

# DECONSTRUCTION RAPID ASSESSMENT TOOL FOR STRUCTURES

City name and/or seal. This is an opportunity for your organization to use this base form, customize it for your needs, and brand it accordingly.

## GENERAL

Assessor's name:						Date:		
Address:						PIN #		
Year built:	<input type="checkbox"/> pre-1900	<input type="checkbox"/> pre-1930	<input type="checkbox"/> pre-1950	<input type="checkbox"/> pre-1978	<input type="checkbox"/> post-1978			
Occupied:	<input type="checkbox"/> Yes		<input type="checkbox"/> No					
Approx. size:								
Number of stories:	<input type="checkbox"/> 1	<input type="checkbox"/> 1 ½	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> more			
Number of bedrooms:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+			
Number of bathrooms:	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4				

## SITE OBSERVATIONS & HAZARDS

Is the structure currently secured to prevent unwanted entry?	<input type="checkbox"/> Fully	<input type="checkbox"/> Partly	<input type="checkbox"/> No				
Is there room around the structure to serve as staging area?	<input type="checkbox"/> Yes		<input type="checkbox"/> No				
Presence of exterior trash?	<input type="checkbox"/> No Trash	<input type="checkbox"/> Limited Trash <i>(Scattered Debris)</i>	<input type="checkbox"/> Significant Trash <i>(Piles of Trash)</i>	<input type="checkbox"/> Large Appliances/ Bulky Furniture	<input type="checkbox"/> Impassable/ Entry Restricted		
Presence of interior trash?	<input type="checkbox"/> No Trash	<input type="checkbox"/> Limited Trash <i>(Scattered Debris on Floors)</i>	<input type="checkbox"/> Significant Trash <i>(Piles of Trash)</i>	<input type="checkbox"/> Large Appliances/ Bulky Furniture	<input type="checkbox"/> Impassable/ Entry Restricted		
Were any of the following observed on-site?	<input type="checkbox"/> Tires	<input type="checkbox"/> Abandoned cars	<input type="checkbox"/> Graffiti	<input type="checkbox"/> Signs of Drug-Use	<input type="checkbox"/> Containers of Chemicals / Oil		
	If observed, how many tires are present?						
Were hazards present on-site?	<input type="checkbox"/> Dogs	<input type="checkbox"/> Bees/Wasps	<input type="checkbox"/> Excessive Dumping	<input type="checkbox"/> Excessive Mold	<input type="checkbox"/> Basement Flooding		
Is structural evaluation recommended? <i>(Collapse, partial collapse, or building off foundation)</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No				

## DAMAGE & DETERIORATION

Major cracking of brick, wood rotting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Broken or missing windows:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Missing brick and siding:	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Roof damage:	<input type="checkbox"/> Small open hole	<input type="checkbox"/> Large open hole(s)	<input type="checkbox"/> Portion of roof missing	<input type="checkbox"/> Significant portion or entire roof missing	
Evidence of major fire damage:	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>
Evidence of major water damage:	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>
Are gutters/downspout operable to control water?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

## MATERIALS INVENTORY

Roof type:	<input type="checkbox"/> Flat		<input type="checkbox"/> Pitched				
Siding type:	Brick	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
	Wood	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
	Stone	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
	Vinyl/Synthetic	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
	Aluminum	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
	Other: _____	<input type="checkbox"/> 1 <i>(little)</i>	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 <i>(lots)</i>	
Wood flooring <i>(number of rooms)</i> :	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Specify:		

Have additional layers of flooring been adhered to the wood in the past?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Are dimensional ceiling or floor joists observed? <i>(can be viewed from basement or attic)</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Dimensional lumber larger than 4x4:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No						
Are walls plaster or drywall? <i>(total should equal 100%)</i>	<input type="checkbox"/>	Plaster	<input type="checkbox"/>	Partly ( < 25% )	<input type="checkbox"/>	Some ( 25-50% )	<input type="checkbox"/>	Mostly ( 50-99% )	<input type="checkbox"/>	All ( 100% )
	<input type="checkbox"/>	Drywall	<input type="checkbox"/>	Partly ( < 25% )	<input type="checkbox"/>	Some ( 25-50% )	<input type="checkbox"/>	Mostly ( 50-99% )	<input type="checkbox"/>	All ( 100% )
Crown moulding	<input type="checkbox"/>	None	<input type="checkbox"/>	Some	<input type="checkbox"/>	A Lot				
Casing around doors and windows <i>(number of rooms)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	Specify:	
Baseboard moulding <i>(number of rooms)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	Specify:	
Chair railing moulding <i>(number of rooms)</i>	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	Specify:	
Foundation:	<input type="checkbox"/>	Monolithic concrete	<input type="checkbox"/>	Concrete block	Combination, specify:					
Basement:	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Partial				

### SPECIAL CONSIDERATION FOR ARCHITECTURAL FEATURES

Interior:	Is a fire place mantel present and intact?	<input type="checkbox"/>	Yes	Decorative architectural wrought iron	<input type="checkbox"/>	Yes
	Stair treads/railings	<input type="checkbox"/>	Yes	Lighting fixtures	<input type="checkbox"/>	Yes
	Other architectural woodwork <i>(cornices, etc.)</i>	<input type="checkbox"/>	Yes	Radiators	<input type="checkbox"/>	Yes
	Interior stone details <i>(counter, fireplace)</i>	<input type="checkbox"/>	Yes	Registers	<input type="checkbox"/>	Yes
	Stained / leaded glass	<input type="checkbox"/>	Yes	Sinks	<input type="checkbox"/>	Yes
	Solid wood doors	<input type="checkbox"/>	Yes	Claw foot tub	<input type="checkbox"/>	Yes
	Door hardware	<input type="checkbox"/>	Yes	1st floor	<input type="checkbox"/>	2nd floor
	Wood framed windows	<input type="checkbox"/>	Yes	Old appliances <i>(oven, refrigerator, etc.)</i>	<input type="checkbox"/>	Yes
	Built-in wood cabinetry	<input type="checkbox"/>	Yes	Countertops	<input type="checkbox"/>	Yes
	Exterior:	Exterior stone details <i>(cornerstones, window sills, walkways, etc.)</i>	<input type="checkbox"/>	Yes		
Iron gates/fencing		<input type="checkbox"/>	Yes			
Metal roofing		<input type="checkbox"/>	Yes			

### ADDITIONAL COMMENTS & NOTES