

West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office High Street, Greymouth 7840 Telephone 03 769-7400 Fax 03 769-7791

11 January 2019



RE Official information request WCDHB 9256

We refer to your email dated 28 November 2018 to Ministry of Health requesting the following information under the Official Information Act. I note that the Ministry of Health subsequently partially transferred this request (i.e. questions 1 and 3) to West Coast DHB on 6th December 2018.

1. Any District Health Board Seismic Report's for 2018

We have not obtained any seismic reports for 2018. We attach rapid assessments for the buildings at Buller, Grey and Reefton Hospitals that were obtained in 2016. The accompanying commentary from the structural engineer was "I didn't see anything of concern structurally and there was no obvious structural damage observed".

3. Any information related to non-structural seismic restraints provided by DHBs We have not obtained any specific reports related to non-structural seismic restraints

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the West Coast DHB website after your receipt of this response.

Yours sincerely

Ralph La Salle Acting Executive Director Planning, Funding & Decision Support



23 November 2016

Opus International Consultants Ltd

P +64 3 769 9330

Greymouth Office 23 High Street PO Box 365, Greymouth 7840 New Zealand

Craig Shaw Maintenance Manager West Coast District Health Board P O Box 387 Greymouth

Ref: 6-WWESE.10

Property inspected – Buller Hospital Buildings (various)

Dear Craig,

This report confirms the verbal advice provided to you on 23 November 2016 in relation to the rapid structural assessments Opus undertook of the Buller Hospital Buildings listed below (on Tuesday 22 November 2016) following the M7.8 earthquake which occurred on 14 November 2016:

- Boiler House Building,
- Physiotherapy Building,
- Physiotherapy / Mental Health Link Building,
- Mental Health and East / West Wing Office Building,
- Redundant Kitchen / Cafeteria Building,
- Clinical Services Building,
- Foote Ward Building,
- Kitchen Building,
- Radiology Building,
- Dunsford Ward and Café Building,
- Linen Store,
- Electrical Substation Building,
- Mortuary Building.

The scope of our rapid structural assessments comprised of a brief visual inspection of the Buildings to ascertain the level of damage sustained to the primary structure and a brief external visual inspection of the neighbouring buildings and structures which we reasonably believe may impact the seismic performance of the Building. The scope of our inspection is further detailed in the Earthquake Rapid Assessment Forms, which are attached to this letter.

Inspection Summary

In summary, our inspections noted the following observed damage:

• Negligible damage noted to buildings. Some cracking may have anecdotally worsened but generally no evidence of new damage to building.

Unless noted otherwise on the Earthquake Rapid Assessment Forms, we have not inspected any non-structural hazards.

Based on our inspections, it is our assessment that the Building's seismic performance has not been significantly affected. The Buildings listed may therefore be occupied on the same basis as prior to the Earthquake. However, if you become aware of any changes in seismic performance of the neighbouring buildings or structures, please contact us immediately as the change may impact this assessment. In addition, aftershocks may cause more damage that may change this assessment and warrant further inspection of the building and/or neighbouring buildings or structures.

Although it is our assessment that the seismic performance of the buildings listed has not been significantly affected, if you are aware that a Building was Earthquake Prone or is subject to strengthening requirements, we recommend that you review the strengthening actions to ensure that they are still fit for purpose.

Do not hesitate to contact me if you require any further assistance.

Regards

Jason Davidson, Senior Structural Engineer, CPEng 229742

Encl.: Earthquake Rapid Assessment Forms



SSESSMENT			Fields with asterisks (*)	are mandatory, o	thers are opt
Assessor Name*	TASON OF	TOSON Authority*	WCDHB		
Assessment Date*	1 1 Day Month	Assessment Time*	Hour Minute (to nearest half hour)	АМ ВО	РМ
ILDING IDENT	IFICATION				
Unit / Number*	BOILERHO I NESTPORT				
GPS (Degree with 5 dec	simals after comma) Sout	h 💷 , 💷	East		
Other ID or access	TONYLOB	EL75	ken A ONO B OYes	Photo ID.	
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TERNAL RISK	S				
TERNAL RISK Potential Cause*				A Yes	в No
Potential Cause*	S jacent buildings. Adjacent buildir	ng ID or address:		A Yes	в No

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If required add sketch on separate page showing extent and nature of the external risk factors.

3 Land instability below

				Damag	e	-				Damag	е	
		N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
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3 Other:		0	0	Ø	0	0	13 Ceilings, light fixtures	0	A B C A B C O O O O O O <td>0</td>	0		
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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

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f required add a sketch on a separate sheet of paper showing building damage, access restrictions or cordoning areas. Identify the building on the		, ,		541								12.0	
ketch and staple the sheet to this assessment form.	Sketch included on separa	ate pag	ne? ()	Yes	No								



SSESSMENT			Fields with asterisks (*)	are mandatory. o	thers are optional.
Assessor Name* Assessor ID*	ASONO	AVZØSON Authority*	NCOHB		
Assessment Date*	ZZIII6 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)	AM BO	PM
UILDING IDENTI	FICATION				
Building Name 🛛 🤌	HYSIOT	HELAPY/N	NENTAL H	EALT	HLIN
Unit / Number*					
Street*					
City/Town*	ESTPOR	7			
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UILDING DESCR Dimensions Storeys above ground	Constr. Age A <1935 B 1935-1976	A Complex residential B School	Day Month Year Structure Type A Timber frame B Steel frame	Cladding A Brick ven B Concrete C Steel D Glass	panels
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If required add sketch on separate page showing extent and nature of the external risk factors.

3 Land instability below

Sketch included on separate page? OYes

No

		1.	Damag	e					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard [*]	N/A	A	В	с	D	Non-structural Hazards*	N/A	A	В	С	D
Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0	0	0
Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	S	0	0
Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	S	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	0	Ø	0	0
Foundations	0	0	S	0	0	15 Access/egress (elevators, stairs, exits)	0	0	Ø	0	0
Roofs, floors	0	0	S	0	0	16 Significant fire saftey concerns	0	0	S	0	0
Gravity systems (columns, beams, etc)	0	0	Ø	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	S	0	0	0	0
Lateral systems (walls, frames, braces)	0	0	S	0	0	18 Other:	0	0	0	0	0
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Assessor ID*			NCOHB		
		Authonity			
Assessment Date*	2 2 1 1 1 6 Day Month Year	Assessment Time'	Hour Minute (to nearest half hour)	АМ В	PM
UILDING IDENT	FICATION				
Building Name	IENTAL,	HEALTH	LEASTW	EST	WIN
Unit / Number*			OF	FICE	BUIL
Street*					
City/Town*	ESTPOR	7			
GPS (Degree with 5 decir	nals after comma) So	uth,	East		
Other ID or access				Photo ID.	
Contact Name	ONY LOU	/ [
Туре	Owner BOTe	enant c Other			
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Access to	o be supe	rvised	A 🔿 Yes	B 🔵 No		Interior	D	Partial	-
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OENTRY P	PROHIBI	TED (Sev	ere dama	ge to building)					
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Complex Residential and all Non-Residential Buildings Level 2

SSESSMEN			Fields with asterisks (*)	are mandatory, o	thers are option
Assessor Nam	e* JASON 0	AVIOSON			
Assessor ID*			WLOHB		
Assessment D	Date [*] 221116 Day Month Year	Assessment Time*		AM BO	РМ
UILDING ID	ENTIFICATION				
Building Name	REOUNDA	NTKITCH	IEN/CAFE	TERI	4
Unit / Number*			/		
Street*					
City/Town*	WESTPOR	T			
GPS (Degree with	5 decimals after comma) So	outh 🗖 📃 ,	East	,	
Other ID or acc	ess	Photo ta	ken A ONO B OYes	Photo ID.	
Contact Name	TONY LO	BERTS			
Туре	00-	enant c Other			
	A Owner B O Te				
Phone (with area co	d* Wone W	<u>¥3/2</u> Y1 OR1 Data*	Tea	im ID*	
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If required add sketch on separate page showing extent and nature of the external risk factors.

			Damag	e					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
Overall Hazard*	N/A	A	в	С	D	Non-structural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, ornamentation, chimneys	V	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø,	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	Ø,	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	0	Ø,	0	0
4 Foundations	0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	Ø,	0	0
5 Roofs, floors	0	0	Ø,	0	0	16 Significant fire saftey concerns	0	,0	\checkmark	0	0
6 Gravity systems (columns, beams, etc)	0	0	0	0	0	17 Utilities (e.g. gas, electricitγ, waste water, plumbing)	Ø	,0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø,	0	0	18 Other:	Ø	0	0	0	0
B Diaphragms, horizontal bracing	0	0	Ø	0	0	Comments:					
9 Precast connections	0,	0	0	0	0						
10 Other:	0	0	0	0	0						
B2 Geotechnical Engin B3 Other:		d by buildin	g owner:			separate sheet	if require	d)			
MMARY											
Observed Damage	Leve	al 2 Rapi	id Asse	ssment	Outco	me*	(12)	Surve	y Exte	nt*	
Observed Damage Light or no damage		/				me* o known dangers)	12	Surve		nt* Partial	
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EARTHQUAKE RAPID ASSESSMENT FORM - Complex Residential and all Non-Residential Buildings Level 2



Complex Residential and all Non-Residential Buildings Level 2

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Assessor Name*	TASONO	AVIOSON			
Assessor ID*		Authority	NCOHB		
		Additionary			
Assessment Date*	ZZIIII6 Day Month Year	Assessment Time	* 1005 Hour Minute (to nearest half hour)	АМ ВО	РМ
UILDING IDENT	IFICATION	and annual and			
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Unit / Number*					
Street*					
	VESTPOR	T			
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Other ID or access		Photo ta	aken A ONO B OYes	Photo ID.	
Contact Name	TONY RO	BERTS			
		enant cOother			
Phone (with area code) (/	Doto*	Day Month Year Tea	ım ID*	
Existing Placard* 🕑	None OW ON	Y1 OR1 Date*		ım ID*	
Existing Placard* 🕑	None OW ON	Y1 OR1 Date*	Day Month Year		a Type
Existing Placard [*] (*)		Y1 O R1 Y2 O R2 Date*		Cladding	
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If required add sketch on separate page showing extent and nature of the external risk factors.

