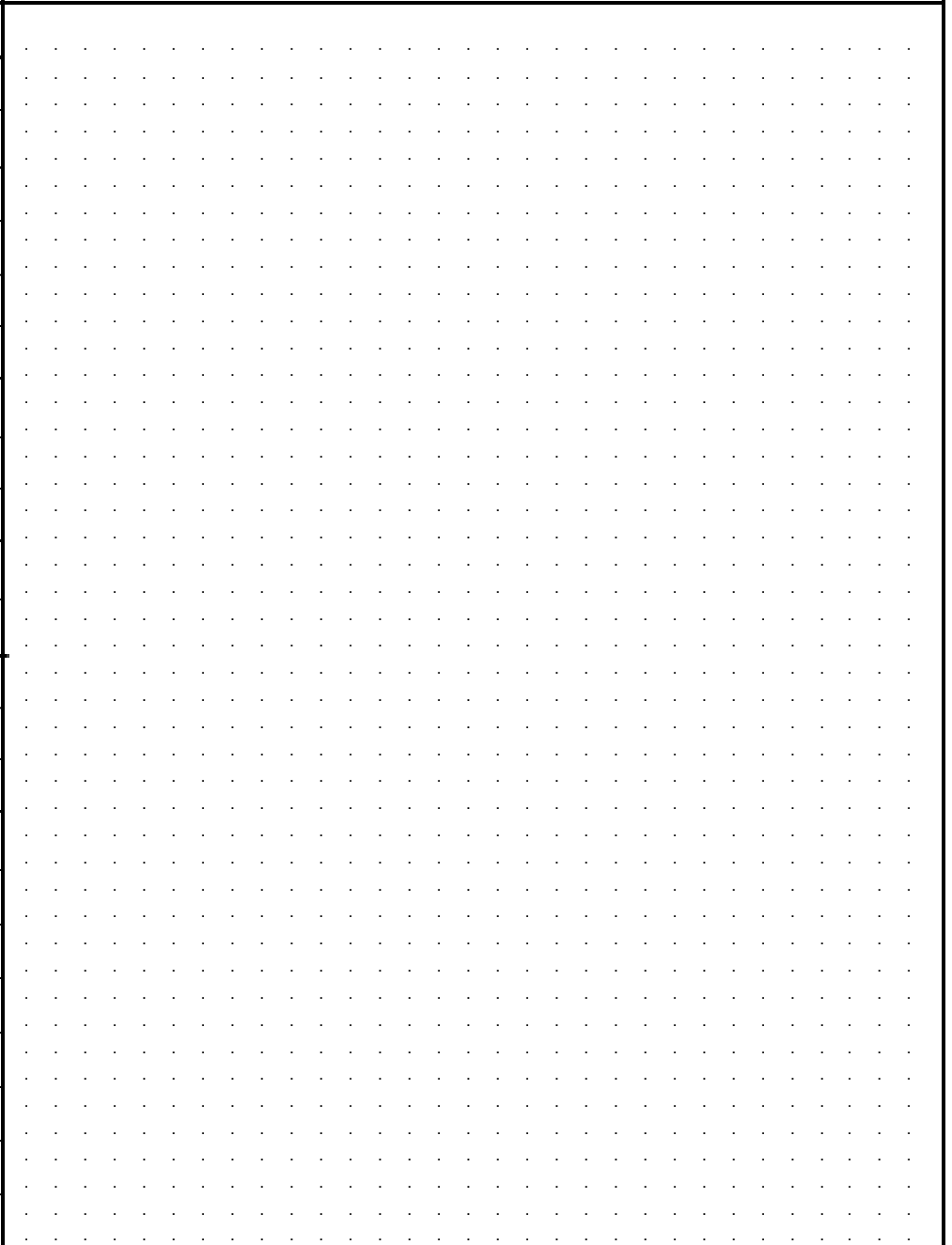
**SKETCH OF SITE (show structure, instrument, CPs):**

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.

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.



