Building Assessment Team (BAT) REPORT

Building Name: _____

Location Info (Address, Intersection, Part of Bldg., or Room#): _____

BAT Inspector (Name): _____ Date: _____ Time: _____ AM/ PM

DOC: _____ Phone: _____ Fax: _____

SECTION 1: Completed By Building Assessment Team (BAT) *return form to local DOC ASAP*

A. PRELIMINARY BUILDING ASSESSMENT REPORT	**YES**	**NO**
1. Collapse, partial collapse or building off foundation	☐	☐
2. Building, or a story, noticeably leaning	☐	☐
3. Obvious severe damage/distress	☐	☐
4. Chimney, parapet, or other falling hazard	☐	☐
5. Severe ground or slope movement present	☐	☐
6. Severe window glass breakage or 'X' building cracks between windows (>60% in a story)	☐	☐
7. Any visible indication of a fire/smoke **(Call 9-911 to report a fire)**	☐	☐
8. Any visible indication of a hazardous materials release **(Call 725-9999 to report Hazardous Materials)**	☐	☐

B. SIGNAGE (Check ***Closed*** on sign and post on every building entrance if the answer = "Yes" to ***any*** of the previous conditions)

How is the building posted? ☐ **Closed** ☐ **Caution**

NOTE: Official Building Status (Open/Closed/Limited Entry) will be determined & authorized by the University EOC

C. OPERATIONAL CONDITIONS/Utilities	**ON/OK**	**OFF/NOT OK**	**UNKNOWN**	**SHUT OFF?**	**OTHER (Explain Below*)**
1. Power/Generator	☐	☐	☐	☐	☐
2. Water	☐	☐	☐	☐	☐
3. Gas	☐	☐	☐	☐	☐
4. Communications (Phone/Network)	☐	☐	☐	☐	☐
5. Ventilation	☐	☐	☐	☐	☐

D. OPERATIONAL CONDITIONS/Hazards	**NO**	**YES**	**UNKNOWN**		
6. Fire/Smoke	☐	☐	☐		☐
7. Gas Leak/Smell of Gas	☐	☐	☐		☐
8. Hazardous Materials Spill	☐	☐	☐		☐
9. Flooding	☐	☐	☐		☐
10. Interior Debris	☐	☐	☐		

*** Add notes or sketches here to provide more information**

SECTION 2: Completed by DOC (send copy to EOC & LBRE DOC ASAP) ***Priority****: CIRCLE ONE of the below*

Report Rec'd By: _____ Date: _____ Time: _____ HIGH MEDIUM LOW

SECTION 3: Completed by LBRE DOC ***Priority****: CIRCLE ONE of the below*

Report Rec'd By: _____ Date: _____ Time: _____ HIGH MEDIUM LOW