

SDE Non-Residential Worksheet

Inspector Name _____

Inspection # _____

Photo # _____

Date _____

PROPERTY LOCATION

Latitude: _____

Longitude: _____

Street Address _____

City, State, Zip _____

County _____

STRUCTURE ATTRIBUTES

Story:

- One
- Two thru Four
- Five or more

Structure Use : _____

Description: Apartments, Courthouse, Dept. Store, High School, Hospital, Industrial, Long-Term Care Facility, Motel, Municipal Building, Office Building or Police Station.

Sprinkler System: Yes No

Conveyance (Elevator/Escalator): Yes No

Quality: Low Budget Average Good Excellent

Year of Construction: _____

Date Damage Occurred: ___/___/___

- Cause of Damage:
- Fire
 - Flood
 - Flood and Wind
 - Seismic
 - Wind
 - Other

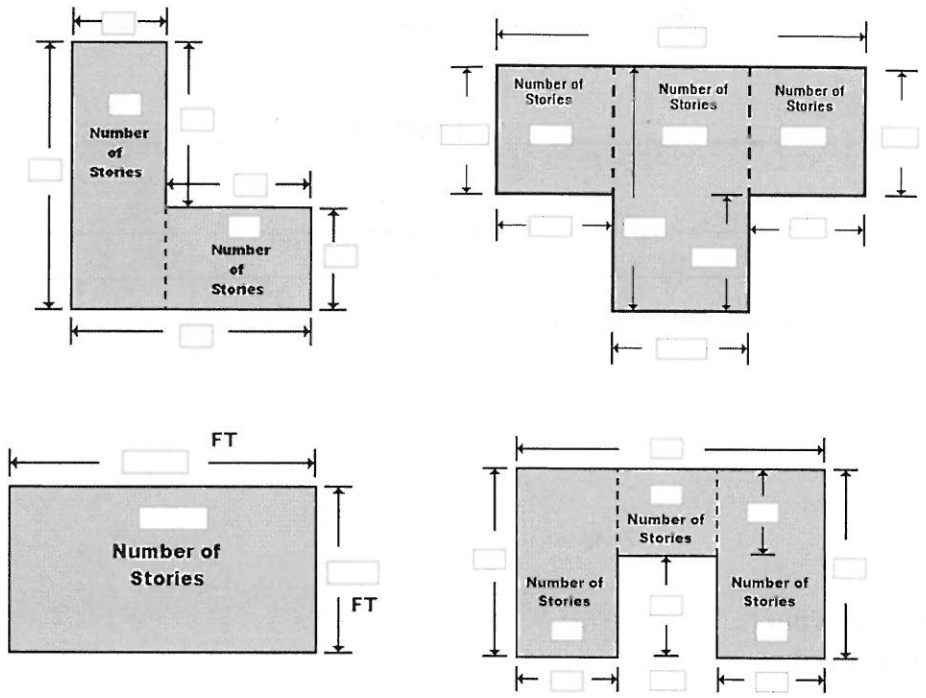
Duration of Flood: _____ Hours
 Days

Depth of Flood Above Ground: _____

Depth of Flood Above 1st Floor: _____

No Physical Damage

DIAGRAM w/ MEASUREMENTS and NUMBER OF STORIES:



ELEMENT PERCENTAGES

Foundation	_____ %	Plumbing	_____ %
Superstructure	_____ %	Electrical	_____ %
Roof Covering	_____ %	HVAC	_____ %
Interiors	_____ %		

MISC NOTES: