



**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.

<p><b>Building Security</b></p> <p><input type="checkbox"/> Secure    <input type="checkbox"/> Open/unsecured    <input type="checkbox"/> Signs of recent entry</p>
<p><b>Utilities</b> (Note Entry Points for each active utility on sketch)</p> <p>Active Utilities    <input type="checkbox"/> No    <input type="checkbox"/> Yes    If Yes: <input type="checkbox"/> Gas    <input type="checkbox"/> Electricity    <input type="checkbox"/> Oil    <input type="checkbox"/> Water</p>
<p><b>Building Use</b> (The original use of the building and how it was last used)</p>
<p><b>Building Construction</b></p> <p>Number of Floors _____    Basement: <input type="checkbox"/> Yes    <input type="checkbox"/> Sub-Basement    <input type="checkbox"/> Multi Sub-Levels</p> <p>Structural Members <input type="checkbox"/> Steel    <input type="checkbox"/> Concrete    <input type="checkbox"/> Wood    <input type="checkbox"/> Mixed (<i>Describe</i>) (Beams, Girders, Columns)</p> <p>Truss Construction    <input type="checkbox"/> Roof    <input type="checkbox"/> Floors</p> <p>Exposed Structural Members <input type="checkbox"/> Yes    <input type="checkbox"/> No (Beams, Girders, Columns &amp; Trusses)</p> <p>Exterior Walls    <input type="checkbox"/> Block/Brick    <input type="checkbox"/> Curtain Wall    <input type="checkbox"/> Wood    <input type="checkbox"/> Metal Tie Rods (<i>stars</i>)</p> <p>Openings in Exterior Walls <input type="checkbox"/> Many    <input type="checkbox"/> Few    <input type="checkbox"/> Windowless (Windows, Doors, etc.)</p> <p>Ceiling Type    <input type="checkbox"/> None    <input type="checkbox"/> Suspended    <input type="checkbox"/> Metal    <input type="checkbox"/> Sheetrock/Plaster    <input type="checkbox"/> Wood</p>
<p><b>Condition of Interior Walls and Floors</b> (Integrity of compartmentation)</p> <p><input type="checkbox"/> Good    <input type="checkbox"/> Deteriorating    <input type="checkbox"/> Multiple penetrations that would allow fire spread    <input type="checkbox"/> Walls</p> <p><b>Condition of Roof</b> <input type="checkbox"/> Good    <input type="checkbox"/> Some instability/deterioration    <input type="checkbox"/> Major deterioration    <input type="checkbox"/> Floors</p> <p><b>General Condition of Structure</b></p> <p><input type="checkbox"/> Good    <input type="checkbox"/> Minor structural instability    <input type="checkbox"/> Major deterioration of structural elements</p>
<p><b>Fire Protection Systems</b></p> <p>Operational Fire Alarm System    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Operational Sprinkler System <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> System off, but usable if supplied through FD connection (Valves open, pressure showing on gauges)</p> <p>Operational Standpipe System    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Fire Department Connection <input type="checkbox"/> Yes    <input type="checkbox"/> No (If Yes, note location on sketch)</p>

**LESSON PLAN – Evaluating Abandoned Buildings**

**Fire Potential**

**Fuel Packages** (Fuel Load)

**Quantity**     Numerous     Moderate     Limited  
**Distribution**     Concentrated     Spread out  
**Interior Finish**     Combustible     Non-combustible     Mixed (Describe)  
**Room Size**     Large     Moderate     Small  
**Housekeeping**     Good     Poor  
**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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for a Multi-Room fire on arrival of first due company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for structural collapse early in the fire development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for fire fighters to become lost or trapped during operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Narrative:**

Inspected by:

Posting Authorized by:

Data Entered by: