



ACCELEROGRAPHS FOR BUILDINGS, DAMS, BRIDGES, BUILDING MONITORING

BUILDING ASSESSMENT FORM

DATE : _____

CONTACT PERSON : _____

DESIGNATION : _____

NAME OF PROJECT : _____

SITE LOCATION: _____

DEVELOPER : _____

OFFICE ADDRESS _____

OFFICE TEL. NO. _____

FAX NO. : _____ CEL. NO. _____

EMAIL ADDRESS : _____

PLEASE CHECK :

BUILDING : EXISTING YEARS UNDER CONST. %

TOTAL HEIGHT OF BUILDING INCLUDING BASEMENT. _____

<input type="checkbox"/>	BASEMENT	<input type="checkbox"/>	PODIUM	<input type="checkbox"/>	FLOORS	TOTAL: _____
<input type="checkbox"/>	Commercial	<input type="checkbox"/>	Residential	<input type="checkbox"/>	Mixed Used	

Are these plans available?

FLOOR PLANS : FLOOR BELOW ROOF, , _____

MID FLOOR OF BUILDING _____

LOWEST MOST BASEMENT OR GROUND _____

STRUCTURAL FRAMING : _____

AUX RISER : _____

EE. ROOM : TOP MID BASEMENT _____

Are there still vacant pipe chases that we can use ? _____

Are there available spare breaker provisions for our power supply needs on top, mid, and basement portion connected to the emergency power of the building? (GPS and Accelerograph locations) _____

Can we connect the local area network for every sensor Location? _____

I hereby certify that the information provided herein to Sumometrics is to the best of my knowledge.

B.A.F. filled by : _____

Signature over printed name _____

Designation : _____