NA Unknown Minor or Moderate Monor or Moderate Non-Structural Hazards NA A B C D 1 Collapse or partial collapse 0 <th></th> <th></th> <th></th> <th></th> <th>Damag</th> <th>e</th> <th></th> <th></th> <th></th> <th></th> <th>Damag</th> <th>е</th> <th></th>					Damag	e					Damag	е	
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2 Building or storey leaning 2 Building or storey leaning 3 Other 4 Foundations 5 Roor, floore 6 Continues, leaning file starter 7 Made and the starter 8 Continues, leaning file starter 9 Context Start, and the starter 9 Context Starter		Overall Hazard*	N/A	А	в	С	D	Non-structural Hazards*	N/A	A	В	С	D
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3 Other: 0<		2 Building or storey leaning	0	0	S	0	0	12 Cladding, glazing	0	0	0	0	0
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5 Rods, floors 0 <t< td=""><td></td><td>Structural Hazards*</td><td>N/A</td><td>A</td><td>в</td><td>С</td><td>D</td><td>14 Interior walls, partitions</td><td>0</td><td>0</td><td>I I</td><td>0</td><td>0</td></t<>		Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	0	I I	0	0
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testary events Image: Starger St		5 Roofs, floors	0	0	S	0	0		0	0	0	0	0
(weiks, frames, braces) 0 0 18 Other: 0			S	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
B Dispiraginasymption Comments: 9 Precessic connections Comments: 10 Other: Comments: Estimated Damage A None B 0-10% c 11-30% D 31-60% E 61-100% JGGESTED FURTHER ACTIONS Recommended further Assessment* Safety Cordon* Barricades* Urgency of suggested action* A None B Cordon required B Barricades already in place Safety Cordon* A Sandard B Level 2 Rapid Assessment A Whone required B Barricades caulred B Immediate action required B Structural Engineer B Geotachnical Engineer B Barricades required B Immediate action required B Geotachnical Engineer B Gotachnical Engineer B Sandard B Immediate action required			0	0	Ø,	0	0	18 Other:	0	0	0	0	0
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two minor cracks noted in veneer on north reast walls. Most likely pre-existing . Nails (x2) sitting proved of		C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage Assessor Signature* TES	Leve W (2) Y1 () Y2 () R1 () R2 () R2 () R2 () R1 () R	ENTRY F	id Asse USED (FI CTED ACC Without so be supe PROHIBIT	rom asses CESS TO CESS - S supervisi rvised TED (At r TED (Sev 7 7	PART(S) (HORT TE on A Yes isk from ere dama	known dangers) DF THE BUILDING ONLY RM ENTRY ONLY B No external factors) age to building)	2) 9	Exterio Interio		Partial Comple Not acc Partial Comple	essed
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) Assessor Name*	TASOND	AVZOSON			
Assessor ID*			· WCOHB		
Assessorid		Authority			
Assessment Date*	221116 Day Month Year	Assessment Time	* 1015 Hour Minute (to nearest half hour)	АМ В	РМ
UILDING IDENT	IFICATION				
Building Name	FOOTEN	ARD			
Unit / Number*	1				
Street*					
City/Town*	VESTPOR;	T			
GPS (Degree with 5 deci	imals after comma) SO	uth,	East		
Other ID or access		Photo ta	aken A ONO B OYes	Photo ID.	
Contact Name	ONY KOU				
Туре	Owner BOTe	nant cOother		40	
Phone (with area code)	0271224	8312			
Existing Placard* 🕑	None OW OY	Date*	Day Month Year Tea	Im ID*	
	OY	Lioto"		Im ID*	
	OY	Lioto"		1	g Type
UILDING DESCR Dimensions Storeys above ground		2 OR2 Date*	Day Month Year	Im ID*	
UILDING DESCR Dimensions Storeys above ground incl. ground floor	Constr. Age	2 R2 Date Date	Day Month Year Structure Type	Claddin	ieer
Dimensions Storeys above ground incl. ground floor	Constr. Age A <1935 B 1935-1976 C 1977-1984	2 R2 Date Date A Complex residential B School C Commercial/Office	Day Month Year Structure Type A Timber frame	Claddin A Brick ver	ieer
Dimensions Dimensions Storeys above ground incl. ground floor	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000	2 R2 Date Date A Complex residential B School C Commercial/Office	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall	Claddin A Brick ver B Concrete C Steel D Glass	eer panels
Dimensions Dimensions Storeys above ground incl. ground floor	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	2 R2 Date Date Date Date	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor 0 5 Storeys below ground 0 5 Footprint (m ²)	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000	2 R2 Date Date Date Date Pulling Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor Storeys below ground Storeys below ground	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	2 R2 Date Date Date Date	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor Storeys below ground Storeys below ground Footprint (m')	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	2 R2 Date Date Date Date Pulling Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor 0 5 Storeys below ground 0 5 Footprint (m ²)	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	2 R2 Date Date Date Date Pulling Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor D Storeys below ground D Footprint (m')	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	2 R2 Date Date Date Date Pulling Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor Storeys below ground Storeys below ground Footprint (m ²)	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	2 R2 Date Date Date Date Pulling Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei	eer panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor) Storeys below ground) Storeys below ground) Footprint (m ²) Storeys below ground (CTERNAL RISKS Potential Cause [*]	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei F Other:	panels
UILDING DESCR Dimensions Storeys above ground incl. ground floor incl. ground f	Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei F Other:	panels

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If required add sketch on separate page showing extent and nature of the external risk factors.

			Damag	е					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
Overall Hazard*	N/A	А	В	С	D	Non-structural Hazards	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	Ø,	0	0	11 Parapets, ornamentation, chimneys	ø	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	0	0	0
Structural Hazards*	N/A	A	В	С	D	14 Interior walls, partitions	0	0	0	0	0
4 Foundations	0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	0	0	0
5 Roofs, floors	0	0	I	0	0	16 Significant fire saftey concerns	0	0	0	0	0
6 Gravity systems (columns, beams, etc)	Ø	0	0,	0	0	17 Utilities (e.g. gas, electricity waste water, plumbing)	Ø	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	0	0	0	0	0
8 Diaphragms, horizontal bracing	0	0	Ø	0	0	Comments:				11	
9 Precast connections	6,	0	0	0	0						
10 Other:	0	0	0	0	0						
B Level 2 Rapid Assessm (tick below if particular exp B1 Structural Epoinee)	ertise is	required)		B OCor Describe e		ed B Barrica diagram on C Barrica		ly in place ed	вО	Immediate	ired
Recommended furthe		coomen		oalety	Cordon	* Barricades	,			ency of lested ad	tion*
\sim	pertise is	required)		Describe e		diagram on C OBarrica	des requir nt (add dia	ed Igram on	A Standard B Immediate action required		
C Further evaluation to be	arrange	d by buildin	g owner:								
MMARY											
Observed Damage	1	/		essment			(12)	Surve	ey Exte	nt*	
Light or no damage	0					known dangers)		Exterio	A (Partial	
	Y1C					OF THE BUILDING ONLY			в 🤇	Comple	te
Moderate damage	Y2C			CESS – SI supervisi		RM ENTRY ONLY			c (Not acc	essed
		Access to	be supe	rvised	A 🔿 Yes	B 🔵 No		Interio	r D 🤅	Partial	
Heavy damage	R1	ENTRY F	ROHIBI	TED (At ri	sk from	external factors)			E	Comple	te
admage	R2	ENTRY	ROHIB	TED (Seve	ere dama	ige to building)		L			
		FI	K	/	-						
Assessor Signature*	0	-0									
Assessor Signature*											
TES				dam	NUMP	ensperte	od	hu	nda	hoirs	-
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100	e UNN 15.	of e els.	ZQ. No	o ei	Jen	ue of move	Mel	nt a	wol	ine	/
TES	e 1111 15.	of e els.	ZQ. No	0 ev	Hen	ue of move	Mel	rt i	NOC	ine	/

R II

Complex Residential and all Non-Residential Buildings Level 2

SESSME	ENT		and the second second	Fields with asterisks (*) a	are mandatory, ot	thers are op
Assessor N	Jame* 🗸	ASONO	AVIDSON			
Assessor I			Authority*	WCDHB		
Assessme	nt Date*	221116 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)		РМ
ILDING	IDENTI	FICATION	and the second second			
Building Na	ame 📕	ITCHEN				
Unit / Numl	ber*					
Street*						
City/Town*	\sim	ESTPOR	7			
GPS (Degree	with 5 decim	nals after comma) So	uth,	East		
Other ID or	access		Photo ta	ken A ONO B OYes	Photo ID.	
Contact Na	me T	ONY LO	BERTS			
Туре		Owner BOTe				
Phone (with a Existing Pla		27)224 None OW	Listo"	Day Month Year	ım ID*	
	acard* 🕐	None OW	Y1 OR1 Date*		ım ID*	
Existing Pla	acard* 🕐	None OW	Y1 OR1 Date*		Im ID*	g Type
Existing Pla	DESCR nsions	None OW ON	Y1 OR1 Y2 OR2 Date*	Day Month Year		
Existing Pla IIL DIN G Dimer	DESCR nsions	None W W IPTION Constr. Age A <1935 B 1935-1976	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School	Day Month Year Structure Type A Timber frame B Steel frame	Cladding A Brick ven B Concrete	eer
Existing Pla	DESCR DESCR nsions reground floor	None W IPTION Constr. Age A <1935 B 1935-1976 C 1977-1984	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office	Day Month Year Structure Type A W Timber frame B Steel frame C Concrete frame	Cladding A Brick ven B Concrete C Steel	eer
Existing Pla	DESCR DESCR nsions reground floor	None W IPTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall	Cladding A Brick ven B Concrete C Steel D Glass	eer panels
Existing Pla	DESCR DESCR nsions reground floor	None W IPTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A V Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Pla	DESCR DESCR nsions reground floor	None W IPTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall	Cladding A Brick ven B Concrete C Steel D Glass	eer panels
Existing Pla	DESCR DESCR nsions reground floor	None W VONE W VONSTR. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Pla	DESCR DESCR nsions reground floor	None W VONE W VONSTR. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Pla	acard* C	None W PTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Pla	DESCR DESCR nsions reground floor w ground	None W PTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Pla	DESCR DESCR nsions reground floor w ground o P C RISKS ause*	None W PTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght
Existing Pla	DESCRI DESCRI nsions reground floor w ground	None W PTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght B No
Existing Pla	acard* C DESCR DESCR nsions reground floor w ground of C RISKS ause* ing from adjac	None W PTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght B No

If required add sketch on separate page showing extent and nature of the external risk factors.

VERSION

			Damag	e					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
Overall Hazard*	N/A	A	в	C	D	Non-structural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	0	0	0	11 Parapets, ornamentation, chimneys	ø	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	0	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	0	0	0
Structural Hazards [*]	N/A	А	в	С	D	14 Interior walls, partitions	0	0	0	0	0
4 Foundations	0	0	0	0	0	15 Access/egress (elevators, stairs, exits)	0	0	0	0	0
5 Roofs, floors	0	0	S	0	0	16 Significant fire saftey concerns	0,	0	0	0	0
6 Gravity systems (columns, beams, etc)	S	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	,0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	0	0	0	0	0
8 Diaphragms, horizontal bracing	0	0	Ø	0	0	Comments:					
9 Precast connections	0	0	0	0	0						
10 Other:	Ø	0	0	0	0						
A None					ne required	A None rec	quired		-	ested ac Standard	tion"
GGESTED FURT				· · · · · · · · · · · · · · · · · · ·							
Recommended furthe	er Asse	essment		Safety	Cordon*	Barricades	•			ncy of ested ac	tion*
					ne required	A None rec	quired		-		
B Level 2 Rapid Assessme (tick below if particular exp		required)	- 11	-	don requir	ed B Barricad diagram on C Barricad		y in place		mmediate action requ	ired
B1 OStructural Engineer					heet if requ	uired) Describe extent	(add dia	gram on			
B2 Geotechnical Engin B3 Other:	eer			-		separate sheet	if require	d)	1		
C Further evaluation to be	arranged	d by building	owner:								
									i l		
MMARY											
Observed Damage	Leve	el 2 Bapi	d Asse	ssment	Outcor	ne*	(12)	Surve	ey Exter	ot*	
Light or no damage	w	CAN BE	USED (Fr	om asses	sment no	known dangers)	9	Juive	1	Partial	
	Y10	RESTRIC	TED ACC	ESS TO F	PART(S)	F THE BUILDING ONLY		Exterio	r	/	
						RM ENTRY ONLY				Comple	
Moderate damage		with or w			the second second	BONO			CC	Not acce	essed
Moderate damage		Accessta		viseu /	res	DUNO		Interior	D	Partial	
Moderate damage		Access to							-		
Moderate damage Heavy damage		ENTRY P	ROHIBIT			external factors)			EC	Complet	te
Heavy damage		ENTRY P	ROHIBIT			external factors) ge to building)			E	Complet	te
		ENTRY P	ROHIBIT						E)Complet	te
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Heavy damage Assessor Signature* TES No ev.demu	R2()			TED (Seve	ere dama	ge to building)	C.	Dict			

EARTHQUAKE RAPID ASSESSMENT FORM – Complex Residential and all Non-Residential Buildings Level 2



Complex Residential and all Non-Residential Buildings Level 2

SESSMENT			Fields with asterisks (*)	are mandatory, o	
Assessor Name*	TASONO	AVIOSON			
Assessor ID*			WCDHB		
Assessment Date*	2211/6 Day Month Year	Assessment Time*	1055	АМ ВО	РМ
ILDING IDENT	IFICATION				
Building Name	ADIOLOU	4 Y			
Unit / Number*	1				
Street*					
City/Town*	VESTPOR	7			
GPS (Degree with 5 deci	imals after comma) SOU	uth,	East	,	
Other ID or access		Photo ta	ken AONO BOYes	Photo ID.	
Contact Name	TONY ROU	BERTS			
_	Owner BOTe				
		Dato*	Day Month Year Tea	am ID*	
Existing Placard* C	None () W () Y	1 OR1 Date*		am ID*	
Existing Placard* C	None () W () Y	71 OR1 72 OR2 Date*	Day Month Year		g Type
Existing Placard [*] C ILDING DESCR Dimensions Storeys above ground	None OW OY OY	1 OR1 Date*		Claddin	
Storeys above ground incl. ground floor	None W Y	1 R1 2 R2 Building Type	Day Month Year Structure Type	Claddin	eer
Existing Placard [*] C ILDING DESCR Dimensions Storeys above ground	None W Y Y RIPTION Constr. Age	1 R1 2 R2 Date* Building Type A Complex residential	Day Month Year Structure Type A Timber frame	Claddin A Brick ven	eer
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0] Storeys below ground	None W Y Y RIPTION Constr. Age A < <1935 B 1935-1976	1 R1 2 R2 Building Type A Complex residential B	Day Month Year Structure Type A Timber frame B Steel frame	Cladding A Brick ven B Concrete	eer
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor	None W Y Y RIPTION Constr. Age A A 1935 B 1935-1976 C 1977-1984	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame	Cladding A Brick ven B Concrete C Steel	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0] Storeys below ground	None W Y Y RIPTION Constr. Age A < <1935 B 1935-1976 C 1977-1984 D 1985-2000	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ver B Concrete C Steel D Glass	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 0	None W Y Y RIPTION Constr. Age A <<1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²)	None W Y Y RIPTION Constr. Age A <<1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²) 1 3 0	None W Y Y RIPTION Constr. Age A A 1935 B 1935-1976 C 1977-1984 D 1985-2000 E > 2000 F Unknown	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²) 1 3 0 TERNAL RISKS	None W Y Y RIPTION Constr. Age A A 1935 B 1935-1976 C 1977-1984 D 1985-2000 E > 2000 F Unknown	1 R1 Date* 2 R2 Date* Building Type A Complex residential B School C C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ver B Concrete C Steel D Glass E Lightweig F Other:	ght
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²) 1 3 0 TERNAL RISKS Potential Cause*	None W Y V V V V V V V V V V V V V V V V V V V	1 0 R1 Date* 2 0 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²) 1 3 0 TERNAL RISKS Potential Cause*	None W Y Y RIPTION Constr. Age A A 1935 B 1935-1976 C 1977-1984 D 1985-2000 E > 2000 F Unknown	1 0 R1 Date* 2 0 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ver B Concrete C Steel D Glass E Lightweig F Other:	ght
Existing Placard* C ILDING DESCR Dimensions Storeys above ground incl. ground floor 0 1 Storeys below ground 0 0 Footprint (m ²) 1 3 0 TERNAL RISKS Potential Cause*	None W Y V V V V V V V V V V V V V V V V V V V	1 0 R1 Date* 2 0 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ver B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght B No

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If required add sketch on separate page showing extent and nature of the external risk factors.

N Overall Hazard* 1 Collapse or partial collapse 2 Building or storey leaning 3 Other: 3 Other: 5 Roofs, floors 6 Gravity systems (columns, beams, etc) 7 Lateral systems (walls, frames, braces) 8 Diaphragms, horizontal bracing 9 Precast connections 10 Other: 6 GESTED FURTH Recommended further A	A A O O O O O O O O O O O O O O	Minor or None B B B B C C C C C C C C C C C C C C C	Moderate	D () () () () () () () () () ()	 Parapets, o chimneys Cladding, g Ceilings, lig Ceilings, lig Access/egr (elevators, 16 Significant concerns Utilities (e.e. 	llazing ht fixtures lls, partitions ess stairs, exits) fire saftey g. gas, electricity, r, plumbing) :	N/A N/A O O O O O O O O O O O O O O O O O O O		Minor or None B O O O O O	Moderate C O O O O O O O O O O O O O	Severa D O O O O O O O
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(tick below if particular expertis	e is required)		Describe	extent (add	diagram on	C Barricad				Immediate action requ	ired
B1 OStructural Engineer B2 OGeotechnical Engineer			separate s	sheet if req	uired)	Describe extent separate sheet					
B3 Other:								-/			
C Further evaluation to be arra	ged by building	owner:									
		_		_							
MMARY	4										
Observed Damage L	vel 2 Rapi	d Asse	ssment	Outco	me*		(12)	Surve	y Exte	nt*	
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VERSION 01 - APRIL 2014



Complex Residential and all Non-Residential Buildings Level 2

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) Assessor Name* 🚺	ASONO	AVIOSON			
Assessor ID*		Authority*	WCOHB		
Assessment Date*	2 2 1 1 1 6 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)		РМ
UILDING IDENT	IFICATION				
Building Name	DUNSFOR	ONARD	CAFE		
Unit / Number*					
Street*					
City/Town*	VESTPOR	7			
GPS (Degree with 5 deci	mals after comma) So	uth,	East		
Other ID or access		Photo ta	ken A ONO B OYes	Photo ID.	
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Contact Name	DNY ROX				
Туре	Owner ₿OTe	enant c Other			
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Phone (with area code)	/	Y1 OR1 Date*	Day Month Year	im ID*	
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	None OW	Y1 OR1 Date*		Im ID*	g Type
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Existing Placard* UILDING DESCR Dimensions	None W	Y1 OR1 Y2 OR2 Date*	Day Month Year Structure Type	Cladding	eer
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Existing Placard* UILDING DESCR Dimensions Storeys above ground incl. ground floor	None W Constr. Age A 91935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* UILDING DESCR Dimensions Storeys above ground incl. ground floor Dimensions Storeys below ground	None W V V V V V V V V V V V V V	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass	eer panels
Existing Placard* UILDING DESCR Dimensions Storeys above ground incl. ground floor Dimensions Storeys below ground Dimensions	None W Constr. Age A 91935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
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If required add sketch on separate page showing extent and nature of the external risk factors.

			Damage	e					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
Overall Hazard*	N/A	А	в	С	D	Non-structural Hazards*	N/A	А	В	с	D
1 Collapse or partial collapse	0	0	0/	0	0	11 Parapets, ornamentation, chimneys	0	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	S,	0	0
3 Other:	S	0	0	0	0	13 Ceilings, light fixtures	0	0	S,	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	0	S	0	0
4 Foundations	0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	S,	0	0
5 Roofs, floors	0	0	Ø	0	0	16 Significant fire saftey concerns	0	0	V	0	0
6 Gravity systems (columns, beams, etc)	Ø	0	0,	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	0	0	0	18 Other:	Ø	0	0	0	0
8 Diaphragms, horizontal bracing	0,	0	0	0	0	Comments:					
9 Precast connections	0	10	0	0	0	comments.					
10 Other:	Ø	0	0	0	0						
B1 Structural Engineer B2 Geotechnical Engin B3 Other: C Further evaluation to be	eer	l by buildin	g owner:	separate s	sheet if requ	Describe extent separate sheet					
L							-		1		
MMARY			id Acco	eemont	Outcou	me*	600	0			
Observed Damage		l 2 Rapi					(12)	Surve	ey Exter	nt*	
		/				known dangers)	(12)		A	Partial	
Observed Damage	w 🕑 Y1 🔿	CAN BE	USED (Fr	om asses	ssment no	known dangers) DF THE BUILDING ONLY	12	Exterio	A		te
Observed Damage	w 🕑 Y1 🔿	CAN BE	USED (Fr	om asses CESS TO I	ssment no PART(S) (HORT TE	known dangers)	12		r A (Partial	
Observed Damage Light or no damage	W V1 Y1 Y2	CAN BE RESTRIC RESTRIC with or v	USED (Fr CTED ACC CTED ACC without s	com asses CESS TO I CESS – Si Supervisi	ssment no PART(S) (HORT TE	known dangers) DF THE BUILDING ONLY RM ENTRY ONLY	(12)		r A C	Partial Comple	
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Observed Damage Light or no damage Moderate damage Heavy damage	W () Y1 () Y2 () R1 ()	CAN BE RESTRIC With or W Access to ENTRY F	USED (Fr CTED ACC CTED ACC without s be super	CESS TO I CESS – Si Supervisi rvised	PART(S) (HORT TEL on A Yes isk from (known dangers) DF THE BUILDING ONLY RM ENTRY ONLY B O No external factors)	(12)	Exterio	г А (В (С (D (Partial Comple Not acco Partial	essed
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Assessor Name* Assessor ID*	TASON DI	4VZDSON Authority*	WC OH B	
2 Assessment Date*	221116 Day Month Year	Assessment Time*	Hour Minute to nearest half hour)	АМ В ОРМ
BUILDING IDENT	IFICATION			
GPS (Degree with 5 decir Other ID or access Contact Name Type A	$\frac{1}{2}$	nth - , Photo ta Photo ta A C Other A A A A A A A A A A A A A A A A A A A		Photo ID.
	OY		Day Month Year	ım ID*
BUILDING DESCR	OY			ım ID*
BUILDING DESCR	OY			Im ID*
BUILDING DESCR Dimensions Storeys above ground incl. ground floor	Constr. Age A ♥ <1935 B ○ 1935-1976 C ○ 1977-1984	2 R2 Date Date A Complex residential B School C Commercial/Office	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame	Cladding Type A Brick veneer B Concrete panels C Steel
BUILDING DESCR Dimensions Storeys above ground incl. ground floor 0) Storeys below ground	► Y Constr. Age A ♥ <1935 B 1935-1976 C 1977-1984 D 1985-2000	2 R2 Date Date Date Date Date Date Date Date	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall	Cladding Type A Brick veneer B Concrete panels C Steel D Glass
BUILDING DESCR Dimensions Storeys above ground incl. ground floor	Constr. Age A ♥ <1935 B ○ 1935-1976 C ○ 1977-1984	2 R2 Date Date A Complex residential B School C Commercial/Office	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame	Cladding Type A Brick veneer B Concrete panels C Steel

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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

		1	Damag Minor or	1					Damag Minor or	1	1000
	N/A	Unknown	None	Moderate	Severe			Unknown	None	Moderate	Severe
Overall Hazard [*]	N/A	A	В	C	D	Non-structural Haza		A	B	С	D
Collapse or partial collapse	0	0	0	0	0	chimneys	n, 🧭	0	0	0	0
Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	0	0	0
Structural Hazards*	N/A	A	В	C	D	14 Interior walls, partition	s ()	0	Ø	0	0
Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	0	0	Ø	0	0
Roofs, floors	0	0	S	0	0	16 Significant fire saftey concerns	0	0	Ø	0	0
Gravity systems (columns, beams, etc)	Ø	0	0	0	0	17 Utilities (e.g. gas, electr waste water, plumbing		0	0	0	0
Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	V	0	0	0	0
Diaphragms, horizontal bracing	0	0	Ø	0	0	Comments:					
Precast connections	Ø	0	0	0	0						
0 Other:	Ø	0	0	0	0						
B2 Geotechnical Engin B3 Other: C Further evaluation to be		ad by buildir	ng owner:				sheet if require				
MMARY											
Observed Damage	Lev	el 2 Rap	oid Ass	essmen	t Outco	ome*	(12)	Surv	ey Exte	ent*	
Light or no damage	wC	CAN BE	USED (I	From asse	ssment n	o known dangers)			1.1.1	Partial	
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and the second second second second	Y2(CCESS – S supervis		ERM ENTRY ONLY			С	ONot ac	cessed
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Moderate damage		CNITON	PROHIB	ITED (At I	risk from	external factors)			E	Compl	ete
Moderate damage	R1(ENTRY				and the second second				<u> </u>	
Moderate damage Heavy damage			PROHIB	ITED (Sev	vere dam	age to building)					
Heavy damage			PROHIB	ITED (Sev	vere dam	age to building)					
			PROHIB	ITED (Sev	vere dam	age to building)					
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Heavy damage Assessor Signature* TES	R2(ENTRY	l	<			ton.				
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Heavy damage Assessor Signature* TES	R2(ENTRY	l	<			tion.				

