COUNTY,

STRUCTURAL SAFETY INSPECTION REPORT FORM

| Inspection Firm or Individual Name: | | | | | |
|--|--|-----------------------|----------------|--|--|
| Inspection Firm or Individual Name: | | | | | |
| Address: | | | OF RULES IND | | |
| Telephone Number: | | | | | |
| Inspection Commenced Date: | nspection Commenced Date: Inspection Completed Date: | | | | |
| No Repairs Required Repairs are Re | equired as Outline | d in the Attached Ins | pection Report | | |
| Florida Licensed Professional: Engineer | A | chitect | | | |
| Name: | | | | | |
| License Number: | | | | | |
| Threshold Building – Certified Special Inspector Yes | | | | | |
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| | | L | Seal | | |
| I am qualified to practice in the discipline in which I am hereby | y signing, | | | | |
| Signature: | Date: | | | | |
| Board of Rules and Appeals Policy #05-05. To the best of my knowl | 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. | | | | |
| 1. DESCRIPTION OF STRUCTURE | | | | | |
| a. Name on Title: | | | | | |
| b. Street Address: | | | | | |
| | | | | | |
| c. Legal Description: | | | | | |
| c. Legal Description:d. Owner's Name: | | | | | |
| | | | | | |
| d. Owner's Name: | Contac | t Number: | | | |
| d. Owner's Name:e. Owner's Mailing Address: | Contac | t Number: | | | |
| d. Owner's Name: e. Owner's Mailing Address: f. Email Address: | Contac | t Number: | | | |
| d. Owner's Name: e. Owner's Mailing Address: f. Email Address: g. Folio Number of Property on which building is located: | Contac | t Number: | | | |
| d. Owner's Name: e. Owner's Mailing Address: f. Email Address: g. Folio Number of Property on which building is located: h. Building Code Occupancy Classification: | Contac | | | | |
| d. Owner's Name: e. Owner's Mailing Address: f. Email Address: g. Folio Number of Property on which building is located: h. Building Code Occupancy Classification: i. Present Use: | | uction: | | | |

| Special Features: |
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| Describe any Additions to the Original Structure: |
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| Additional Comments: |
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| a. General Alignment (Note: Good, Fair, Poor, Explain if Significant): 1. Bulging: Good Fair Poor Significant (Explain): | |
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| 1. Bulging: Good Fair Poor Significant (Explain): | |
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| 2. Settlement: Good Fair Poor Significant (Explain): | |
| 3. Deflections: Good Fair Poor Significant (Explain): | |
| 4. Expansion: Good Fair Poor Significant (Explain): | |
| 5. Contraction: Good Fair Poor Significant (Explain): | |

| b. | Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other): |
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| C. | Surface Conditions – Describe General Conditions of Finishes, (Noting Cracking, Spalling, Peeling, Signs of Moisture Penetration, and Strains): |
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| d | Creake Note the Leastian of Significant Members, Identify grady size as UAIDUNE if barely discorpibles FINE if least then 1mm |
| d. | Cracks – Note the Location of Significant Members. Identify crack size as HAIRLINE if barely discernible; FINE if less than 1mm in width; MEDIUM if between 1mm and 2mm in width; WIDE if over 2mm: |
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| e. | General Extent of Deterioration – Cracking or Spalling Concrete or Masonry, Oxidation of Metals; Rot or Borer Attack in Wood: |
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| f. | Note Previous Patching or Repairs: |
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| g. | Nature of Present Loading Indicate Residential, Commercial, and Other Estimated Magnitude: |
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| 3. INS | PECTIONS |

a. Date of Notice of Required Inspection:

b. Date(s) of Actual Inspection:

| C. | Name and Qualifications of the Individual Preparing Report: |
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| d. | Description of Laboratory or Other Formal Testing, if required, rather than Manual or Visual Procedures: |
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| e. | Structural Repairs: |
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| f. Ca | Has the Property Record been Researched for any Current Code Violations or Unsafe Structure Yes No Ises? |
| Explana | ation/Comments: |
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4. SUPPORTING DATA ATTACHED

- a. Sheets of Written Data:
- b. Photographs:
- c. Drawings or Sketches:
- d. Test Reports:

5. FOUNDATION

a. Describe Building Foundation:

| b. Describe any Cracks or Separation in the Walls, Columns | or Beams that Signal Differential Settlement: |
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| c. Is there Additional Sub-Soil Investigation Required?1. If yes, explain: | Yes No |
| 1. If yes, explain: | |

| 6. MASONRY BEARING WALL – Indicate Good, Fair | or Poor on Appropriate Lines |
|---|------------------------------|
| a. Concrete Masonry Units: | Good Fair Poor |
| b. Clay Tile or Cotta Units: | Good Fair Poor |
| c. Reinforced Concrete Tie Columns: | Good Fair Poor |
| d. Reinforced Concrete Tie Beams: | Good Fair Poor |
| e. Lintel: | Good Fair Poor |
| f. Other Type Bond Beams: | Good Fair Poor |
| g. Masonry Finishes – Exterior: | |
| 1. Stucco: | Good Fair Poor |
| 2. Veneer: | Good Fair Poor |
| 3. Paint Only: | Good Fair Poor |
| 4. Other: | Good Fair Poor |
| 4a. Explain: | |
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| ŀ | h. | Cracks – Describe Beams, Columns, or Others, Including Locations: |
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| i. | | Spalling – Describe Beams, Columns, or Others, Including Locations: |
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| j. | - | Rebar Corrosion – Check Appropriate Line: |
| | | 1. None Visible |
| | | 2. Minor – Patching Will Suffice |
| | | 3. Significant – Patching Will Suffice |
| | | 4. Significant – Structural Repairs Required |
| | | 4a. Describe: |
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| k | k. | Were Samples Chipped Out for Examination in Spalled Areas? |
| | | 1. No |
| | | 2. Yes – Describe Color, Texture, Aggregate, and General Quality: |
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| 7. FLO | OOR AND ROOF SYSTEM |
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| a. | Roof: |
| 1. | Describe the Type and Condition of the Current Roof: |
| 2. | Note Water Tanks, Cooling Towers, Air Conditioning Equipment, Signs, Other Heavy Equipment and Condition of Support: |
| 3. | Note Types of Drains, Scuppers, and Condition: |
| 4. | Describe Parapet Construction and Current Condition: |
| 5. | Describe Mansard Construction and Current Condition: |

| 6. | Describe any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection: |
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| 7. | Note any Expansion Joint and Condition: |
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| b. | Floor System(s): |
| 1. | Describe Type of System Framing, Material, Spans, and Condition: |
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| 2. | Balconies – Indicate Location, Framing System, Material, and Condition: |
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| 3. | Stairs and Escalators – Indicate Location, Framing System, Material, and Condition: |
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| 4. | Ramps – Indicate Location, Framing System, Material, and Condition: |
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- 5. Guardrails Indicate Type, Location, Material and Condition:

 6. Inspection:

 Note: Exposed areas available for inspection and where it was found necessary to open ceilings, etc. for inspection of typical framing members.

 8. STEEL FRAMING SYSTEM
 - a. Full Description of the System:

b. Exposed Steel – Describe the Condition of the Paint and Degree of Corrosion:

c. Steel Connections – Describe Type and Condition:

d. Concrete or Other Fireproofing – Describe any Cracking or Spalling and Note Where any Covering was Removed for Inspection:

| e. | Identify any Steel Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection. Provide Location(s): |
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| f. | Elevator Sheave Beams, Connections, and Machine Floor Beams – Note Column: |
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| 9. COI | NCRETE FRAMING SYSTEM |
| a. | Full Description of the Structural System: |
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| b. | Cracking: |
| D. | |
| 1 | . Significant Not Significant |
| 2 | . Description of Members Affected, Location, and Type of Cracking: |
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| C. | General Condition: |
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| d. Rebar Corrosion – Check Appropriate Line: |
|---|
| 1. None Visible |
| 2. Location and Description of Members Affected and Type Cracking |
| 3. Significant – Patching Will Suffice |
| 4. Significant – Structural Repairs Required (Describe): |
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| |
| e. Were Samples Chipped Out for Examination in Spalled Areas? |
| 1. No |
| 2. Yes – Describe Color, Texture, Aggregate, General Quality: |
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| f. Identify any Concrete Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection. |
| Provide Location(s): |
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| 10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS |
| a. Windows, Storefronts, and Curtainwalls: |
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| b. Structural Glazing on the Exterior Envelope of the Threshold Building: Yes No |
| 1. Previous Inspection Date: |

2. Description of Curtainwall Structural Glazing and Adhesive Sealant:

3. Describe the Condition of System:

c. Exterior Doors:

- 1. Type (Wood, Steel, Aluminum, Sliding Glass Door, Other):
- 2. Anchorage Type and Condition of Fasteners and Latches:

- 3. Sealant Type and Condition of Sealant:
- 4. General Condition:

5. Describe Repairs Needed:

| 11. WOOD FRAMING | |
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| a. | Type – Fully Describe Mill Construction, Light Construction, Major Spans, and Trusses: |
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| b. | Indicate the Condition of the Following: |
| 1. | Walls: |
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| 2. | Floors: |
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| 3. | Roof Member, Roof Trusses: |
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| C. | Note Metal Fitting (i.e., Angles, Plates, Bolts, Splint Pintles, Other and Note Condition): |
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| d. | Joints – Note if Well Fitted and Still Closed: |
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e. Drainage – Note Accumulations of Moisture:

f. Ventilation – Note any Concealed Spaces not Ventilated:

g. Note any Concealed Spaces Opened for Inspection:

h. Identify any Wood Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

12. BUILDING FAÇADE INSPECTION (Threshold Building)

a. Identify and Describe the Exterior Walls and Appurtenances on All Sides of the Building (Cladding Type, Corbels, Precast Appliques, etc.):

b. Identify the Attachment Type of each Appurtenance Type (Mechanically Attached or Adhered):

c. Indicate the Condition of each Appurtenance (Distress, Settlement, Splitting, Bulging, Cracking, Loosening of Metal Anchors and Supports, Water Entry, Movement of Lintel or Shelf Angles, or Other Defects):

13. SPECIAL OR UNUSUAL FEATURES IN THE BUILDING

a. Identify and Describe any Special or Unusual Features (i.e., Cable Suspended Structure, Tensile Fabric Roof, Large Sculpture, Chimney, Porte-Cochere, Retaining Wall, Seawall, etc.):

b. Indicate the Condition of Special Feature, its Supports, and Connections: