STATE OF CALIFORNIA
SAFETY ASSESSMENT PROGRAM
ROAD/HIGHWAY

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 O Green O Yellow O Red O

Recommended: Green O Yellow O Red O

Posted at this assessment: Yes O No O

Existing barricades in position O

B. RECOMMENDATIONS

Monitor_____ O

Ok for public transportation_____ O

Ok for pedestrians_____ O

Ok for two-way traffic_____ O

Use detour(s)_____ O

Ok for emergency vehicles_____ O

Ok for private vehicles_____ O

Ok for one-way traffic_____ O

Install barricades_____ O

Aftershocks potentially dangerous to traffic_ O

Traffic in danger due to adjacent unstable/unsound structure_____O

C. COMMENTS _____

_____

_____

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

D. ROADBED

D.O.		Location	Extent
_____	Fills	_____	_____
_____	Cuts	_____	_____
_____	Subgrade	_____	_____
_____	Slip-outs	_____	_____
_____	Slides	_____	_____
_____	Washouts		

E. PAVEMENTS

D.O.

_____ Longitudinal cracks

_____ Transverse cracks

_____ Vertical displacement

Amount _____

Side up (N, S, E, W) _____

Pavement type: o AC o PCC o Other

Describe _____

F. TRAFFIC CONTROL FACILITIES

D.O.

_____ Condition

o Operating

o Critical regulatory signs standing

Exceptions and conditions: _____

_____

_____

_____

G. UTILITIES

D.O.

_____ Drainage

_____ Gas lines

_____ Petroleum lines

_____ Underground power lines

_____ Aboveground power lines

_____ Sewers

_____ Water lines

_____ Other _____

H. OBSTRUCTION/HAZARDS

D.O.

_____ Bridges

_____ Buildings/structures

_____ Debris

_____ Joint poles

_____ Mud

_____ Power lines

_____ Rocks

_____ Trees

_____ Water

_____ Other _____

I. REMARKS _____

_____

_____

_____

_____

_____

_____

_____