

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

A. GENERAL INFORMATION

1. **Street Address of Property:** _____
City: _____ **State:** _____ **Zip:** _____
2. **Property Owner's Name:** _____
3. **Date of inspection:** _____
4. **Inspector's Name:** _____

B. BUILDING SITE INSPECTION

5. Utility Service Safety:

IMPORTANT—Immediately following an earthquake, check the entire property, especially near appliances, for the smell of gas. If gas odor is detected, turn off the gas at the meter where it enters the house. Locate and repair leaks before turning gas back on. If the gas odor persists after the gas has been shut off, vacate the building and contact the gas utility company immediately.

IMPORTANT—Before entering a damaged, vacant building verify that gas is off. Check the gas meter for damage and position of main gas valve, either a manual valve or a seismically-activated gas shut-off valve. Do not enter the building if gas odor is detected.

- a. Odor of natural gas leakage? ☐ YES ☐ NO b. Downed powerlines? ☐ YES ☐ NO

6. Surrounding topography: (✓ check one)

- ☐ Flat
☐ Gently sloping (easily walkable)
☐ Steeply sloping (difficult or impossible to walk in some areas)

7. Building pad: (✓ check one)

- ☐ Flat
☐ Terraced or multilevel
☐ Gently sloping (less than 4 foot ground surface elevation difference across house)
☐ Steeply sloping (greater than 4 foot ground surface elevation difference across house)

8. Geotechnical Issues: (if yes, provide description and photos)

- | | | |
|---|--------------------------|--------------------------|
| a. New cracks in the ground? | YES | NO |
| b. Signs of fresh cracking in or movement of hardscape? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Signs of fresh cracking in or movement of retaining walls? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Patterns of cracking that extend through the ground surface, hardscape, and improvements? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evidence of sand boils or other fresh-appearing deposits of sand or mud? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Unusual slumping, rising, or bulging of the ground surface? | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Evidence of rock falls or slope instability above site? | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Ground movement or wet areas indicating possible broken underground utility lines? | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Other phenomena (e.g., septic tanks surfacing, differential settlement, ground consolidation)? | <input type="checkbox"/> | <input type="checkbox"/> |

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

B. BUILDING SITE INSPECTION (continued)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 9. Evidence of earthquake-induced permanent ground deformation in the immediate vicinity of the property? | <input type="checkbox"/> | <input type="checkbox"/> |

C. GENERAL BUILDING INFORMATION

- | | |
|---|---|
| <p>10. Safety Assessment Tag: (✓ check one) <input type="checkbox"/> None <input type="checkbox"/> Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red</p> <p style="padding-left: 40px;">(chimney only): <input type="checkbox"/> Yellow <input type="checkbox"/> Red</p> <p>11. a) Year of original construction (best estimate): _____</p> <p style="padding-left: 20px;">b) Total square footage (best estimate): _____</p> <p>12. Have any repairs, modifications, or demolition been performed since the earthquake? YES NO</p> <p style="padding-left: 20px;">If yes, describe _____</p> <p>13. Building configuration:</p> <p><input type="checkbox"/> a. Single story</p> <p><input type="checkbox"/> b. Combination one and two story</p> <p><input type="checkbox"/> c. Full two story</p> <p><input type="checkbox"/> d. Three story</p> <p><input type="checkbox"/> e. Split level</p> <p><input type="checkbox"/> f. Living space above garage</p> <p><input type="checkbox"/> g. Other, describe _____</p> <p>14. Exterior wall finish:</p> <p><input type="checkbox"/> a. Stucco</p> <p><input type="checkbox"/> b. Panel siding</p> <p><input type="checkbox"/> c. Lap siding</p> <p><input type="checkbox"/> d. Masonry veneer</p> <p><input type="checkbox"/> e. Other, describe _____</p> <p>15. Foundation configuration:</p> <p><input type="checkbox"/> a. Slab-on-grade</p> <p><input type="checkbox"/> b. Crawl space without cripple walls</p> <p><input type="checkbox"/> c. Crawl space with cripple walls</p> <p><input type="checkbox"/> d. Exposed piers or posts</p> <p><input type="checkbox"/> e. Partial basement</p> <p><input type="checkbox"/> f. Full basement</p> <p><input type="checkbox"/> g. Other, describe _____</p> | <p>16. Sill bolting:</p> <p><input type="checkbox"/> a. Structure bolted to foundation</p> <p><input type="checkbox"/> b. Structure not bolted to foundation</p> <p><input type="checkbox"/> c. Don't know</p> <p>17. Roof configuration:</p> <p><input type="checkbox"/> a. Gable</p> <p><input type="checkbox"/> b. Hip</p> <p><input type="checkbox"/> c. Flat or very low slope</p> <p><input type="checkbox"/> d. Shed</p> <p><input type="checkbox"/> e. Other, describe _____</p> <p>18. Roof covering:</p> <p><input type="checkbox"/> a. Asphalt shingles</p> <p><input type="checkbox"/> b. Wood shingle or shake</p> <p><input type="checkbox"/> c. Concrete or clay tile</p> <p><input type="checkbox"/> d. Metal shingles</p> <p><input type="checkbox"/> e. Membrane</p> <p><input type="checkbox"/> f. Other, describe _____</p> |
|---|---|

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

D. EXTERIOR BUILDING INSPECTION

	YES	NO	N/A
19. General: (if yes, provide description and photos)			
a. Collapse, partial collapse, or building off foundation?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Obvious lean in any story?	<input type="checkbox"/>	<input type="checkbox"/>	
20. Exterior walls: (if yes, provide description and photos)			
a. Fresh cracking at corners of door and window openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking at building corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Door or window openings racked out of square?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Broken glass in windows or doors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Wall leaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Bulging or delamination of stucco?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Pattern of cracking that extends from the ground surface, through foundation, and wall?	<input type="checkbox"/>	<input type="checkbox"/>	
h. Evidence of recent relative movement at mudsill line?	<input type="checkbox"/>	<input type="checkbox"/>	
i. At locations where the exterior stucco is continuous from the framing down over the foundation, is there cracking of stucco along the mudsill level accompanied by indications of permanent displacement (sliding) of the building relative to the foundation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Collapse, partial collapse, or separation of masonry veneer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Severe cracking, separations, or offsets at building irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Foundation: (if yes, provide description and photos)			
a. Fresh cracking of exposed perimeter foundation?	<input type="checkbox"/>	<input type="checkbox"/>	
b. Relative movement between slab and footing in "two-pour" slab-on-grade foundations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

D. EXTERIOR BUILDING INSPECTION (continued)

22. Fireplace & Chimney: (if yes, provide description and photos)	YES	NO	N/A
a. Present on external wall?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Present at internal location?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Collapse or partial collapse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Visible damage or cracking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Visible tilting or separation from building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Shifted or loose clay flue tile segments and displaced joint mortar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Deterioration of exposed mortar?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Does the top of the chimney rock when pushed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Roof: (if yes, provide description and photos)			
a. Shifted or dislodged clay or concrete roof tile?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Impact damage to roof from falling chimneys?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Displaced rooftop HVAC units?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Significantly sagging roof ridgelines?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signs of movement between rafter tails and wall finishes at eaves?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Buckled/dislodged flashing or tearing of roof membrane at chimneys, roof/wall intersections in split level buildings, additions, appendages, porches, or other building irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Tearing of roof membrane or deck waterproofing at re-entrant corners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of rooftop mechanical equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Shifting of or damage to solar panels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

D. EXTERIOR BUILDING INSPECTION (continued)

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 24. Attached or abutting improvements: (if yes, provide description and photos) | | | |
| a. Collapse, partial collapse, or separation of attached porches, carports, patio covers, or awnings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Evidence of recent settlement or displacement of exterior steps, patios, or walkways relative to the building? | <input type="checkbox"/> | <input type="checkbox"/> | |
| c. Signs of movement between building floor or garage floor and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Toppling, shifting, or damage/leakage at refrigerant and electrical lines of air conditioning condenser unit(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Independent exterior improvements: (if yes, provide description and photos) | | | |
| a. Damaged detached garage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Damage to fences / privacy walls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Damage to retaining walls? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Damage to pool & pool deck? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Evidence of leakage from irrigation supply lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Toppling, shifting, or damage/leakage at fuel connection of propane tanks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Broken piping or shifting of pool or spa equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