EARTHQUAKE RAPID ASSESSMENT FORM – Complex Residential and all Non-Residential Buildings Level 2

Complex Residential and all Non-Residential Buildings Level 2

Unit / Number* / Street* City/Town* GPS (Degree with 5 decimals after comma) South Other ID or access Photo taken A No B Yes Photo ID. Contact Name TONY Type A Owner B Tenant COther Phone (with area code) (02 7) 2 2 4 8 3 / 2 Existing Placard* None W Y1 R1 Y2 R2 Date* Day Month Year BUIL DING DESCRIPTION Dimensions Constr. Age Building Type Storey above ground floor B 1935-1976 Complex residential B 1935-1976 Conserve shear well B School Conserve shear well Complex residential B 1935-1976 Complex residential B 1935-1976 Storey above ground B 1977-1984 Commercial/Office D Industrial B School Commercial/Office D Industrial Commercial/Office D Industrial B 2000 F Outhonwn F Outhonwn F Other: B 3 0 0ther: H Other: B 0 0ther: H Other:	AS	SESSMENT	CHARLES IN SHOLL		Fields with asterisks (*)	are mandatory, o	thers are opt
Notestime Day Month Year Notestime Notestim Notestime Notest	-		TASON 0		WCOHB		
Building Name Image: Control of the		Assessment Date			Hour Minute		РМ
Unit/Number* / Street* / City/Town* Sector GPS (Degree with 5 decimals after comma) South Other ID or access Photo taken A No B Ves Photo ID Contact Name Image: Comman Comman Comman Type A Owner B Tenant Contact Name Type A Owner B Tenant Contact Name Phone (with area code) Image: Comman Commence (with area code) SULLDING DESCRIPTION Dimensions Dimensions Constr. Age Building Type Structure Type Cladding Type Storeys above ground A 1935 School Complex residential B Steef rame Concrete panels Steel Commercial/Office B 1935-1976 B School Commercial/Office Steel frame Concrete panels Steel Storeys below ground F 985-2000 E Oring strial E Office Commercial/Office Steel	BU	ILDING IDEN	TIFICATION				
Other ID or access Photo taken A No B Yes Photo ID. Contact Name TO N Y O B F AS Type A Owner B Tenant C Other Phone (with area code) O Z P Z Z AS Z Z Existing Placard* None W Y1 R1 V2 Date* Dimensions Constr. Age Building Type Structure Type Cladding Type Storays above ground incl. ground floor A <1935 D 1975-1984 A Complex residential B (1935-1976 C 1977-1984 A Complex residential C Conrete frame A Brick veneer Storays above ground incl. ground floor A <1935 D 1985-2000 E 2000 F Outher: A Complex residential B (1935-1976 C 1977-1984 A Complex residential B (1935-1976 C 1977-1984 B School C Conrete frame B Glass Storays below ground D (1985-2000 F Outher: F Public assembly C Other: G Glass E Uightweight F Other: E Uightweight F Other: Storays below ground D (1995-1976) F Outher D Other: B Wintorced masonry C Other: E Uightweight F Other: D Tother is dialing from adjacent buildings. Adjacent building ID or address: A Yes B No 1 Objects failing from adjacent buildings. Adjacent building ID or address: A Yes B No 2 Land instability above G School G School G School <td>L S</td> <td>Unit / Number* Street*</td> <td></td> <td>CAL SUBS</td> <td>TATION</td> <td></td> <td></td>	L S	Unit / Number* Street*		CAL SUBS	TATION		
Contact Name Type Ype A) Owner B) Tenant Cother Phone (with area code) (0,2,7) 2, Land instability above Potential Cause* Context failing from adjacent buildings. Adjacent building ID or address:	C	GPS (Degree with 5 d	ecimals after comma) So	uth,	East		
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Potential Cause* A Yes B No Objects falling from adjacent buildings. Adjacent building ID or address: Land instability above O	5) E	Existing Placard*	(0 Z 7) Z Z 4 None W N NONE W	83/2 Y1 OR1 Y2 R2 Date*	Day Month Year	1	
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If required add sketch on separate page showing extent and nature of the external risk factors.

		1	Damag	e					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard*	N/A	A	в	С	D	Non-structural Hazards*	N/A	A	В	С	D
Collapse or partial collapse	0	0	0,	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0,	0	0
Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	Q	0	0	0
Structural Hazards*	N/A	А	в	С	D	14 Interior walls, partitions	0	S	0	0	0
Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	0	Ø	0	0	0
Roofs, floors	0	0	Ø	0	0	16 Significant fire saftey concerns	0,	I	0	0	0
Gravity systems (columns, beams, etc)	Ø	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	Ø	0	0	0	0
Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	0	0	0	0	0
Diaphragms, horizontal bracing	0	0	S	0	0	Comments:					
Precast connections	0	0	0	0	0						
0 Other:	Ø	0	0	0	0						
B2 Geotechnical Engli B3 Other: C Further evaluation to be		d by buildir	ng owner:								
MMARY	1						0				
Observed Damage	1	/		essmen			(12)	Surv	ey Exte	ent*	
Light or no damage	wC	CAN BE	USED (F	From asse	ssment n	o known dangers)		Exteri		Partial	
	Y1C	RESTRI	CTED AC	CESS TO	PART(S)	OF THE BUILDING ONLY		Extern		Compl	ete
Moderate damage	Y2(CESS - S supervis		ERM ENTRY ONLY			С	Vot ac	cessed
				ervised		B O No		Interio	or D	Partial	
		ENTRY	PROHIB	ITED (At	risk from	external factors)			E	Compl	ete
	R1	LINIT				age to building)					
Heavy damage			PROHIB	ITED (Sev	vere dam	lage to building/					
			PROHIB	ITED (Sev	vere dam	age to building,					
Heavy damage Assessor Signature*			PROHIB	ITED (Sev	vere dam	lage to building,					
			PROHIB		vere dam						
Assessor Signature* TES	R2	ENTRY	K_	~			ton	is a	Ver	ч	
Assessor Signature* TES	R2	ENTRY	l Oa I	~ nage		Substa	ton	is a	Ver	y	
Assessor Signature*	R2	ENTRY	K_	~ nage			ton	iš a	Ver	y	
Assessor Signature* TES	R2	ENTRY	l Oa I	~ nage			ton	iš a	Ver	y	

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EARTHQUAKE RAPID ASSESSMENT FORM – Complex Residential and all Non-Residential Buildings Level 2

ASSESSMENT			Fields with asterisks (*) a	are mandatory, ot	hers are optiona
1) Assessor Name* Assessor ID*	ASON OA	VZDSDN Authority*	NCDHB		
2 Assessment Date*	2 2 1 1 1 6 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)		PM
BUILDING IDENT	IFICATION		and the second		
GPS (Degree with 5 deci Other ID or access Contact Name Type A	$\begin{array}{c c} 0 & M \\ \hline 0 & M \\ \hline 0 \\ 0 \\ \hline 2 \\ 7 \\ \hline 3 \\ \hline 7 \\ 7 \\$	Photo ta	East ken AONO BOYes		
BUILDING DESCR	() Y2	2 R2 Date*	Day Month Year	Im ID*	
Dimensions	Constr. Age	Building Type	Structure Type	Cladding	Туре
Storeys above ground incl. ground floor	A < <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other: MOMMM	A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	A Brick vent B Concrete C Steel D Glass E Lightweig F Other:	panels
EXTERNAL RISKS	5				
Potential Cause* 1 Objects falling from adja	acent buildings. Adjacent buildi	ing ID or address:		A Yes	в No

0

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Y

If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

			Damag	е					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
Overall Hazard*	N/A	A	В	С	D	Non-structural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, ornamentation, chimneys	V	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
3 Other:	0	0	J	0	0	13 Ceilings, light fixtures	\odot	Ø	0	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	Ø	0	0	0
4 Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	0	ø	0	0	0
5 Roofs, floors	0	0	0	0	0	16 Significant fire saftey concerns	0	0	0	0	0
6 Gravity systems (columns, beams, etc)	0	0	Ø	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	0	0	0	18 Other:	0	0	0	0	0
8 Diaphragms,	0	0	0	0	0	Comments: Verfice	at	rall	101	north	her/
horizontal bracing											
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9 Precast connections 10 Other:	0		0	○ ○ ⊙ 0-10	0		0	ne Fe that €○61-	. <i>N</i> .	tem e tene	
9 Precast connections 10 Other:	THE	RACT	о ne в IONS		0	Existing but 0 11-30% 0○31-60	0%		100%	ency of	1?
9 Precast connections 10 Other: Estimated Damage GGESTED FUR	THE er Ass ent pertise is r	R ACT essment erequired)	ne B	Safety A No. B Cor Describe d	Cordon	* Barricades [*] A A A Barricades [*] A A Barricades [*] A A Barricades [*] A Barricades [*] A Barricades [*] A Barricades [*] B Barricades [*] C Barricades [*]	e e uuired es alread es requir (add dia	E C 61-	Urge sugg	dene	ction [*]

\sim	Observed Damage	Level 2 Rapid Assessment Outcome*	(12)	Survey	Extent*
	Light or no damage	W CAN BE USED (From assessment no known dangers)			A OPartial
		Y1 RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY		Exterior	B Complete
	Moderate damage	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision			C ONot accessed
		Access to be supervised A Yes B No		Interior	D OPartial
	Heavy damage	R1 ENTRY PROHIBITED (At risk from external factors)			E Complete
	Sector Sector Sector	R2 ENTRY PROHIBITED (Severe damage to building)			
	Assessor Signature*	Le la			
NO	TES				
10					
3					

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23 November 2016

Opus International Consultants Ltd

P +64 3 769 9330

Greymouth Office 23 High Street PO Box 365, Greymouth 7840 New Zealand

Craig Shaw Maintenance Manager West Coast District Health Board P O Box 387 Greymouth

Ref: 6-WWESE.10

Property inspected – Reefton Hospital Buildings (various)

Dear Craig,

This report confirms the verbal advice provided to you on 23 November 2016 in relation to the rapid structural assessment Opus undertook of the Reefton Hospital Buildings listed below (on Tuesday 22 November 2016) following the M7.8 earthquake which occurred on 14 November 2016:

- Concrete Water Tanks,
- Chimney Stack,
- Boiler House Building,
- Workshop Building

The scope of our rapid structural assessment comprised of a brief visual inspection of the Buildings listed to ascertain the level of damage sustained to the primary structure and a brief external visual inspection of the neighbouring buildings and structures which we reasonably believe may impact the seismic performance of the Building. The scope of our inspection is further detailed in the Earthquake Rapid Assessment Forms, which are attached to this letter.

Inspection Summary

In summary, our inspections noted the following observed damage:

- No earthquake damage noted to buildings.
- Although not earthquake related, it was observed that the concrete roof of the workshop is in a very poor state. Water is leaking through cracks in the concrete and there is significant calcification of the concrete evident. This water will also lead to deterioration of the steel reinforcing and we recommend that this leaking be addressed before it becomes a structural issue.
- In addition to the above buildings which were inspected, we completed a walk around of the main timber framed hospital building. We did not observe any earthquake damage in this additional inspection.

Unless noted otherwise on the Earthquake Rapid Assessment Forms, we have not inspected any nonstructural hazards. Based on our inspections, it is our assessment that the Building's seismic performance has not been significantly affected. The Buildings listed may therefore be occupied on the same basis as prior to the Earthquake. However, if you become aware of any changes in seismic performance of the neighbouring buildings or structures, please contact us immediately as the change may impact this assessment. In addition, aftershocks may cause more damage that may change this assessment and warrant further inspection of the building and/or neighbouring buildings or structures.

Although it is our assessment that the seismic performance of the buildings listed has not been significantly affected, if you are aware that a Building was Earthquake Prone or is subject to strengthening requirements, we recommend that you review the strengthening actions to ensure that they are still fit for purpose.

Do not hesitate to contact me if you require any further assistance.

Regards

Jason Davidson, Senior Structural Engineer, CPEng 229742

Encl.: Earthquake Rapid Assessment Forms – Reefton Hospital

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Complex Residential and all Non-Residential Buildings Level 2

AS	SESSMENT			Fields with asterisks (*)	are mandatory, o	thers are optic
	Assessor Name*	TASOND	AVEDSON			1 1 1
-	Г			WCOHB		
	Assessor ID*		Authority'			
2)	Assessment Date*	2 1 1 6 Day Month Year	Assessment Time	+ 0, 43 Hour Minute (to nearest half hour)) ам в 🔗	РМ
ΒU	ILDING IDENT	TIFICATION				
3) 1	Building Name	NATERT	ANKS			
-	Unit / Number*					
		BROAROW	AY			
	City/Town*	REEFTON				
	GPS (Degree with 5 dec	simals after comma) So	uth,	East		
	Other ID or access	Summer comma) SU		aken A No B Yes	Photo ID	
_	Calor 12 01 200635					
4) (Contact Name	4 LLY CAI	ODIE			
1	Туре А		enant c Other	MAINTENANCE	2,	
	Phone (with area code)	0271245				
	Existing Placard* (Y1 OR1 Y2 OR2 Date*	Day Month Year Te	am ID*	
BU	Existing Placard* ()		Y2 OR2 Date"	Day Month Year		
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	Existing Placard* (ILDING DESC Dimensions Storeys above ground incl. ground floor () Storeys below ground () Footprint (m ²) () () () () () () () () () (None W RIPTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Y2 R2 Date Date A Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Claddin A Brick ven B Concrete C Steel D Glass E Lightweit F Other:	panels
	Existing Placard* (ILDING DESC Dimensions Storeys above ground incl. ground floor O Storeys below ground O Footprint (m') TERNAL RISK Potential Cause*	None W	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Claddin A Brick ven B Concrete C Steel D Glass E Lightweit F Other:	panels
	Existing Placard* (ILDING DESC Dimensions Storeys above ground incl. ground floor O Storeys below ground O Footprint (m') TERNAL RISK Potential Cause*	None W RIPTION Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei F Other:	apanels
	Existing Placard*	None W	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei F Other: CCNCCC	B No
	Existing Placard*	None W	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Claddin A Brick ver B Concrete C Steel D Glass E Lightwei F Other:	B No

If required add sketch on separate page showing extent and nature of the external risk factors.

			Damag	е					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard [*]	N/A	A	В	С	D	Non-structural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	S,	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0	0	0
2 Building or storey leaning	0	0	S	0	0	12 Cladding, glazing	Ø	0	0	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	Ø	0	0	0	0
Structural Hazards [*]	N/A	A	В	С	D	14 Interior walls, partitions	Q	0	0	0	0
4 Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	Ø	0	0	0	0
5 Roofs, floors	0	0	S	0	0	16 Significant fire saftey concerns	d	0	0	0	0
6 Gravity systems (columns, beams, etc)	Ø	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	J	0	0	0	0
8 Diaphragms, horizontal bracing	Ø	0	0	0	0	Comments: No lea	411	1 oft	anlus	SINC	e
9 Precast connections	Ø	0	0	0	0	EQ.	U				
10 Other:	Ø	0	0	0	0						

9

Estimated Damage A None B 0-10% c 11-30% D 31-60% E 61-100%

SUGGESTED FURTHER ACTIONS

Recommended further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*
A None B Level 2 Rapid Assessment (tick below if particular expertise is required) B1 Structural Engineer B2 Geotechnical Engineer B3 Other: C Further evaluation to be arranged by building owner	A ONOne required B O Cordon required Describe extent (add diagram on separate sheet if required)	A None required B Barricades already in place C Barricades required Describe extent (add diagram on separate sheet if required)	A Standard B Immediate action required

SUMMARY

Observed Damage	Level 2 Rapid Assessment Outcome*	(12)	Survey	Extent*
Light or no damage	W CAN BE USED (From assessment no known dangers)			A OPartial
	Y1 O RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY		Exterior	B Complete
Moderate damage	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A Yes B No		Interior	C Not accessed
	R1 O ENTRY PROHIBITED (At risk from external factors)			E Complete
Heavy damage	R2 ENTRY PROHIBITED (Severe damage to building)			

Assessor Signature*

3)	concrete water tanks. No endence of movement around tanks at gound revel.
T	around fantis at gound revel.
Г	V
-	

Sketch included on separate page? Yes

ASSESSMENT			Fields with asterisks (*) a	are mandatory, others are optional.
1 Assessor Name* Assessor ID*	TASON DA	Authority*	NCOMB	
2 Assessment Date*	ZZIII6 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)	АМ В РМ
BUILDING IDENT	IFICATION	the second second		
	EEFTON mals after comma) SOU ^T $ECYCAC$ Owner BOTer $DZT1Z453$	Photo ta DZZ hant c Other 166 0R1 Date*	East ken AONO BOYes MATNTENIANCE	
BUILDING DESCR	IPTION			
6 Dimensions Storeys above ground incl. ground floor M/A Storeys below ground Footprint (m ³) 3	Constr. Age	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other: CHIMMET STACC	Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other: CONCLEME	Cladding Type
7 Potential Cause*	5			A Yes B No

Potential Cause*	A Yes	в No
Objects falling from adjacent buildings. Adjacent building ID or address:	0	V
2 Land instability above	0	ø
3 Land instability below	0	V
4 Other	0	Ø

If required add sketch on separate page showing extent and nature of the external risk factors.

			Damag	е					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard [*]	N/A	A	в /	С	D	Non-structural Hazards*	N/A	А	В	с	D
Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, ornamentation, chimneys	0	0	V	0	0
Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	I	0	0	0	0
Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	Ø	0	0	0	0
Structural Hazards [*]	N/A	A	в	C	D	14 Interior walls, partitions	Ø	0	0	0	0
Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	C	0	0	0	0
Roofs, floors	0	0	0	0	0	16 Significant fire saftey concerns	Ø	0	0	0	0
Gravity systems (columns, beams, etc)	Q	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
Lateral systems (walls, frames, braces)	Ø,	0	0	0	0	18 Other:	Ø	0	0	0	0
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Moderate damage				supervisi	-				C (VNot acc	essed
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Heavy damage	R1					external factors) age to building)			E (Comple	ete
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ASSESSMENT			Fields with asterisks (*) a	re mandatory, otl	hers are optional
1) Assessor Name* Assessor ID*	ASONAF	HUEDSON Authority*	WCOHB		
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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

		1	Damag	C					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
)verall Hazard*	N/A	A	B /	C	D	Non-structural Hazar	1	A	В	С	D
Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, ornamentation chimneys	. 🔇	0	0	0	0
Building or storey leaning	0	,0	V	0	0	12 Cladding, glazing	0	0	Ø	0	0
Other:	Q	0	0	0	0	13 Ceilings, light fixtures	Ø	0	0,	0	0
tructural Hazards [*]	N/A	A	B /	С	D	14 Interior walls, partitions	0	0	Ø	0	0
Foundations	0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	Ø	0	0	0	0
Roofs, floors	0	0	Ø,	0	0	16 Significant fire saftey concerns	0	0	Ø	0	0
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B2 Geotechnical Engin B3 Other: C Further evaluation to be		d by buildir	ng owner:			separate s	heet if requir	ea)			
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Observed Damage		/		essmen			(12)	Surv	ey Exte	ent*	
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						B No		Interio	or D	Partial	
and the market of	R1	ENTRY	PROHIB	ITED (At I	isk from	external factors)			E	Compl	ete
Heavy damage	R2	ENTRY	PROHIBI	TED (Sev	vere dam	age to building)					
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1 Assessor Name*	TASON DA		WCOMB	
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BUILDING DESCI	RIPTION	1 and 1		
6 Dimensions Storeys above ground incl. ground floor) Storeys below ground) Footprint (m') 2200	Constr. Age	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other: Hosp Ad WorkMap	Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Cladding Type
EXTERNAL RISK 7 Potential Cause*	S			A Yes B No

Potential Cause*	A Yes	в No
1 Objects falling from adjacent buildings. Adjacent building ID or address:	0	S
2 Land instability above	0	I
3 Land instability below	0	Y
4 Other	0	C

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Recommended further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*
A None B Level 2 Rapid Assessment (tick below if particular expertise is required) B1 Structural Engineer B2 Geotechnical Engineer B3 Other: C Further evaluation to be arranged by building owner:	A Ornone required B Ocordon required Describe extent (add diagram on separate sheet if required)	A None required B Barricades already in place C Barricades required Describe extent (add diagram on separate sheet if required)	A Standard B Immediate action required

Observed Damage	Level 2 Rapid Assessment Outcome*	(12)	Survey	Extent*	
Light or no damage	W CAN BE USED (From assessment no known dangers)	-		A Partial	
	Y1 O RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY		Exterior	B Complete	
Moderate damage	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A Yes B No		Interior	C Not accessed	
Heavy damage	R1 ENTRY PROHIBITED (At risk from external factors)		Interior	E Complete	
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23 November 2016

Opus International Consultants Ltd

P +64 3 769 9330

Greymouth Office 23 High Street PO Box 365, Greymouth 7840 New Zealand

Craig Shaw Maintenance Manager West Coast District Health Board P O Box 387 Greymouth

Ref: 6-WWESE.10

Property inspected – Grey Hospital Buildings (various)

Dear Craig,

This report confirms the verbal advice provided to you on 23 November 2016 in relation to the rapid structural assessments Opus undertook of the Grey Hospital Buildings listed below (on Wednesday 23 November 2016) following the M7.8 earthquake which occurred on 14 November 2016:

- Boiler House Building,
- Acute and Community Mental Health Building,
- Laboratory Building,
- ED / Clinical Services Building,
- Morice Ward Building (Wards 1 and 2 North Building),
- Hannan Ward Building (Wards 3 and 4 Building),
- Kitchen Block Building,
- Child and Adolescent Mental Health Services (CAMHS).

The scope of our rapid structural assessments comprised of a brief visual inspection of the Buildings to ascertain the level of damage sustained to the primary structure and a brief external visual inspection of the neighbouring buildings and structures which we reasonably believe may impact the seismic performance of the Building.

Prior to carrying out these inspections we reviewed the original Opus Detailed Seismic Assessment Reports completed for these buildings (c2012-c2013) to confirm weaknesses identified in the assessments so that we could pay particular attention to these items in our inspection. We also reviewed previous photos of the Boiler House to assess whether there had been any increase in cracking at the junction between the Boiler House and Generator Buildings, and along the eastern wall of the Boiler House building.

The scope of our inspection is further detailed in the Earthquake Rapid Assessment Forms, which are attached to this letter.

Inspection Summary

In summary, our inspections noted the following observed damage:

• Negligible damage noted to buildings. Some cracking may have anecdotally worsened but generally no evidence of new damage to building.

Unless noted otherwise on the Earthquake Rapid Assessment Forms, we have not inspected any nonstructural hazards.

Based on our inspections, it is our assessment that the Building's seismic performance has not been significantly affected. The Buildings listed may therefore be occupied on the same basis as prior to the Earthquake. However, if you become aware of any changes in seismic performance of the neighbouring buildings or structures, please contact us immediately as the change may impact this assessment. In addition, aftershocks may cause more damage that may change this assessment and warrant further inspection of the building and/or neighbouring buildings or structures.

Although it is our assessment that the seismic performance of the buildings listed has not been significantly affected, if you are aware that a Building was Earthquake Prone or is subject to strengthening requirements, we recommend that you review the strengthening actions to ensure that they are still fit for purpose.

We also recommend building maintenance staff carry out a full walk through of the entire hospital to identify any loose / damaged ceiling tiles so that these can be immediately repaired or replaced.

Do not hesitate to contact me if you require any further assistance.

Regards

Jason Davidson, Senior Structural Engineer, CPEng 229742

Encl.: Earthquake Rapid Assessment Forms

ASSESSMENT			Fields with asterisks (*) a	re mandatory, ot	hers are optional.
1 Assessor Name* Assessor ID*	ASON OF	4VZOSON Authority*	NCDHB		
2 Assessment Date*	Z31116DayMonthYear	Assessment Time*	Hour Minute (to nearest half hour)	AM BO	РМ
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BUILDING DESCR					
 bimensions Storeys above ground incl. ground floor 1 Storeys below ground 1 Footprint (m²) 3 	Constr. Age A A <1935	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other: Hos pital Boiler House	Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry H Other:	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels
EXTERNAL RISKS	5				

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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

			Damag	е					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard [*]	N/A	А	в /	С	D	Non-structural Hazards*	N/A	A	в	с	D
1 Collapse or partial collapse	0	0	0	0	0	11 Parapets, ornamentation, chimneys	0	0	Ø,	0	0
2 Building or storey leaning	0	0	C	0	0	12 Cladding, glazing	0	0	Q	0	0
3 Other:	V	0	0	0	0	13 Ceilings, light fixtures	V	0	0,	0	0
Structural Hazards [*]	N/A	А	в	С	D	14 Interior walls, partitions	0	0	Ø,	0	0
4 Foundations	0	0	d,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	ø,	0	0
5 Roofs, floors	0	0	01	0	0	16 Significant fire saftey concerns	0	0		0	0
6 Gravity systems (columns, beams, etc)	0	0	0,	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	0	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø,	0	0	18 Other:	0	0	0	0	0
8 Diaphragms, horizontal bracing	0	0	ø,	0	0	Comments: Craclut	111	nNO	uls .	appe	ak
9 Precast connections	0	0	Ø	0	0	ple-exchipt	Ĵ				
10 Other:	Ø	0	0	0	0	- 0	-				

SUGGESTED FURTHER ACTIONS

Recommended further Assessment*	Safety Cordon*	Barricades*	Urgency of suggested action*
A None B Level 2 Rapid Assessment (tick below if particular expertise is required) B1 Structural Engineer B2 Geotechnical Engineer B3 Other: C Further evaluation to be arranged by building owner:	A None required B Cordon required Describe extent (add diagram on separate sheet if required)	A None required B Barricades already in place C Barricades required Describe extent (add diagram on separate sheet if required)	A Standard B Immediate action required

Observed Dan	nage Level 2 Rapid Assessment Outcome*	12	Survey	Extent*
Light or no dama	w CAN BE USED (From assessment no known dangers)		2	A OPartial
	Y1 O RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONL	Y	Exterior	B Complete
Moderate damag	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A Yes B No		Interior	C Not accessed
Heavy damage	R1 ENTRY PROHIBITED (At risk from external factors)		interior	E Complete
Access Cime	R2 ENTRY PROHIBITED (Severe damage to building)			
Assessor Signa	(1-1)//			

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2 Assessment Date* 2	31116 Day Month Year	Assessment Time*	Hour Minute to nearest half hour)	AM BOR	РМ
BUILDING IDENTIF	ICATION				
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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

				Damag	e					Damag	е	
		N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
	Overall Hazard*	N/A	A	в/	С	D	Non-structural Hazards*	N/A	A	В	С	D
	1 Collapse or partial collapse	0	0	0	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0	0	0
	2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	0	0	0
	3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	Ø	0	0
	Structural Hazards*	N/A	А	в	С	D	14 Interior walls, partitions	0	0	Ø,	0	0
	4 Foundations	0	0	0	0	0	15 Access/egress (elevators, stairs, exits)	0	0	S,	0	0
	5 Roofs, floors	0	0	0,	0	0	16 Significant fire saftey concerns	0	0	0	0	0
1	6 Gravity systems (columns, beams, etc)	0	0	0	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	6	0	0	0	0
	7 Lateral systems (walls, frames, braces)	0	0	0	0	0	18 Other:	Ø	0	0	0	0
1	8 Diaphragms, horizontal bracing	0	0	0	0	0		uner	NN	allo	ver	54
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EARTHQUAKE RAPID ASSESSMENT FORM - Complex Residential and all Non-Residential Buildings Level 2

SSESSMENT			Fields with asterisks (*) a	re mandatory, ot	hers are option
Assessor Name* Assessor ID*	ASON OF	Authority*	WKDHB		
Assessment Date*	231116 Day Month Year	Assessment Time*	Hour Minute to nearest half hour)	AM BOI	РМ
UILDING IDENT	IFICATION				
 Building Name Unit / Number* Street* City/Town* GPS (Degree with 5 decind) Other ID or access Contact Name 		1/2 th - , Photo ta	East ken A No B Yes		
	/	1 OR1 Date*	Day Month Year		
Phone (with area code)	None W Y	1 OR1 Date*	Tea		
Phone (with area code)	None W Y	1 OR1 Date*	Tea		
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Phone (with area code) (() Existing Placard* (*) UILDING DESCR Dimensions Storeys above ground incl. ground floor Storeys below ground Storeys below ground Footprint (m ²)	None W Y V V V V V V V V V V V V V V V	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Tea Day Month Year Tea Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	g Type eer panels
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If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

			Damag	le					Dama		age	
	N/A	Unknown	Minor or None	Moderate	Severe			N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard*	N/A	A	В	С	D	Non-structu	ural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	Ø	0	0	11 Parapets, or chimneys	mamentation,	V	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, gl	azing	0	0	Ø	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, ligi	ht fixtures	0	0	Ø,	0	0
Structural Hazards*	N/A	А	В	С	D	14 Interior wall	s, partitions	0	0		0	0
4 Foundations	0	0	Ø,	0	0	15 Access/egre (elevators, s		0	0	J.	0	0
5 Roofs, floors	0	0	O,	0	0	16 Significant f	ire saftey	0	0	0	0	0
6 Gravity systems (columns, beams, etc)	0	0	O,	0	0	17 Utilities (e.g waste water	. gas, electricity, , plumbing)	0	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	0,	0	0	18 Other:		0	0	0	0	0
8 Diaphragms, horizontal bracing	0	0	Ø	0	0		challes	1	takse	st	COM	ako
		1.00	-	~	-	comments.	grand			Λ i		
9 Precast connections	Ø,	0	0	O	O	IN NOO	1. No	519	ns of	da	May	6
10 Other:	00	0	0	0	0	11 201	f. No	IJ			may	e,
	THEF		IONS		Cordon	11-30%	f. No	V %	<i>NS 0</i> €○61-	Urge	ency of	er.
10 Other:	THEF er Asse ent pertise is	RACT	IONS	Safety A No. B Con Describe	Cordon ne required	* I ed diagram on	D 31-60 Barricades*	wired es alread (add dia	E 61-	Urge sugg A O B O	ency of gested ad Standard Immediate action requ	

o damage W (CAN BE USED (From assessment no known dangers)			Extent*
		h	A Partial
Y1 RESTRICTED ACCESS TO PART(S) OF THE BUILDING O	ONLY	Exterior	B O Complete
damage Y2 RESTRICTED ACCESS - SHORT TERM ENTRY ONLY with or without supervision Access to be supervised Access to be supervised A Yes		Interior	C Not accessed
R1 ENTRY PROHIBITED (At risk from external factors)			E Complete
ected short columns on southern trusses + connection near mid evidence of dumaye / moveme	wall span a	and of ext	E well.
•	exect short columns on southern trusses + connection near und evidence of dumaye / moveme	exect short columns on southern wall trusses + connection near mid span o evidence of dumaye movement.	ected short columns on southern wall and trusses + connection near mid span of ex evidence of damage movement.

VERSION 01 - APRIL 2014

EARTHQUAKE RAPID ASSESSMENT FORM – Complex Residential and all Non-Residential Buildings Level 2

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Complex Residential and all Non-Residential Buildings Level 2

CECCUENT					thers are optic
SESSMENT			Fields with asterisks (*) a	ire mandatory, ot	
Assessor Name* 💋	ASONO	AVIDSON			
Assessor ID*		Authority*	NCOHB		
Assessment Date*	231116 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)		РМ
ILDING IDENTI	FICATION				
Building Name	TO / CL	INICAL S	ERVILES	BUI	LOI
Unit / Number*					
Street*					
City/Town*	REYMOU	TM			
GPS (Degree with 5 decir		uth 💷 ,	East		
Other ID or access				Photo ID	
Contact Name	RAIG S	HAN			
Туре А	Owner B O Te	enant c 🕜 Other 🖉	MAINTENANCE	MAN	AUER
	,	Linto"	Day Month Year Tea	im ID*	
Existing Placard* 🕐		Y1 OR1 Date*		ım ID*	
Existing Placard* 🕐		Y1 OR1 Date*		Im ID*	g Type
Existing Placard [*] () ILDING DESCR Dimensions Storeys above ground		Y1 OR1 Y2 OR2 Date*	Day Month Year		
Existing Placard* () ILDING DESCR Dimensions Storeys above ground incl. ground floor	None OW	Y1 O R1 Y2 O R2 Date*	Day Month Year Structure Type	Cladding	eer
Existing Placard* (V) ILDING DESCR Dimensions Storeys above ground incl. ground floor	None W	Y1 OR1 Y2 R2 Date* Building Type A Complex residential	Day Month Year Day Month Year Structure Type A Timber frame	Cladding A Brick ven	eer
Existing Placard* (V) ILDING DESCR Dimensions Storeys above ground incl. ground floor ()] Junt Storeys below ground	None W	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School	Day Month Year Structure Type A Timber frame B Steel frame	Cladding A Brick ven B Concrete	eer
Existing Placard* (V)	None W Vone W Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (V)	None W PTION Constr. Age A _ 1935 B @ 1935-1976 C @ 1977-1984 D @ 1985-2000	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass	eer panels
Existing Placard* (V) ILDING DESCR Dimensions Storeys above ground incl. ground floor ()] Storeys below ground Storeys below ground () ()	None W Vone W Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 OR1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (V)	None W Vone W Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (V)	None W Vone W Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000 E >2000	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (*)	None W Constr. Age A	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (*)	None W Constr. Age A	Y1 R1 Y2 R2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
Existing Placard* (*)	None W Constr. Age A	Y1 OR1 Y2 OR2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght
Existing Placard* () ILDING DESCR Dimensions Storeys above ground incl. ground floor () 1) plunt Storeys below ground () 0) Footprint (m ²) 1500 TERNAL RISKS Potential Cause* 1 Objects falling from adja	None W	Y1 OR1 Y2 OR2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght B No
Storeys above ground incl. ground floor O I Plunt Storeys below ground O O Footprint (m ²) I S O O TERNAL RISKS Potential Cause*	None W	Y1 OR1 Y2 OR2 Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig F Other:	eer panels ght

If required add sketch on separate page showing extent and nature of the external risk factors.

			Damag	e					Damag	e	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Seve
Overall Hazard [*]	N/A	Α	В	с	D	Non-structural Hazards	* N/A	А	В	С	D
1 Collapse or partial collapse	0	0	V	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0,	0	C
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	0	0	C
3 Other:		0	0	0	0	13 Ceilings, light fixtures	0	0	Ø	0	С
Structural Hazards [*]	N/A	А	В	C	D	14 Interior walls, partitions	0	0	Ø	0	С
4 Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits)	0	0	6	0	С
5 Roofs, floors	0	0	S,	0	0	16 Significant fire saftey concerns	0	0	6	0	C
6 Gravity systems (columns, beams, etc)	0	0	Ø,	0	0	17 Utilities (e.g. gas, electricity waste water, plumbing)	0	0	0	0	C
7 Lateral systems (walls, frames, braces)	0	0	Ø,	0	0	18 Other:		0	0	0	С
3 Diaphragms, horizontal bracing	0,	0	Ø	0	0	Comments:				1	
Precast connections	0	0	0	0	0	comments.					
10 Other:	0	0	0	0	0						
B2 Geotechnical Engin B3 Other: C Further evaluation to be		d by buildin	g owner:			Describe extense separate shee					
MMARY											
Observed Damage	1	el 2 Rapi					(12)	Surve	ey Exte	nt*	
Light or no damage	w 🕑	CAN BE	USED (F	rom asses	ssment no	known dangers)		Enter		Partial	
						OF THE BUILDING ONLY		Exterio		Comple	ete
Moderate damage	Y2C			CESS – S supervisi		RM ENTRY ONLY			с (Not acc	esse
				rvised	-	B 🔿 No		Interio	D	Partial	
man and a second	R1	ENTRY	ROHIBI	TED (At r	isk from	external factors)			E	Comple	ete
Heavy damage	R2	ENTRY F	BOHIB	TED (Sev	ere dama	age to building)					12
Assessor Signature*	(TA	K	1	~						
A O S D S S S S S S S S S S S S S S S S S	C	A									
TES			1			A A A 2160	1014	4	Par	NIL	A
	-ex	tern	al	colil	MMI	, NO 200	TM-	0	01	au	
TES Inspected	٩x	tern	a	colu	mns	, 100.200	em	6 01	CI	uu	U
	٩X	tern	a	colil	mn	, 100	em	l oj	er er	uu	V
	<i>××</i>	tern	a	colU	MNS	, 100 .ev.u	°CM	6 01		uu	V

Complex Residential and all Non-Residential Buildings Level 2

			Fields with asterisks (*)	are mandatory, o	thers are optional
1) Assessor Name*	TASON DI	AVZOSON			
Assessor ID*			NCOMB		
2 Assessment Date*	Z Z I I I G Day Month Year	Assessment Time*	120	АМ ВО	РМ
BUILDING IDENT	IFICATION				
GPS (Degree with 5 deci Other ID or access Contact Name Type A ($\frac{1}{1}$ $\frac{1}$	7 17 Jth	East ken $A \bigcirc No B \oslash Yes$	Photo ID.	
	None OW OY	Data*	Day Month Year	am ID*	
BUILDING DESCR	OY			am ID*	
	OY			am ID*	g Type
BUILDING DESCR		2 OR2 Date	Day Month Year	1	eer panels
Dimensions Dimensions Storeys above ground incl. ground floor 0 3 Storeys below ground 0 1 Footprint (m ²) 5 3 0	Constr. Age A <1935 B <1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other:	Day Month Year Day Month Year Structure Type A Timber frame A Timber frame Steel frame C Concrete frame Concrete shear wall E Tilt-up concrete F F Reinforced masonry G	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels
BUILDING DESCR Dimensions Storeys above ground incl. ground floor 03 Storeys below ground 01 Footprint (m ²) 530 EXTERNAL RISKS Potential Cause*	Constr. Age A <1935 B <1935-1976 C 1977-1984 D 1985-2000 E >2000 F Unknown	Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly G Other: Mos p.ful- Non essent: cul	Day Month Year Day Month Year Structure Type A Timber frame A Timber frame Steel frame C Concrete frame Concrete shear wall E Tilt-up concrete F F Reinforced masonry G	Cladding A Brick ven B Concrete C Steel D Glass E Lightweig	eer panels

0

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C

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C

If required add sketch on separate page showing extent and nature of the external risk factors.

2 Land instability above

3 Land instability below

	-		Damag	е					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard [*]	N/A	А	в /	С	D	Non-structural Hazards*	N/A	A	В	С	D
1 Collapse or partial collapse	0	0	S	0	0	11 Parapets, ornamentation, chimneys	Ø	0	0,	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	Ø,	0	0	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	Ø	0	0	0	0
4 Foundations	0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	Ø,	0	0
5 Roofs, floors	0	0	Ø,	0	0	16 Significant fire saftey concerns	0	0	Ø	0	0
6 Gravity systems (columns, beams, etc)	0	0	Ø,	0	0	17 Utilities (e.g. gas, electricity, waste water, plumbing)	Ø	0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	Ø	0	0	18 Other:	Ø	0	0	0	0
3 Diaphragms, horizontal bracing	0,	0	Ø	0	0	comments.		ence	2 01	nov	eme
Precast connections	S	0	0	0	0	a seismic si	epa	rafic	xn G	etwe	
I0 Other:	Ø	0	0	0	0	5uldings					
A None			-	A No	ne require	d A None req	quired		-	Standard	
Recommended furthe	er Ass	essment	*	Safety	Cordon	* Barricades	÷			ency of	
A Mana				, d.		. d			-	jested ad	tion
B Level 2 Rapid Assessme	ent			~	ne require rdon requi			y in place	~	Standard Immediate	
(tick below if particular exp B1 OStructural Engineer		required)			extent (add sheet if req	diagram on C OBarricade				action requ	ired
				copulate s		Describe extent separate sheet i	(add dia	Territoria de la			
B2 OGeotechnical Engin	eer					separate sileet i	if require	d)			
B2 Geotechnical Engin B3 Other:	eer						if require	d)			
		d by buildin	g owner:				if require	d)			
B3 Other:		d by buildin	g owner:				f require	d)			
B3 Other: C Further evaluation to be		d by buildin	g owner:				if require	d)			
B3 Other: C Further evaluation to be	arrange						if require				
B3 Other: C Further evaluation to be	arrange	el 2 Rap	id Asse	essment			(12)		ey Exte	nt*	
B3 Other: C Further evaluation to be	Leve	el 2 Rap CAN BE	id Asse	rom asses	ssment n	me*	(12)	Surve	A (nt* VPartial	
B3 Other: C Further evaluation to be	Leve W V Y1	el 2 Rap CAN BE RESTRIC	id Asse USED (F	rom asses	ssment no	me* b known dangers) OF THE BUILDING ONLY	(12)		A (1	ete
B3 Other: C Further evaluation to be	Leve W V Y1	el 2 Rap CAN BE RESTRIC RESTRIC	id Asse USED (F CTED AC	rom asses	ssment no PART(S) HORT TE	me*	(12)	Surve	A (Partial	
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage	Leve W V Y1	el 2 Rap CAN BE RESTRIC With or V	id Asse USED (F CTED AC CTED AC without	rom asses CESS TO CESS – S	ssment no PART(S) HORT TE	me* Oknown dangers) OF THE BUILDING ONLY ERM ENTRY ONLY	(12)	Surve	A (B (C (Partial	
B3 Other: C Further evaluation to be	Leve W V Y1	CAN BE RESTRIC RESTRIC With or V Access to	id Asse USED (F CTED AC CTED AC CTED AC	rom asses CESS TO CESS – S supervisi ervised	PART(S) HORT TE on A () Yes	me* Oknown dangers) OF THE BUILDING ONLY ERM ENTRY ONLY	(12)	Surve	A (B (C (D (Partial Comple	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage	Leve W V Y1 Y2 R1	el 2 Rap CAN BE RESTRIC With or Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r	PART(S) HORT TE on A Yes isk from	me* b known dangers) OF THE BUILDING ONLY RM ENTRY ONLY B O No	(12)	Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage	Leve W V Y1 Y2 R1	el 2 Rap CAN BE RESTRIC With or Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage	Leve W V Y1 Y2 R1	el 2 Rap CAN BE RESTRIC With or Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage Assessor Signature*	R1 R2	CAN BE RESTRIC RESTRIC RESTRIC Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r TED (Sev	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage Assessor Signature*	R1 R2	el 2 Rap CAN BE RESTRIC With or Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r TED (Sev	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage Assessor Signature*	R1 R2	CAN BE RESTRIC RESTRIC RESTRIC Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r TED (Sev	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed
B3 Other: C Further evaluation to be MMARY Observed Damage Light or no damage Moderate damage Heavy damage Assessor Signature*	R1 R2	CAN BE RESTRIC RESTRIC RESTRIC Access to ENTRY F	id Asse USED (F CTED AC CTED AC without b be supe PROHIBI	rom asses CESS TO CESS – S supervisi ervised TED (At r TED (Sev	PART(S) HORT TE on A Yes isk from	me* oknown dangers) OF THE BUILDING ONLY RM ENTRY ONLY BONO external factors)		Surve	A (B (C (D (Partial Comple Not acc Partial	essed

Sketch included on separate page? OYes

O No

VERSION 01 - APRIL 2014



ASSESSMENT			Fields with asterisks (*)	are manuatory, others are optiona
Assessor Name* 🗳	TASON DA	VIDSON		
Assessor ID*		Authority*	WCOHB	
Assessment Date*	231116 Day Month Year	Assessment Time'	Hour Minute (to nearest half hour)	
BUILDING IDENT	IFICATION			
Building Name 📝	IANNAN U	VARO (NA	2 DS 3 84	
Unit / Number*	1			
Street*				
City/Town*	GREYMOUT	r H		
GPS (Degree with 5 dec	imals after comma) Sou	th,	East	,
Other ID or access		Photo ta	ken A ONO B OYes	Photo ID.
Contact Name	Owner BOTer	AN	ken AONO BOYes MAINTENANLE	
Contact Name	Owner ₿O Ter	AN		
Contact Name	Owner BOTer 2717687 None OW OY OY	AN hant cOther OO 4 O R1 Date*	MAINTENANLE	
Contact Name Type A Phone (with area code)	Owner BOTer 2717687 None OW OY OY	AN hant cOther OO 4 O R1 Date*	MAINTENANLE Tea	MANAUER

Po	otential Cause*	A Yes	в No
1	Objects falling from adjacent buildings. Adjacent building ID or address:	0	ø
2	Land instability above	0	ø
3	Land instability below	0	V
4	Other	0	0

Non None Noe None None <				Damag	e				-	Damag	le	
Collapse or partial collapse Image: Collapse or partial collapse 2 Building or storey learning Image: Collapse of partial collapse 3 Collapse or storey learning Image: Collapse of partial collapse 4 Examples Image: Collapse of partial collapse 5 Collapse or storey learning Image: Collapse of partial collapse 4 Examples Image: Collapse of partial collapse 5 Collapse of partial collapse Image: Collapse of partial collapse 6 Collapse of partial collapse Image: Collapse of partial collapse 7 Leaved and partial collapse of partial collapse Image: Collapse of partial collapse 8 Collapse of partial collapse Image: Collapse of partial collapse 9 Collapse of partial collapse Image: Collapse of partial collapse 9 Collapse of partial col		N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown		Moderate	Severe
adding a startey learing adding a startey learing 2 Budding a startey learing 3 Other, 4 Foundations 6 Control of Startey states 7 Matter states 8 Control of Startey states 9 Control of Startey states	azard*	N/A	A	В	С	D			A	В	С	D
a. Onder Structural Hazards* NA B C Structural Hazards* NA B C B Structural Hazards* D B Structural Hazards* D B Structural Hazards* D B Structural Hazards* D D B Structural Hazards* D D B Structural Hazards* D D D B Structural Hazards* D D D B Structural Hazards* D <td>or partial collapse</td> <td>0</td> <td>0</td> <td>Ø</td> <td>0</td> <td>0</td> <td></td> <td>n, 📝</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td>	or partial collapse	0	0	Ø	0	0		n, 📝	0	0	0	0
a unit: a conditions a co	or storey leaning	0,	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
4 Foundations 5 Roots, foor 6 Gravity yastem 6 Gravity yastem 7 Little status 9 Deproprint 9		Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	Ø	0	0
• Toulinations • Rook, floor • Rook, floor • Concerns • Concerns • Concerns • Concerns • Disparations • Disparations <td>l Hazards*</td> <td>N/A</td> <td>A</td> <td>в</td> <td>С</td> <td>D</td> <td>14 Interior walls, partitions</td> <td>0</td> <td>0</td> <td>Ø</td> <td>0</td> <td>0</td>	l Hazards*	N/A	A	в	С	D	14 Interior walls, partitions	0	0	Ø	0	0
Converte Converte <td< td=""><td>ons</td><td>0</td><td>0</td><td>I,</td><td>0</td><td>0</td><td></td><td>0</td><td>0</td><td>Ø,</td><td>0</td><td>0</td></td<>	ons	0	0	I,	0	0		0	0	Ø,	0	0
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(itck below if particular expertise is required) Describe extent (add diagram on separate sheet if required) action required B1 Structural Engineer B2 Geotechnical Engineer action required B3 Other:					~					A O	Standard	
A None Suggested act A None required A None required B Cordon required B Barricades already in place A Standard B2 Geotechnical Engineer Barricades already in place B Barricades already in place B Barricades already in place B <th>TED FURTI</th> <th>HER</th> <th>ACT</th> <th>IONS</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	TED FURTI	HER	ACT	IONS								
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B Level 2 Rapid Assessment (tick below if particular expertise is required) B B Cordon required Describe extent (add diagram on separate sheet if required) B Barricades required Describe extent (add diagram on separate sheet if required) B Immediate action required B Other: C Further evaluation to be arranged by building owner: B Immediate Describe extent (add diagram on separate sheet if required) B Immediate Describe extent (add diagram on separate sheet if required) MMARY Observed Damage Light or no damage Level 2 Rapid Assessment Outcome* W CAN BE USED (From assessment no known dangers) Immediate Describe extent (add diagram on separate sheet if required) Immediate Describe extent (add diagram on separate sheet if required) Moderate damage Y1 RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY with or without supervision Access to be supervised Immediate A Yes No Heavy damage R1 ENTRY PROHIBITED (At risk from external factors) R2 ENTRY PROHIBITED (Severe damage to building) Immediate Describe extent (add diagram on separate sheet if required) Assessor Signature* TES TES Immediate Immediate										-		ction
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Heavy damage R2 ENTRY PROHIBITED (Severe damage to building) Assessor Signature* Image: Complete to building)		_				0	0	-	Interio	r D (Partial	
Assessor Signature*	amage –				1			_		E (Comple	te
TES		RZ	ENTRIFE	RUHIER	IED (Sev	ere dama	age to building)					
	r Signature* 4	$(\downarrow$	1	A								
		\smile										
Fine cracking in strengthened walls a) LG Level. Appears strakage related.												
Appears sprinkage related.			1 10	st	eng	the	ned walls	a)	LG	Lei	el.	
	e crack	inc			U	a /a	Lact	~				
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	e crach peurs	sh	V.nU	aye		eran	rey.					

VERSION 01 - APRIL 2014

EARTHQUAKE RAPID ASSESSMENT FORM – Complex Residential and all Non-Residential Buildings Level 2

Complex Residential and all Non-Residential Buildings Level 2

A	SSESSMENT	M. Santas	Laker Pher	Fields with asterisks (*)	are mandatory, others are optional.
1	Assessor Name* Assessor ID*	ASONDA		NCDHB	
2	Assessment Date*	231176 Day Month Year	Assessment Time*	Hour Minute (to nearest half hour)	АМ В РМ
Bl	JILDING IDENTI	FICATION		E. L. Der Marke	
3	Building Name	CAZG SH Owner BO Tena	Photo ta	East East ken AONO BOYes	
5	Existing Placard* 🕡	None () W () Y1 () Y2	OR1 OR2 Date*	Day Month Year Tea	am ID*
BU	ILDING DESCRI	PTION	Lat BUS	Handal Hand	A death and the at
6	Dimensions	Constr. Age	Building Type	Structure Type	Cladding Type
	Storeys above ground incl. ground floor	A < <1935 B < 1935-1976 C 1977-1984 D 1985-2000	A Complex residential B School C Commercial/Office D Industrial	A Timber frame B Steel frame C Concrete frame D Concrete shear wall	A Brick veneer B Concrete panels C Steel
	OT Plant	E)>2000	E Critical facility	E O Tilt-up concrete	E Lightweight

150

Footprint (m²)

Po	otential Cause*	AYes	в No
1	Objects falling from adjacent buildings. Adjacent building ID or address:	0	ø
2	Land instability above	0	C
3	Land instability below	0	Ø
4	Other	0	V

F Public assembly

GOther:

Kitchen

F Reinforced masonry

H Other:

G Unreinforced masonry

F Other:

F Unknown

			Damag	e					Damag	е	
	N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Severe
Overall Hazard*	N/A	A	В	С	D	Non-structural Haza	ards* N/A	А	В	С	D
1 Collapse or partial collapse	0	0	V	0	0	11 Parapets, ornamentati chimneys	ion,	0	0	0	0
2 Building or storey leaning	0	0	Ø	0	0	12 Cladding, glazing	0	0	Ø	0	0
3 Other:	Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	Ø	0	0
Structural Hazards*	N/A	A	в	С	D	14 Interior walls, partition	ns O	0	Ø,	0	0
4 Foundations	0	0	Ø	0	0	15 Access/egress (elevators, stairs, exits) O	0	Ø,	0	0
5 Roofs, floors	0	0	0	0	0	16 Significant fire saftey concerns	0	0	Ø	0	0
6 Gravity systems (columns, beams, etc)	0	0	Ø	0	0	17 Utilities (e.g. gas, elect waste water, plumbing		0	0	0	0
7 Lateral systems (walls, frames, braces)	0	0	O,	0	0	18 Other:	S S	0	0	0	0
8 Diaphragms, horizontal bracing	0	0	Ø	0	0	Comments: Spu	ne ple	exist	yac.	rath	ing
9 Precast connections	Ø	0	0	0	0	avound a	loors ,	600	Xele	w. s.	ind
10 Other:	V	0	0	0	0	evalle e	pposte	e en	fema	100	on
B2 Geotechnical Engir B3 Other: C Further evaluation to be		d by buildin	g owner:			separate	sheet if require	a)			
MMARY											
Observed Damage		/		ssment			(12)	Surve	ey Exte	nt*	
Light or no damage	-) known dangers)	_	Exterio		Partial	
	Y1 RESTRICTED ACCESS TO PART(S) O						.Y	Exterio		Comple	ete
Moderate damage	Y2()	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A Yes B No						C	c (Not acc	essed
							Interior	D	Partial		
	ENTRY	ROHIBI	TED (At ri	isk from	external factors)	factors)		E	Comple	te	
Heavy damage	R1 ENTRY PROHIBITED (At risk from e) R2 ENTRY PROHIBITED (Severe damag					age to building)			-		
Heavy damage	6	TSI	ht		-						
Heavy damage Assessor Signature [*]	C	X	- C								
Assessor Signature*	C	A									
	C	A									
Assessor Signature*		A									
Assessor Signature*	C										
Assessor Signature*	C										
Assessor Signature*	C										



	SESSMENT	and the second			*) are mandatory, others are optio
1)	Assessor Name*	TASONO	AVZOSON		
	Assessor ID*		Authority*	NCOHB	
2)	Assessment Date*	231116 Day Month Year	Assessment Time'	(225) Hour Minute (to nearest half hour)	
вu	ILDING IDENT	IFICATION		and the second second	
3)	Building Name	CHILDR	ADOLESC	ENT MEN	MAL HEAD
-	Unit / Number*	1071	5	ENT MEN ERVICES (CCAMHS)
	Street*	CONPERS	STREET		
	City/Town*	GREYMOU	TH		
	GPS (Degree with 5 dec	imals after comma) Sou	uth -	East	
	Other ID or access				Photo ID
2	Contact Name	LRAIG SI	HAN		1 1 1 1 1 1 1 1
2	Contact Name				
	Туре А	Owner ₿⊖Te	enant c Other	MAINTENANC	E MANAGER
5	Type A Phone (with area code)	OwnerB \bigcirc Te0 Z \rightarrow) \rightarrow 6 & 3NoneWO Y	nant c Other		E MANAGER
5	Type A Phone (with area code) (Existing Placard* (ILDING DESCI	Owner BOTe	nant corother 7004 7004 71081 72082 Date*	Day Month Year Te	eam ID*
5	Type A Phone (with area code) (Existing Placard* (ILDING DESCI Dimensions	Owner B Te 0 Z P) F 6 S None W Y Y RIPTION Constr. Age	Anant COther	Day Month Year Te	eam ID*
0	Type A Phone (with area code) (Existing Placard* (ILDING DESCI	Owner B Te 0 Z P) F 6 S None W Y RIPTION Constr. Age A < 1935	anant C Other 7 0 8 0 0 0	Day Month Year Te Structure Type	Cladding Type
0	Type A Phone (with area code) Existing Placard* ILDING DESCI Dimensions Storeys above ground	Owner B Te 0 Z P) F 6 S None W Y Y RIPTION Constr. Age	Anant COther	Day Month Year Te	eam ID*
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0	Type A Phone (with area code) (Existing Placard* (ILDING DESCI Dimensions Storeys above ground incl. ground floor () (2)	Owner B Te 0 Z 7 6 5 None W Y Y RIPTION V Y Constr. Age A <1935	A Complex residential B School C Commercial/Office	Day Month Year Te Day Month Year Structure Type A Timber frame B Steel frame C Concrete frame	Cladding Type A Brick veneer B Concrete panels C Steel
0	Type A Phone (with area code) (Existing Placard* (ILDING DESCI Dimensions Storeys above ground incl. ground floor () (2) Storeys below ground	Owner B Te 0 Z →) → 6 & 3 None W Y Constr. Age A <1935 B 1935-1976 C 1977-1984 D 1985-2000	Imant COther Condent Cother Condent Cother Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Te Day Month Year Te Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding Type A Brick veneer B Concrete panels C Steel D Glass
5	Type A Phone (with area code) I Existing Placard* I ILDING DESCI Dimensions Storeys above ground floor I I.gound floor I	Owner B Te 0 Z 7 6 5 None W Y Y RIPTION V Y Constr. Age A <1935	Imant C Other O O O O O O O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O O P O <	Day Month Year Te Day Month Year Te Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry G Unreinforced masonry	Cladding Type Cladding Type A Brick veneer B Concrete panels C Steel D Glass E Lightweight
5	Type A Phone (with area code) (Existing Placard* (ILDING DESCI Dimensions Storeys above ground incl. ground floor () (2) Storeys below ground () () Footprint (m ³)	Owner B Te 0 Z 7 6 5 None W Y Y RIPTION V Y Constr. Age A <1935	Imant COther Condent Cother Condent Cother Date* Building Type A Complex residential B School C Commercial/Office D Industrial E Critical facility F Public assembly	Day Month Year Te Day Month Year Te Structure Type A Timber frame B Steel frame C Concrete frame D Concrete shear wall E Tilt-up concrete F Reinforced masonry	Cladding Type Cladding Type A Brick veneer B Concrete panels C Steel D Glass E Lightweight

Po	otential Cause*	A Yes	в No
1	Objects falling from adjacent buildings. Adjacent building ID or address:	0	0
2	Land instability above	0	ø
3	Land instability below	0	Ø
4	Other	0	ø

Damage			е					Damage		
N/A	Unknown	Minor or None	Moderate	Severe		N/A	Unknown	Minor or None	Moderate	Sever
N/A	A	в	с	D	Non-structural Hazards*	N/A	A	В	С	D
0	0	S	0	0	11 Parapets, ornamentation, chimneys	C	0	0	0	0
0	0	Ø	0	0	12 Cladding, glazing	0	0	0	0	0
] Ø	0	0	0	0	13 Ceilings, light fixtures	0	0	0	0	0
N/A	A	В	с	D	14 Interior walls, partitions	Ø	0	0	0	0
0	0	Ø,	0	0	15 Access/egress (elevators, stairs, exits)	0	0	0	0	0
0	0	0	0	0	16 Significant fire saftey concerns	Ø	0	0	0	0
0	0	S	0	0	17 Utilities (e.g. gas, electricity,	0	0	0	0	0
0	0	0	0	0		0	0	0	0	0
0	0	V	0	0						
0	0	0	0	0						
10	0	0	0	0						
1	ACNO	ne B	00-10	% c(◯ 11-30%	%	e 🔿 61-	100%		
THE	A No	IONS		% c(Cordon			е <mark>()</mark> 61-	Urge	ency of	ction
	N/A 0 0 0 0 0 0 0 0 0 0 0 0 0	N/A A O O O O N/A A N/A A O O N/A A O O	N/A Unknown None N/A A B O O O O O O O O O N/A A B O O O N/A A B O O O N/A A B O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	N/A Onknown None Midderate N/A A B C O O O O O O O O O O O O O O O O N/A A B C N/A A B C N/A A B C O O O O N/A A B C O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	N/A Unknown None Moderate Severe N/A A B C D O O O O O O O O O O O O O O O N/A A B C D N/A O O O O N/A A B C D N/A A B C D N/A A B C D O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O O	N/A Onknown None Moderate Severe N/A A B C D O O O O In Parapets, ornamentation, chimneys O O O O In Parapets, ornamentation, chimneys O O O O In Parapets, ornamentation, chimneys O O O O Interior and the set of the set	N/A Onknown None Moderate Severe N/A N/A A B C D Non-structural Hazards* N/A O O O O O I1 Parapets, ornamentation, chimneys I2 Cladding, glazing I2 Cladding, glazing I3 Ceilings, light fixtures I4 Interior walls, partitions I1 Parapets, ornamentation, chimneys I3 Ceilings, light fixtures I3 Ceilings, light fixtures I3 Ceilings, light fixtures I4 Interior walls, partitions I5 Access/egress (elevators, stairs, exits) I6 Significant fire saftey concerns I7 Utilities (e.g. gas, electricity, waste water, plumbing) I8 Other: I8 Other: Comments: I O O O O O I8 Other: I8 Other: I8 Other:	N/A Unknown None Moderate Severe N/A Unknown N/A A B C D Non-structural Hazards* N/A A O O O O O In Parapets, ornamentation, chimneys In Parapets, ornament	N/A Unknown None Moderate Severe N/A A B C D Non-structural Hazards* N/A A B O	N/A Unknown None Moderate Severe N/A Unknown None Moderate N/A A B C D Non-structural Hazards* N/A A B C O <td< td=""></td<>

Observed Damage	Level 2 Rapid Assessment Outcome* (12)		Survey Extent*		
Light or no damage	W CAN BE USED (From assessment no known dangers)			A Partial	
	Y1 O RESTRICTED ACCESS TO PART(S) OF THE BUILDING ONLY		Exterior	B Complete	
Moderate damage	Y2 RESTRICTED ACCESS – SHORT TERM ENTRY ONLY with or without supervision Access to be supervised A Yes B No		Interior	C Not accessed	
manual distances	R1 OENTRY PROHIBITED (At risk from external factors)			E Complete	
Heavy damage	B2 ENTRY PROHIBITED (Severe damage to building)				

Assessor Signature*

chea	hed co	nnecton	Letween	ovlandt	Luild F	- extension
10	eviden	10 at	between	1		
100	~ wiren	re of o	novener			