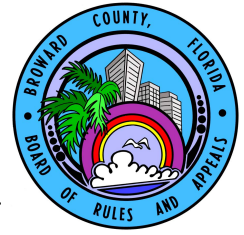


# STRUCTURAL SAFETY INSPECTION REPORT FORM



Inspection Firm or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Inspection Commenced Date: \_\_\_\_\_ Inspection Completed Date: \_\_\_\_\_

No Repairs Required

Repairs are required as outlined in the attached inspection report

Licensed Professional,  
Engineer/Architect Name: \_\_\_\_\_

License Number: \_\_\_\_\_

I am qualified to practice in the discipline in which I am hereby signing,

Signature \_\_\_\_\_ Date: \_\_\_\_\_



This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the structure, based upon careful evaluation of observed conditions, to the extent reasonably possible

<b>DESCRIPTION OF STRUCTURE</b>		
a. Name on Title:		
b. Street Address:		
c. Legal Description:		
d. Owner's Name:		
e. Owner's Mailing Address:		
f. Folio Number of Property on which Building is Located:		
g. Building Code Occupancy Classification:		
h. Present Use:		
i. General Description, Type of Construction:	Square Footage:	Number of Stories:
j. Special Features:		
k. Addition Comments:		

I. Additions to original structure:

## 2. PRESENT CONDITION OF STRUCTURE

a. General alignment (Note: good, fair, poor, explain if significant):

1. Bulging:

2. Settlement:

3. Deflections:

4. Expansion:

5. Contraction:

b. Portion showing distress (Note, beams, columns, structural walls, floor, roofs, other):

c. Surface conditions – describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and stains:

d. Cracks – note location in significant members. Identify crack size as HAIRLINE if barely discernible; FINE if less than 1 mm in width; MEDIUM if between 1 and 2 mm width; WIDE if over 2 mm:

e. General extent of deterioration – cracking or spalling of concrete or masonry, oxidation of metals; rot or borer attack in wood:

f. Previous patching or repairs:

g. Nature of present loading indicate residential, commercial, other estimate magnitude:

### 3. INSPECTIONS

a. Date of notice of required inspection:

b. Date(s) of actual inspection:

c. Name and qualifications of individual submitting report:

d. Description of laboratory or other formal testing, if required, rather than manual or visual procedures:

e. Structural repair-note appropriate line:

1. None required:

2. Required (describe and indicate acceptance):

### 4. SUPPORTING DATA

a. \_\_\_\_\_ sheet written data

b. \_\_\_\_\_ photographs

c. \_\_\_\_\_ drawings or sketches

<b>5. MASONRY BEARING WALL = Indicate good, fair, poor on appropriate lines:</b>
a. Concrete masonry units:
b. Clay tile or terra cotta units:
c. Reinforced concrete tie columns:
d. Reinforced concrete tie beams:
e. Lintel:
f. Other type bond beams:
g. Masonry finishes -exterior:
1. Stucco:
2. Veneer:
3. Paint only:
4. Other (describe):
h. Masonry finishes - interior:
1. Vapor barrier:
2. Furring and plaster:
3. Paneling:
4. Paint only:
5. Other (describe):
i. Cracks:
1. Location – note beams, columns, other:
2. Description:
j. Spalling:
1. Location – note beams, columns, other:
2. Description:
k. Rebar corrosion-check appropriate line:
1. None visible:
2. Minor-patching will suffice:
3. Significant-but patching will suffice:

4. Significant-structural repairs required:
I. Samples chipped out for examination in spall areas:
1. No:
2. Yes – describe color, texture, aggregate, general quality:

<b>6. FLOOR AND ROOF SYSTEM</b>
a. Roof:
1. Describe (flat, slope, type roofing, type roof deck, condition):
2. Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of support:
3. Note types of drains and scuppers and condition:
b. Floor system(s):
1. Describe (type of system framing, material, spans, condition):
c. Inspection – note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:

<b>7. STEEL FRAMING SYSTEM</b>
a. Description:

b. Exposed Steel- describe condition of paint and degree of corrosion:

c. Concrete or other fireproofing – note any cracking or spalling and note where any covering was removed for inspection:

d. Elevator sheave beams and connections, and machine floor beams – note condition:

## 8. CONCRETE FRAMING SYSTEM

a. Full description of structural system:

b. Cracking:

1. Not significant:

2. Location and description of members affected and type cracking:

c. General condition:

d. Rebar corrosion – check appropriate line:

1. None visible:

2. Location and description of members affected and type cracking:

3. Significant but patching will suffice:

4. Significant – structural repairs required (describe):

e. Samples chipped out in spall areas:

1. No:

2. Yes, describe color, texture, aggregate, general quality:

**9. WINDOWS**

a. Type (Wood, steel, aluminum, jalousie, single hung, double hung, casement, awning, pivoted, fixed, other):

b. Anchorage- type and condition of fasteners and latches:

c. Sealant – type of condition of perimeter sealant and at mullions:

d. Interiors seals – type and condition at operable vents:

e. General condition:

**10. WOOD FRAMING**

a. Type – fully describe if mill construction, light construction, major spans, trusses:

b. Note metal fitting i.e., angles, plates, bolts, split pintles, other, and note condition:

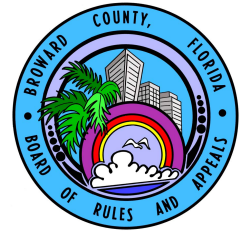
c. Joints – note if well fitted and still closed:

d. Drainage – note accumulations of moisture:

e. Ventilation – note any concealed spaces not ventilated:

f. Note any concealed spaces opened for inspection:

# ELECTRICAL SAFETY INSPECTION REPORT FORM



Inspection Firm or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Inspection Commenced Date: \_\_\_\_\_ Inspection Completed Date: \_\_\_\_\_

No Repairs Required

Repairs are required as outlined in the attached inspection report

Licensed Professional,  
Engineer/Architect Name: \_\_\_\_\_

License Number: \_\_\_\_\_

I am qualified to practice in the discipline in which I am hereby signing,

Signature \_\_\_\_\_ Date: \_\_\_\_\_



This report has been based upon the minimum inspection guidelines for building safety inspection as listed in the Broward County Board of Rules and Appeals' Policy #05-05. To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the electrical system, based upon careful evaluation of observed conditions, to the extent reasonably possible

## DESCRIPTION OF STRUCTURE

a. Name on Title:		
b. Street Address:		
c. Legal Description:		
d. Owner's Name:		
e. Owner's Mailing Address:		
f. Folio Number of Property on which Building is Located:		
g. Building Code Occupancy Classification:		
h. Present Use:		
i. General Description, Type of Construction:	Square Footage:	Number of Stories:
j. Special Features:		
k. Additional Comments:		

**MINIMUM GUIDELINES AND INFORMATION FOR RECERTIFICATION OF ELECTRICAL SYSTEMS OF FORTY (40) YEAR STRUCTURES**

**1. ELECTRIC SERVICE**

- |               |             |              |              |
|---------------|-------------|--------------|--------------|
| 1. Size:      | Amperage    | Fuses        | Breakers     |
| 2. Phase:     | Three Phase | Single Phase | Needs Repair |
| 3. Condition: | Good        | Fair         |              |

Comments:

**2. METER AND ELECTRIC ROOM**

- |                |      |      |                     |
|----------------|------|------|---------------------|
| 1. Clearances: | Good | Fair | Requires Correction |
|----------------|------|------|---------------------|

Comments:

**3. GUTTERS**

- |                |      |                 |
|----------------|------|-----------------|
| Location:      | Good | Requires Repair |
| Taps and Fill: | Good | Requires Repair |

Comments:

#### 4. ELECTRICAL PANELS

Location:                      Good                                      Needs Repair

1. Panel #(                      )

                                    Good                                      Needs Repair

2. Panel #(                      )

                                    Good                                      Needs Repair

3. Panel #(                      )

                                    Good                                      Needs Repair

4. Panel #(                      )

                                    Good                                      Needs Repair

5. Panel #(                      )

                                    Good                                      Needs Repair

Comments:

#### 5. BRANCH CIRCUITS:

1. Identified:                      Yes                                      Must be identified

2. Conductors:                      Good                                      Deteriorated                                      Must be replaced

Comments:

**6. GROUNDING SERVICE:**

Good

Repairs Required

Comments:

**7. GROUNDING OF EQUIPMENT:**

Good

Repairs Required

Comments:

**8. SERVICE CONDUITS/RACEWAYS:**

Good

Repairs Required

Comments:

**9. SERVICE CONDUCTOR AND CABLES:**

Good

Repairs Required

Comments:



**14. FIRE ALARM SYSTEM:**

Good

Repairs Required

Comments:

**15. SMOKE DETECTORS:**

Good

Repairs Required

Comments:

**16. EXIT LIGHTS:**

Good

Repairs Required

Comments:

**17. EMERGENCY GENERATOR:**

Good

Repairs Required

Comments:

**18. WIRING IN OPEN OR UNDER COVER PARKING GARAGE AREAS:**

Good

Repairs Required

Comments:

**19. OPEN OR UNDERCOVER PARKING GARAGE AREAS AND EGRESS ILLUMINATION:**

Good

Repairs Required

Comments:

**20. SWIMMING POOL WIRING:**

Good

Repairs Required

Comments:

**21. WIRING TO MECHANICAL EQUIPMENT:**

Good

Repairs Required

Comments:

**22. ADDITIONAL COMMENTS:**