E. INTERIOR INSPECTION (including basement and attached garage, if present)

26. General information

a. If interior access not possible, identify reason

- ☐ i. Red tag
- ☐ ii. Hazardous materials
- ☐ iii. Other hazardous condition, describe _____
- ☐ iv. Other, describe _____

b. Typical wall and ceiling finish

- ☐ i. Drywall
- ☐ ii. Plaster on gypsum lath
- ☐ iii. Plaster on wood lath
- ☐ iv. Other, describe _____

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

E. INTERIOR INSPECTION (continued)

	YES	NO	N/A
27. Walls: (if yes, provide description and photos)			
a. Fresh cracking, buckling, spalling, or detachment of interior wall finish at corners of door and window openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking of wall finishes at wall corners or wall/ceiling intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Door or window openings racked out of square?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Wall leaning?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pattern of cracking that extends from the floor slab through the wall?	<input type="checkbox"/>	<input type="checkbox"/>	
f. Movement or sliding of walls relative to the floor?	<input type="checkbox"/>	<input type="checkbox"/>	
g. Severe cracking, separations, or offsets at building irregularities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Doors damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Windows damaged, difficult to operate, or inoperable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Ceilings: (if yes, provide description and photos)			
a. Collapse of ceiling finish?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fresh cracking of ceiling finishes, especially at re-entrant corners; cracks along corner bead at stairwell openings; cracking or tearing of finishes at ceiling/wall juncture; or multiple "nail pops"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Damage to ceiling finishes in vicinity of chimneys or fireplaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Separations or cracks in ceiling finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Water damage or evidence of recent leakage from plumbing lines or roofing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

E. INTERIOR INSPECTION (continued)

		YES	NO	N/A
29. Floors: (if yes, provide description and photos)				
a. Evidence of recent sloping, sagging, settlement or displacement of floors?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. In slab-on-grade locations, fresh cracking of floor slab or floor finishes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Significant sagging or unusual bounciness of woodframed floors over crawlspace?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Separations or cracks in floor finishes at split-levels, re-entrant corners, additions, appendages, or other building discontinuities?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Signs of movement between floor (including garage floor) and exterior hardscape or retaining wall along the uphill side of homes on steeply sloping sites?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A pattern of fresh cracks, gaps, or joint separations in floor finishes?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Impact damage to floor finishes from falling contents?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Fireplace: (if yes, provide description and photos)				
a. Collapse, partial collapse, or separation of interior fireplace facing from, or movement relative to, the adjacent wall or firebox?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Differential movement between fireplace insert and firebox?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Mechanical systems: (if yes, provide description and photos)				
a. Displaced connection of appliance flues connected to chimneys?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Toppling, shifting, leakage from tank, leakage from water connections displaced flue connection or damage/leakage at gas line or electrical connection of water heater?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shifting, damage/leakage at gas line, flue connection, electrical connection, refrigerant line, and condensate drain connection of furnace or air conditioning fan-coil unit?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Damage to gas line of gas stoves or gas fueled clothes dryers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Damage to toilets?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Decreased or restricted water pressure at appliances, faucets, or toilets?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Toppling or shifting of free-standing wood stove and/or flue?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Toppling, shifting, damage/leakage at fuel connection of fuel oil tank?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Earthquake Damage Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

E. INTERIOR INSPECTION (continued)

32. Architectural woodwork and special finishes: (if yes, provide description and photos)	YES	NO	N/A
a. Shifting of or damage to kitchen or bathroom cabinetry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Impact damage to countertops from falling objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Cracking of ceramic tile in showers or tub/shower enclosures consistent with earthquake damage to adjacent wall finishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. CONTINGENT INSPECTIONS

	YES	NO	N/A
33. Crawlspace: (if yes, attach CUREE Form EDA-F3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Attic: (if yes, attach CUREE Form EDA-F4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1D Crawlspace Inspection Checklist

Note: In the absence of conspicuous visible external damage, earthquake-induced damage in crawlspaces is unlikely. In addition, there are hazards associated with entry into crawlspaces, especially those with tight access. Accordingly, in the absence of external visible damage, entering crawlspaces for post-earthquake inspection is not recommended. If a crawlspace inspection is conducted, it should be performed by an individual qualified by training and experience. Damage and abnormal conditions should be documented with photographs. Where description is called for on the following checklist, attach additional pages of notes and photographs keyed to appropriate checklist item (e.g., 8d).

