

# Building Rapid Assessment Form

This form is not to be used for insurance assessments or purposes other than that intended by the RBA process.  
Fields with asterisks (\*) are mandatory, others are optional.

## RAPID BUILDING ASSESSOR (RBA) PROCESS

**1** This is a:  Level 1  Level 2 Rapid Building Assessment carried out under the authority of:  
 (Territorial Authority)\*  
For a:  Flood  Earthquake  Wind  Other  event\*

**2** Team ID\*:   
Team Leader name\*:   
Team Leader ID\*:  RBA ID number:

**3** Assessment date\*:  Assessment time\*:   AM  PM  
(to nearest half hour)

**4** **Building name**  
Number\*:  Unit\*:   
Street\*:   
City/Town\*:   
GPS (Degree with 5 decimals after comma) South  ,  East  ,   
Other ID or entry location:  Photo taken:  No  Yes

**5** Contact name:   
Usual occupant present:  Yes  No  
Type:  Owner  Tenant  Other  Not available  
Phone:  (with area code)

**6** Existing placard\*:  None  W  Y1  R1  
 Y2  R2  
Date:   
Team ID:  (if provided)

W – White  
Y1 – Restricted access – parts of building  
Y2 – Restricted access – short term entry  
R1 – Entry prohibited – building structure  
R2 – Entry prohibited – external hazard

## 7 Building description

Dimensions	Construction Age	Building Type	Structure Type	Ground Floor Type	Cladding Type	Lining Type
Storeys above ground incl. ground floor	A <1935	A Housing	A Timber frame	A Timber	A Brick veneer	A Plasterboard
	B 1935-1976	B Communal residential	B Steel frame	B Concrete	B Sheet lining	B Lathe and plaster
Storeys below ground	C 1977-1984	C Communal non-residential	C Concrete frame	<b>Upper Floor Types</b>		C Weatherboard
	D 1985-2000		D Concrete shear wall	A Timber	D EIFS	C Plywood
Footprint (m <sup>2</sup> )	E >2000	D Commercial/Office	E Tilt-up concrete	B Insitu concrete	E Concrete block	D Other
	F Unknown	E Industrial	F Reinforced masonry	C Precast hollow-core	F Concrete panels	
	G Potential Heritage Building	F Critical Facility	G Unreinforced masonry	D Precast Other	G Steel	
		G Public Assembly	H Other	E Other	H Glazing systems	
					I Other	

### Utilities

Water:  Council reticulation  Private reticulation  Private bore  Rainwater tanks

Wastewater:  Reticulated  Septic tank

## 8 External hazards

Potential External Hazards (relevant to current event)*	Yes	No	N/A
1 Danger of adjacent building collapsing or objects falling from adjacent buildings. Adjacent building ID or address: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Land instability above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Land instability below	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Sea wall breach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Stopbank breach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Flood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Erosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Other <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If required add sketch on separate page showing extent and nature of the external risk factors.

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Extent of Building Assessed*	
Exterior	A Partial
	B Complete
Interior	C Not accessed
	D Partial
	E Complete



## Building damage and usability assessment

	Damage				
	N/A	Unknown	Minor or None	Moderate	Severe
<b>External*</b>	N/A	A	B	C	D
1 Collapse or partial collapse					
2 Building or storey leaning					
3 Silt depth under building					
4 Sewerage septic tank					
5 Water storage tank(s) ABOVE ground					
6 Water storage tank(s) BELOW ground					
7 Parapets, ornamentation, chimneys					
8 Cladding, glazing					
9 Utilities (eg. gas, electricity, waste water, plumbing)					
10 Other: <input type="text"/>					
<b>Internal*</b>	N/A	A	B	C	D
11 Foundations					
12 Roofs, floors					
13 Gravity systems (columns, beams, etc.)					
14 Lateral systems (vertical bracing)					
15 Diaphragms, horizontal bracing					
16 Precast connections					
17 Water height above floor	N/A	<0.6m	>0.6m and <1.2m	>1.2m	
18 Ceilings, light fixtures					
19 Plumbing/HWC					
20 HVAC Systems					
21 Interior walls, partitions					
22 Access/egress/(elevators/stairs/exits)					
23 Fire safety concerns					
24 Sewage contamination					
25 Other: <input type="text"/>					

**11 Recommended further actions**

Further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*	Yes
A None	A <input type="checkbox"/> None required B <input type="checkbox"/> Cordon required Describe extent (add diagram on separate sheet if required) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	A <input type="checkbox"/> None required B <input type="checkbox"/> Barricades already in place C <input type="checkbox"/> Barricades required Describe extent (add diagram on separate sheet if required) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	A <input type="checkbox"/> Standard B <input type="checkbox"/> Immediate action required	<input type="checkbox"/>
B Geotechnical Assessment				<input type="checkbox"/>
C Level 2 Rapid Assessment (tick below if particular expertise is required)				<input type="checkbox"/>
C1 Structural Engineering Assessment				<input type="checkbox"/>
C2 Other <input style="width: 150px;" type="text"/>				<input type="checkbox"/>
D Welfare visit required? <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/>
E Further evaluation to be arranged by building owner				<input type="checkbox"/>
<b>Immediate Action Undertaken (i.e. cover scarps, disconnect power, disconnect gas)</b>				
<input style="width: 100%; height: 20px;" type="text"/>				

**12 Assessment Outcome \***

Observed Damage	Rapid Assessment Outcome
Light or no damage	W <input type="checkbox"/> <b>CAN BE USED</b> (From assessment no known dangers)
Moderate damage	Y1 <input type="checkbox"/> <b>RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY</b>
	Y2 <input type="checkbox"/> <b>RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision</b> Access to be supervised A <input type="checkbox"/> Yes B <input type="checkbox"/> No
Heavy damage	R1 <input type="checkbox"/> <b>ENTRY PROHIBITED</b> (Severe damage to building)
	R2 <input type="checkbox"/> <b>ENTRY PROHIBITED</b> (At risk from external factors)

I have seen a Geotechnical RAPID Assessment  Yes  No

If a Geotechnical RAPID assessment has not been completed, is one required?  Yes  No

**Team Leader Signature \***

If required add a sketch on a separate sheet of paper showing building damage, access restrictions or cordoning areas. Identify the building on the sketch and staple the sheet to this assessment form.

Sketch included on separate page?  Yes  No Sketch Unique ID:

Photos taken?  Yes  No

**End of inspection data entry - emergency operations centre use only**

Date data entry completed:

Completed by: