

# STATE OF CALIFORNIA SAFETY ASSESSMENT PROGRAM BRIDGE

Facility Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Co-City-Vic \_\_\_\_\_  
 Mo/Day/Yr \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_\_  
use 24 hr.  
 Type of Disaster \_\_\_\_\_

SAP ID Nos. \_\_\_\_\_  
 Other Reports \_\_\_\_\_  
 No. Photos \_\_\_\_\_ No. Sketches \_\_\_\_\_  
 Ref. Dwgs. \_\_\_\_\_  
 Est. Damage % \_\_\_\_\_  
 Facility Status

**SAFETY INSTRUCTIONS:** The possibility of toxic gases in confined spaces or of fuel leaks should be recognized as a potential hazard.

**CAUTION:** The primary purpose of the report is to advise of the condition of the facility for immediate continued use/occupancy. REINSPECTION OF THE FACILITY IS RECOMMENDED. AFTERSHOCKS MAY CAUSE DAMAGE THAT REQUIRES REINSPECTION. The conclusions reached by engineers who re-examine the facility later should take precedence. The assessment team will not render further advice in the event of conflict of engineering recommendations.

**A. CONDITION:**

Existing: None  Recommended: Green  Posted at this assessment: Yes   
 Green  Yellow  No   
 Yellow  Red   
 Red

**B. RECOMMENDATIONS**

Monitor \_\_\_\_\_  Use for emergency vehicles \_\_\_\_\_   
 Use for public transportation \_\_\_\_\_  Close to truck traffic \_\_\_\_\_   
 Use for pedestrians \_\_\_\_\_  Use for private passenger vehicles only \_\_\_\_\_   
 Use for two-way traffic \_\_\_\_\_  Use for one-way traffic \_\_\_\_\_   
 Use off-site detour \_\_\_\_\_  Use for on-site detour \_\_\_\_\_   
 Use underpass only \_\_\_\_\_  Use overpass only \_\_\_\_\_   
 Barricade \_\_\_\_\_  Shore and brace \_\_\_\_\_

**C. COMMENTS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. BRIDGE DESCRIPTION**

1. <u>Type</u>	MATERIAL					3. <u>Internal support</u>				Height (ft)
	Concrete Prestr.	Steel Reinf.	Composite	Timber			Number of spans One Two No.			
Arch	<input type="checkbox"/>	Bents (frames)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				
Box	<input type="checkbox"/>	Columns	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				
Cantilever	<input type="checkbox"/>	Piers	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____				
Girder	<input type="checkbox"/>									
Slab	<input type="checkbox"/>	4. <u>Abutments</u>	High _____		ft.					
Suspension	<input type="checkbox"/>		Low _____		ft.					
Truss	<input type="checkbox"/>									
Other	<input type="checkbox"/>	5. <u>Road Dimensions</u>	Length _____		ft.					
							Curb to curb _____		ft	
							Walks _____		ft	

2. Foundation: Caisson  Pile  Spread footings

**DAMAGE OBSERVED (D.O.)**

Damage Scale:	0 None (0%)	1 Slight (1-10%)	2-3-4 Moderate (11 - 40%)	5 Severe (41 - 60%)	6 Total (over 60%)	NA Not Applicable	NO Not Observed
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**E. FOUNDATION**

D.O.

\_\_\_\_\_ Earth movements/gaps

Piles at:

\_\_\_\_\_ a) abutments

\_\_\_\_\_ b) Piers

Spread footings at:

\_\_\_\_\_ a) Abutments

\_\_\_\_\_ b) Piers

**F. ABUTMENTS**

\_\_\_\_\_ Disturbance or erosion

\_\_\_\_\_ Wall movement (\_\_\_\_\_in)

\_\_\_\_\_ Backfill settlement (\_\_\_\_\_in)

**G. WINGWALLS**

\_\_\_\_\_ Damage

Movement

Separation

**H. APPROACHES**

D.O.

\_\_\_\_\_ Damage

Operational

Roadway settled (\_\_\_\_\_in)

Off bridge seat

**I. BEARINGS**

\_\_\_\_\_ Integral

\_\_\_\_\_ Contact

\_\_\_\_\_ Rocker

\_\_\_\_\_ Elastomeric Pad

**J. INTERMEDIATE SUPPORTS**

\_\_\_\_\_ Settlement

\_\_\_\_\_ Damage

Near top

Near bottom

Near middle

Moment failure

Shear failure

Compression failure

Support lost

**K. SUPERSTRUCTURE**

D.O.

\_\_\_\_\_ Girder

Shear cracks

Moment cracks

\_\_\_\_\_ Deck

Long. joints enlarged

Expansion joints

\_\_\_\_\_ Truss

Upper chord

Lower chord

Diagonals

\_\_\_\_\_ Suspenders

**L. GEOTECHNICAL**

\_\_\_\_\_ Liquefaction

\_\_\_\_\_ Landslide

\_\_\_\_\_ Faulting

\_\_\_\_\_ Other

**REMARKS** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_