Due to safety concerns associated with entry into a confined space, inspection of these areas may require the presence of a second individual. Inspectors should be equipped with appropriate personal protective equipment and be knowledgeable of appropriate safety precautions. Safety precautions for crawlspace inspections are provided in Appendix 1F.

Reduced scale images of the three-page CUREE Form EDA-F3 follow.

Crawlspace Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

A. GENERAL INFORMATION

1. Property address: _____
 City: _____ State: _____ Zip: _____
2. Property Owner's Name: _____
3. Date of inspection: _____
4. Inspector's Name: _____

B. OBSERVATIONS

5. Extent of crawlspace (✓ check one)

- ☐ Full
☐ Partial
☐ Partitioned¹
☐ Portions inaccessible
☐ Other, describe _____

¹ A partitioned crawlspace has two or more areas that are not interconnected and must be accessed from multiple entry locations.

6. Access location(s) _____

7. Framing between foundation and floor framing

- ☐ None (mudsill directly on concrete stem walls)
☐ Perimeter stem wall with interior wood posts
☐ Interior cripple walls
☐ Partial perimeter cripple walls
☐ Full perimeter cripple walls
☐ Steel pipe columns and diagonal steel rod bracing
 Retrofit ☐ Yes ☐ No ☐ Can't tell
 If yes, ☐ Plywood ☐ Anchor bolts, straps, or plates
☐ Other, describe _____

8. Stem walls

- ☐ None
☐ Perimeter
☐ Interior
☐ Concrete
☐ Concrete Block
☐ Brick
☐ Other, describe _____

Crawlspace Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

B. OBSERVATIONS (continued)

	YES	NO	N/A
9. Framing: (if yes, provide description and photos)			
• General pattern of tilting of posts, cripple walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Isolated tilting of posts, cripple walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Missing or loose posts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Split sill plate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fractured, buckled, or loose diagonal braces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Shifting or sliding of framing relative to foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Prior shimming or releveling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other abnormal conditions, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Foundation: (if yes, provide description and photos)			
• Visible cracks in stem walls, approximate number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Cracks in stem walls greater than 1/8 inch wide, approximate number, locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Nature and extent of prior repair, if any	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Indications of previous flooding or water intrusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Condition of masonry beneath fireplaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other abnormal conditions, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Plumbing: (if yes, provide description and photos)			
• Evidence of active leakage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Broken pipe or joint separations in sewer piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Forced air heating/cooling ductwork: (if yes, provide description and photos)			
• Crushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Separated joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presence of asbestos insulation or joint taping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Damaged asbestos insulation or joint taping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other abnormal conditions, describe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Crawlspace Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

C. CONCLUSIONS

13. ☐ No evidence of earthquake-induced damage observed in crawlspace.
14. ☐ Observed nonstructural or structurally insignificant conditions that may be earthquake induced and require repair, specify.
15. Observed indications of potentially structurally significant earthquake damage that requires an inspection by a technical consultant, (✓ check all that apply):
- ☐ Broken water, sewer, or gas line or wet areas indicating possible broken water or sewer lines
 - ☐ A pattern of cracks extending through the soil and foundation indicative of earthquake-induced permanent ground deformation
 - ☐ Signs of fresh cracks in concrete foundations wider than 1/8 inch or offset by more than 1/16 inch out-of-plane (the thickness of a nickel)
 - ☐ Fresh-appearing crack in footings or foundation stem walls wider than 1/8 inch or offset by more than 1/16 inch out-of-plane (the thickness of a nickel).
 - ☐ Extensive or large cracks (with signs of recent movement) in the foundation far in excess of what would be expected from normal shrinkage and settlement.
 - ☐ Fresh-appearing spalling in footings or foundation stem walls.
 - ☐ Racking of cripple walls, delamination of stucco
 - ☐ Shifting or tilting of support posts
 - ☐ Shifting of woodframing or mudsill relative to foundation; cracking of the mudsill
 - ☐ Damage to under floor portions of masonry fireplaces
16. ☐ Observed indications of conditions unrelated to earthquake that require further investigation, specify.

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1E Attic Inspection Checklist

Note: In the absence of conspicuous visible external damage, earthquake-induced damage in attics is unlikely. In addition, there are hazards associated with entry into attics, especially those with tight access. Accordingly, in the absence of external visible damage, entering attics for post-earthquake inspection is not recommended. If an attic inspection is conducted, it should be performed by an individual qualified by training and experience. Where description is called for on the following checklist, attach additional pages of notes and photographs keyed to appropriate checklist item (e.g., 8d).

Due to safety concerns associated with entry into a confined space, inspection of these areas may require the presence of a second individual. Inspectors should be equipped with appropriate personal protective equipment and be knowledgeable of appropriate safety precautions. Safety precautions for attic inspections are provided in Appendix 1F.

Reduced scale images of the two-page CUREE Form EDA-F4 follow.

Attic Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

A. GENERAL CONDITIONS

1. Property address: _____
 City: _____ State: _____ Zip: _____
2. Property Owner's Name: _____
3. Date of inspection: _____
4. Inspector's Name: _____

B. OBSERVATIONS

5. Extent of attic (✓ check one)

- ☐ Full
☐ Partial
☐ Partitioned ¹
☐ Portions inaccessible
☐ Other, describe _____

¹ A partitioned attic has two or more areas that are not interconnected and must be accessed from multiple entry locations.

6. Access location(s) _____

7. Attic framing

- ☐ Conventional field framed
☐ Metal plate connected trusses
☐ Other, describe _____

8. Roof sheathing

- ☐ Spaced board sheathing
☐ Board sheathing
☐ Plywood or oriented strand board (OSB) sheathing
☐ Plywood or OSB sheathing over spaced sheathing

9. Framing: (if yes, provide description and photos)

	YES	NO	N/A
• Damage to top and bottom connections of diagonal braces between ridge board and ceiling framing or failing of braces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Separation of framing at ridge board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fresh fractures in framing members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Attic Inspection Checklist

Where description is indicated, attach additional pages of notes and photographs keyed to appropriate checklist item.

B. OBSERVATIONS (continued)

	YES	NO	N/A
10. Chimney(s): (if yes, provide description and photos)			
• Masonry			
• Visible cracks or offsets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Damage to framing adjacent to chimney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Damage to framing where metal tie straps from masonry to framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Metal Flue			
• Open or offset joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Plumbing: (if yes, provide description and photos)	YES	NO	N/A
• Broken pipe or joint separations in sewer vent piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Forced air heating / cooling ductwork: (if yes, provide description and photos)	YES	NO	N/A
• Crushed ductwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Separated joints in ductwork or appliance flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Presence of asbestos insulation or joint taping on ductwork or appliance flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Damage to asbestos insulation or joint taping on ductwork or appliance flues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Shifted or disconnected furnaces or fan coil units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Other abnormal conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. CONCLUSIONS

13. Conclusions: (✓ check all that apply)

☐ No evidence of earthquake-induced damage observed in attic.

☐ Observed nonstructural or structurally insignificant conditions that may be earthquake induced and require repair, specify:

☐ Observed indications of potentially structurally significant earthquake damage that requires an inspection by a technical consultant:

☐ Impact damage to roof framing from fallen chimney
☐ Framing damage adjacent to the chimney
☐ Buckling or fracture of diagonal braces supporting the ridge board or damage to end connections
☐ Separation between roof framing and an adjacent wall
☐ Fresh separations of framed connections

☐ Observed indications of conditions unrelated to earthquake that require further investigation, specify:

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1F Attic and Crawlspace Inspection Safety

- Never enter an attic or crawlspace without informing another individual of your entry and the approximate time you intend to be in the attic or crawlspace.
- Always use appropriate personal protective equipment. Gloves, tight-fitting disposable facemask, and coveralls are the minimum. Kneepads and elbow pads are desirable accessories for crawlspace inspections.
- Be aware of potential biological hazards including human or animal waste, pesticides, rodents, reptiles, or insects.
- Beware of and avoid electrical wiring that is loose or exposed.
- Beware of and avoid exposed nails.
- Do not enter crawlspaces, or portions thereof, contaminated with sewage.
- Safe maneuvering in attic spaces requires both hands to be unencumbered. Use a headlamp for lighting. Carry a compact camera on a neck strap or secured in a pocket.
- When moving in an attic, always maintain three points of contact (both feet and one hand or one foot and two hands). Verify that there is solid support before stepping. Step only on 2x or heavier framing – avoid stepping on 1x ties and braces. Never step on insulation or gypsum wallboard.