



US&R CRANE USE FORM

1. Prepared By: _____

2. Date: _____

3. Time _____

Situation Name: _____

Date and Time of Lift: _____

Rigging Task: _____

Task Force Name: _____

Weather Conditions: _____

Task Force Leader: _____

Load Description: _____

Crane Operator: _____

Load Weight: _____

Crane Make & Model: _____

Block Weight: _____

Crane Serial No.: _____

Rigging Weight: _____

Boom Length: _____

Jib Weight: _____

Jib Length: _____

Jib Ball Weight: _____

Jib Position: Stowed Retracted Offset at _____

Hoist Line Weight: _____

Size of Counterweights Installed: _____

Other Weight: _____

Total Weight: _____

Front Outrigger Intalled: Yes No
 Crawlers Outriggers Tires

Lift will be On: On Main Block On Jib

Setup On: Extended Retracted Other

Max. Intended Working Radius

Boom Angle:

Rated Capacity:

Percent of Capacity:

(Total Load / Rated Capacity)

Over Rear: _____

Over Rear: _____

Over Rear: _____

Over Rear: _____

Over Side: _____

Over Side: _____

Over Side: _____

Over Side: _____

Over Front: _____

Over Front: _____

Over Front: _____

Over Front: _____

SKETCH:

Grid area for sketching the crane setup.



GENERAL STRUCTURE DATA

1. Incident Name

2. Date

3. Time

4. Operational Area

5. Operational Period

6. Roads/Bridges/Infrastructures (General)

7. Obstructions/Hazards (General)

8. Structures (Type/Construction/Conditions/Damage)

9. Search & Assessment Summary	Quantity Cleared (#)	Minor Damage (# or %)	Severe Damage (# or %)	Destroyed (# or %)	Quantity Searched (#)
Totals					
Grid / Coordinates					
Grid / Coordinates					
Grid / Coordinates					
Grid / Coordinates					
Grid / Coordinates					
Grid / Coordinates					

10. Comments

11. Prepared by (Field STS)

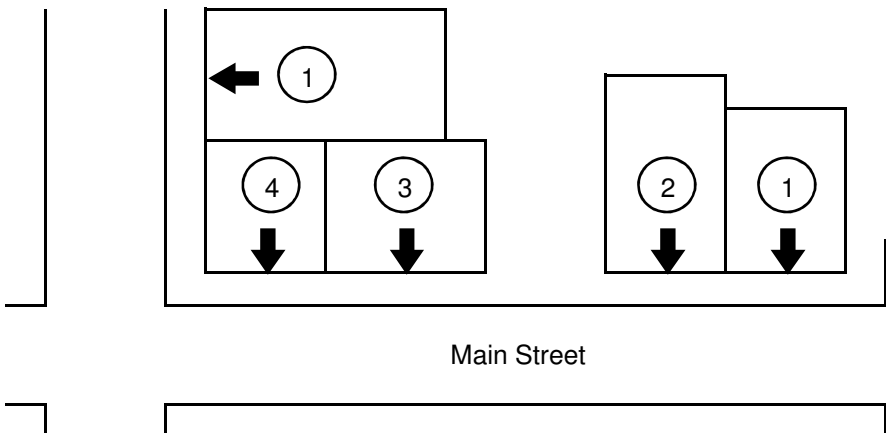
12. Approved by (IST STS)



HAZARDOUS STRUCTURE LISTING

1. By:	2. Date	3. Time
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Property Information: GPS Coordinates <or> [Address / Lot / Name / Identifier]: _____ _____	Hazard Information: <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Falling Debris</td> <td style="width: 33%;">Tanks / Cylinders</td> <td style="width: 33%;">Other</td> </tr> <tr> <td>Collapse</td> <td>Gas Service</td> <td>Power/Generator</td> </tr> </table>	Falling Debris	Tanks / Cylinders	Other	Collapse	Gas Service	Power/Generator
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- NOTES:**
- Survey is by building, not by suite
 - Survey of building perimeter (interior when possible)
 - Survey is intended to identify life safety hazards



INCIDENT OBJECTIVES

1. Incident Name

2. Date

3. Time

4. Operational Period

5. General Control Objectives for the Incident (include alternatives)

6. Weather Forecast for Period

7. General Safety Message

8

Attachments (mark if attached)

Situation Report

Structure Triage - TRI-2

General Structure Data

USAR Structure-Hazard Form - HAZ-1

Initial Recon

USAR Structure-Hazard Form - HAZ-2

Hazardous Structure Listing

USAR Structure-Hazard Check List - HAZ-3

Structure Triage - TRI-1

USAR Crane use Form - CUI

9. Prepared by (Field SFS)

10. Approved by (IST SFS)



INITIAL RECON

1. Incident Name

2. Date

3. Time

4. Operational Area

5. General Control Objectives for the Incident (include alternatives)

6. Method of Recon

SKETCH:

Recon Legend

Conditions

- ① Washed Out Road
- ② Washed Out Bridge
- ③ Collapsed Bridge
- ④ Shore Line Erosion

Assessments

- ⑤ High Rise Damaged
- ⑥ High Rise Collapsed
- ⑦ Low Rise Damaged
- ⑧ Low Rise Collapsed

Observations

- ⑨ Resident Activity
- ⑩ Local Emeg Activity
- ⑪ ESF Activity
- ⑫ No Activity

Other

- ⑬
- ⑭
- ⑮

7. Comments

8. Prepared by (Field StS / IST StS)

9. Approved by (Incident Commander)



SITUATION REPORT

1. Incident Name

2. Date

3. Time

4. Operational Period

5. Current Situations

6. Critical Issues

7. Accomplishments

8. Resources Assigned

9. Planned Activities (next 24-72 hours)

10. Additional Information

11. Prepared by (IST S/S)

12. Approved by (Incident Commander)



US&R STRUCTURE / HAZARDS CHECK LIST

1. By:

2. Date:

3. Time

STRUCTURE DESCRIPTION:

Bldg ID: _____

No. Stories:

No. Basements:

TYPE OF COLLAPSE:

Pancake

Soft 1st Floor

Wall Failure

Torsion

Middle Story

Overturn

Other:

From a SAFE Distance. CHECK:

- Alignment of Structure's Corners & Faces
- Alignment of Structure's Floors
- Condition of Openings
- Condition of Facing or Projecting Elements
- Presence of Precast Conc Facing or Brick/Stone Veneer
- Presence of other FALLING HAZARDS
- Presence of Rooftop Equipment, Towers, etc
- Presence of Distinctive Elements, Additions, Stairwells
- Any Alternative Energy Source - Generator, Solar Elec
- Presence of Tanks w/ Explosive/Corrosive Material

Walk around Structure and CHECK:

- Continuity of Vertical Load Path
- Continuity of Lateral Load Path
- Alignment & Condition of all Wall Piers
- Condition of Foundation & Adjacent Ground
- Presence of Flowing Liquids
- I.D. Areas of Structure to be avoided
- I.D. Sections with potential for Brittle Failure
- I.D. Most PROBABLE Collapse Mode
- I.D. All Exterior FALLING HAZARDS
- I.D. All Ingress and Egress Locations

If you choose to enter the Structure:

- Make sure that at least one other Team Member remains outside and you maintain radio contact
- Notify TFL you are entering structure - Which Side
- Leave Easily Visible Trail as you explore interior **
- Check Each Closed Dorr for heat PRIOR to OPENING
- Inspect Ground Floor Level Before moving Upward
- Check Main Columns and Shear Walls-Cracks, Spalling
- Check Min Beam to Column Connections
- Check Stair wells for Damage and Access
- Check Condition of Floor System
- I.D. All Interior Collapse Hazards
- I.D. All Interior Falling Hazards
- Locate Safe Havans and Escape Routes
- Report all Data to Outside Person before continuing
- Proceed Up/Down Only if Can Maintain Radio Contact
- Proceed to Upper Stories, Check each before Proceeding
- Proceed to Basement and Check Structure & Foundation

NOTES:

1. ** Suggestions for Visable Trail are: Light Sticks, Paint Arrows on floor, Electronic Relay Devices



**US&R STRUCTURE / HAZARDS
EVALUATION FORM**

1. By:

2. Date:

3. Time

SKETCH:

A large rectangular area filled with a grid of small dots, intended for sketching or drawing.



US&R STRUCTURE / HAZARDS EVALUATION FORM

1. By:

2. Date:

3. Time

STRUCTURE DESCRIPTION:

Bldg ID: _____

No. Stories: _____

No. Basements: _____

BUILDING MARKING:



Date/Time of Evaluation: _____

Date/Time of Catastrophe: _____

MATERIALS:

Wood Concrete Steel URM PC Concrete

Other: _____

TYPE OF COLLAPSE:

Pancake Soft 1st Floor Wall Failure
Torsion Middle Story Overturn

Other: _____

FRAMING SYSTEM:

Shearwall Moment Frame Braced Frame

Other: _____

LOCATION OF VOIDS:

Between Floors Basement Shafts

Other: _____

OCCUPANCY:

Hospital Police Station Fire Station
Emergency Operations Center Office Building School
Public Assembly Industrial Hotel
Apartment Retail Store Other: _____

DESCRIPTION OF UNSAFE AREAS & HAZARDS:

VICTIM & OTHER INFORMATION:

LOCATION OF BEST ACCESS & SAR STRATEGY:

SKETCH:

Grid area for sketching.