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

**ENDING SHIFT SUMMARY:**

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**PRIORITIES FOR NEW SHIFT:**

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

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

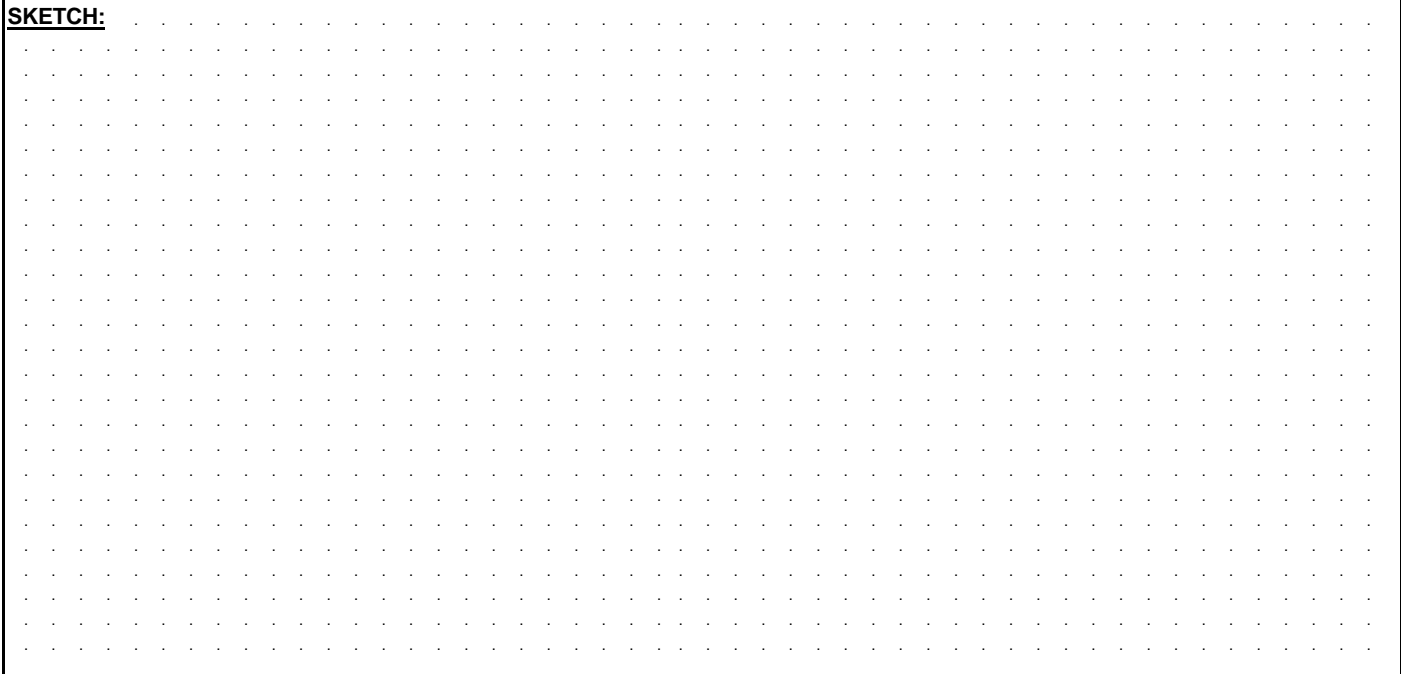
**MISCELLANEOUS:**

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**SKETCH:**



<b>Situation Name:</b> _____ <b>Rigging Task:</b> _____ <b>Weather Conditions:</b> _____	<b>Date and Time of Lift:</b> _____ <b>Task Force Name:</b> _____ <b>Task Force Leader:</b> _____
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<b>Load Description:</b> _____  Load Weight: _____ Block Weight: _____ Rigging Weight: _____ Jib Weight: _____ Jib Ball Weight: _____ Hoist Line Weight: _____ Other Weight: _____  <b>Total Weight:</b> _____	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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<b>Lift will be On:</b> <input type="checkbox"/> On Main Block <input type="checkbox"/> On Jib	<b>Setup On:</b> <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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<b>Max. Intended Working Radius</b>  Over Rear: _____ Over Side: _____ Over Front: _____	<b>Boom Angle:</b>  Over Rear: _____ Over Side: _____ Over Front: _____	<b>Rated Capacity:</b>  Over Rear: _____ Over Side: _____ Over Front: _____	<b>Percent of Capacity :</b> <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:**