

ATC-20 Fixed Equipment Checklist

Building Description

Building name: _____

Address: _____

Inspection

Inspector ID: _____

Affiliation: _____

Inspection date: _____

Inspection time: _____ AM PM

Checklist

Equipment Damaged

Overall hazards:

Minor/None Moderate Severe Comments

Main boilers _____

Chillers _____

Emergency generators _____

Fuel tanks _____

Battery racks _____

Fire pumps _____

On-site water storage _____

Communications equipment _____

Main transformers _____

Main electrical panels _____

Elevators (traction) _____

Other fixed equipment _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

Special concerns for hospitals and other health care facilities

Radiation equipment _____

Toxic chemical storage _____

_____ _____

_____ _____

_____ _____

_____ _____

Liquid oxygen tanks _____

Other: _____ _____

_____ _____

Recommendations/Comments:
