

**Building Marking**

**Vacant/Abandoned Building Evaluation Form**

**DRAFT**

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.

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

**Sandusky Fire Department**

600 W. Market Street  
Sandusky, Ohio 44870



**DRAFT**

**Fire Potential**

**Fuel Packages** (Fuel Load)

**Quantity**  Numerous  Moderate  Limited

**Distribution**  Concentrated  Spread out

**Housekeeping**  Good  Poor

**Interior Finish**  Combustible  Non-combustible  Mixed (Describe)

**Room Size**  Large  Moderate  Small

**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)

Potential for a Multi-Room fire on arrival of first due company

Potential for structural collapse early in the fire development

Potential for fire fighters to become lost or trapped during operations

**Narrative:**

Inspected by: \_\_\_\_\_

Posting Authorized by: \_\_\_\_\_

Data Entered by: \_\_\_\_\_

IAAI/USFA Rev 13.3

**Sandusky Fire Department**

600 W. Market Street  
Sandusky, Ohio 44870

