FORM EB 18-2024 MILESTONE INSPECTION REPORT FORM

PHASE 1 - Milestone Inspection

Inspection Firm or Individual Name:
Address:
Telephone
Number:
Inspection Commenced Inspection Completed
Date:
No Repairs Repairs are required as outlined herein.
Required Required as outlined nerein.
Phase 2 inspection is required
Phase 2 inspection is required, and the need is of such a critical nature that it is time sensitive
Licensed Design Engineer Architect
Professional:
Name:
Lineman
License Number:
Number.
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I am qualified to practice in the discipline in which I am hereby signing,
Signature: Date:
This report has been based upon the minimum inspection guidelines for building safety inspection as listed in <i>Chapter 18 of the Florida Building Code, Existing Building</i> . To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the
structure, based upon careful evaluation of observed conditions, to the extent reasonably possible.
1. DESCRIPTION OF STRUCTURE
a. Name on Title:
b. Street Address:
c. Legal Description:
d Owner's Name:

e.	Owner's Mailing Address:	
f.	Email Address:	Contact Number:
g.	Folio Number of Property on which building is located:	
h.	Building Code Occupancy Classification:	
i.	Present Use:	
j.	General Description:	Type of Construction:
k.	Square Footage:	
	1. Total building area:	Number of Stories:
	2. Building footprint area:	
l.	Name of the Condo or Coop entity:	
m	Special Features:	
111.	Special Features:	
n.	Describe any additions to original structure:	
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0.	Distance to the coast:	<u> </u>
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2. PRESENT CONDITION	OF STRUCTURE			
a. General Alignme	nt (Note: Good, Fire, Poor,	Explain if significa	ant):	
1. Bulging:	Good	Fair	Poor	Significant (Explain):
2. Settlement:	Good	Fair	Poor	Significant (Explain):
3. Deflections:	Good	Fair	Poor	Significant (Explain):
4. Expansion:	Good	Fair	Poor	Significant (Explain):
				Significant
5. Contraction:	Good	Fair	Poor	(Explain):
b. Portion Showing	Distress (Note: Beams, Col	umns, Structural	Walls, Floor, Roofs, O	ther):
c. Surface Condition	ns – Describe general condi ation and strains:	itions of finishes,	noting cracking, spall	ing, peeling, signs of

d.	Cracks – Note location in significant members. Identify crack size as HAIRLINE if barely discernible; FINE if less than 1mm in width; MEDIUM if between 1mm and 2mm in width; WIDE if over 2mm:
e.	General extent of deterioration – Cracking or spalling concrete or masonry, oxidation of metals; rot or borer attack in wood:
f.	Note previous patching or repairs:
g.	Nature of present loading indicate residential, commercial, other estimate magnitude:
3. INSF	PECTIONS
a.	Date of notice of required inspection:
b.	Date(s) of actual inspection:
C.	Name and qualifications of the individual preparing report:
d.	Description of laboratory or other formal testing, if required, rather than manual or visual procedures:

e.	Structural Repairs – note appropriate line:	
	1. None required	
	2. Required (describe and indicate acceptance)	
		-
		-
f.	Has the property record been researched for any current code violations or Yes No	
1.	unsafe structure cases?	
Explan	nation/Comments:	
		_
		_
4 SHP	PPORTING DATA ATTACHED	1
4. 501	TORTING DATA ATTACILED	-
a.	Sheets of written data:	
b.	Photographs:	
C.	Drawings or sketches:	
d.	Test reports:	
5. FOU	JNDATION	
	Describe building foundation:	
a.	Describe building foundation.	
		_
h	Is wood in contact or near soil? (Vos/No):	
D.	Is wood in contact or near soil? (Yes/No):	
C.	Signs of differential settlement? (Yes/No)	
d.	Describe any cracks or separation in the walls, column or beams that signal differential settlement:	
		-
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e.		Is there additional sub-soil investigation required?	Yes	No)			
	1.	If yes, explain:						
f.	ls v	vater drained away from foundation? (Yes/	No):					
g.	Is th	nere additional sub-soil investigation require					 	
		1. Describe:				·		_
6. MA	SON	RY BEARING WALL – Indicate good, fair or	poor	on appro	priat	te lines		
		Concrete masonry	<u>.</u>	Good	•	Fair	Poor	
		units:		Good		ган	POOI	
	b.	Clay tile or cotta units:		Good		Fair	Poor	
		•					J	
	c.	Reinforced concrete tie		Good		Fair	Poor	
		columns:		Good		I all	1 001	
	d.	Reinforced concrete tie		Good		Fair	Poor	
		beams:] ' ' ' ' '] 1 001	
	e.	Lintel:		Good		Fair	Poor	
				J		J	J	
	f.	Other type bond beams:		Good		Fair	Poor	
				J		J	J	
	g.	Masonry Finishes – Exterior :						
		1. Stucco:		Good		Fair	Poor	
		2. Veneer:		Good		Fair	Poor	
		3. Paint Only:		Good		Fair	Poor	
		4. Other:		Good		Fair	Poor	
		4a. Explain:			.		 	
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h.	Cracks – Note beams, columns, or others, including locations (description):
i.	Spalling – In beams, columns, or others, including locations (description):
j.	Rebar corrosion – Check appropriate line:
	1. None Visible
	2. Minor – Patching will suffice
	3. Significant – Patching will suffice
	4. Significant – Structural repairs required
	4a. Describe:
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k.	Were samples chipped out for examination in spalled areas?
	1. No
	Yes – Describe color, texture, aggregate, general quality:
ELOOP	AND ROOF SYSTEM
a. Roo	

1) Roof pitch
Flat
Pitched Pitched
Fitched
2) Roof structural framing
Wood
Steel
Concrete
3) Structural framing Good Fair Poor
condition
4) Roof deck material
Concrete Non-structural / insulating concrete on steel deck
Wood Bare steel deck
Structural concrete on steel deck
Structural contracts on steel deak
5) Roof cladding type
Tile Single ply (Membrane)
Asphalt shingles Metal
Built-up roofing (BUR) Other
6) Roof covering condition
Condition Good Fair Poor

7)	Note water tanks, cooling towers, air conditioning equipment, signs, other heavy equipment and condition of support:
8)	Note types of drains, scuppers, and condition:
9)	Describe parapet construction and current condition:
10)	Describe mansard construction and current condition: Condition Good Fair Poor
11)	Describe any roofing framing member with obvious overloading, overstress, deterioration, or excessive deflection:

	12)	Note any expansion joint and condition:
		Condition Good Fair Poor
b.	Flo	or System(s):
	1.	Describe (Type of system framing, material, spans, condition, balconies):
		Condition Good Fair Poor
		
	2.	Balcony structural system
		Edge and building face supported
	-	Cantilever
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	3.	Balcony exposure (if structure is on the coast)
	_	Ocean facing
		Non-ocean facing
_		
	4.	Balcony construction
		Concrete
		Steel framing with concrete topping
	-	Wood
		Other (define in narrative)
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5. Baic	cony condition ra	ating		
	Good			
	Fair (e.g., min	or cracking, minor rebar corrosior	n – patching will suffice)	
	Poor (e.g., sign	nificant cracking, rebar corrosion	requiring repairs)	
	N/A			
	<u> </u>			
				_
6. Balc	ony condition d	escription (e.g., spalling, cracking,	rebar corrosion)	
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7. Stair	rs and escalator	s – Indicate location, framing syste	em, material, and condition:	
8. Ram	ns – Indicate lo	cation, framing system, material,	and condition:	
o. Naii	ips – maicate io	cation, maining system, material,	and condition.	
9. Gua	rdrails – Indicato	e type, location, material, and con	ndition:	
Gua	rd system			
	Wood	Stainless steel	Glass	
	Natal		CMU Kneewall	
	Metal	Ungalvanized Steel		
	Aluminum	Concrete Kneewall	Other	

10	Guard condition (define ratings depending on guard system)
	Good
	Fair
	Poor
c.	Inspection – Note exposed areas available for inspection, and where it was found necessary to open ceilings, etc. for inspection of typical framing members:
8. STE	EL FRAMING SYSTEM
	Full description of system:
a.	Full description of system:
a.	
a.	Full description of system:
a. b.	Full description of system: Exposed Steel – Describe condition of paint and degree of corrosion:
a. b.	Full description of system:
a. b.	Full description of system: Exposed Steel – Describe condition of paint and degree of corrosion:
a. b.	Full description of system: Exposed Steel – Describe condition of paint and degree of corrosion:

d.	Concrete or other fireproofing – Describe any cracking or spalling and note where any covering was removed for inspection:
e.	Identify any steel framing member with obvious overloading, overstress, deterioration or excessive deflection (provide location(s)):
f.	Elevator sheave beams, connections, and machine floor beams – Note column:
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	CRETE FRAMING SYSTEM
a.	Full description of structural system:
b.	Cracking:
1. 2.	Significant Not Significant Description of members affected, location and type of cracking:
c.	General condition:

		None Visible
	1.	Location and description of members affected and type
	2.	cracking
	3.	Significant – Patching will suffice
	4.	Significant – Structural repairs required (Describe):
e.	Were sam	ples chipped out for examination in spalled areas?
	1.	No
	2.	Yes – Describe color, texture, aggregate, general quality:
		deterioration (e.g., efflorescence at underside of slab or at base of column or wall) or
		deterioration (e.g., efflorescence at underside of slab or at base of column or wall) or deflection (provide location(s)):
). WI	excessive	
). WI	NDOWS, S	deflection (provide location(s)):
	NDOWS, S Structu thresho	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of
	NDOWS, S Structu thresho	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of Id building: Yes No
	NDOWS, S Structu thresho	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of Id building: Yes No
	NDOWS, S Structu thresho	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of Id building: Dus Inspection Torefronts and Exterior Doors Yes No
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	NDOWS, S Structu thresho	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of Id building: Dus Inspection Torefronts and Exterior Doors Yes No
	NDOWS, S Structu thresho 1. Previ Date 2. Descri	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS ral Glazing on the exterior envelope of Id building: Dus Inspection Torefronts and Exterior Doors Yes No
	NDOWS, S Structu thresho 1. Previ Date 2. Descri	TOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS Tal Glazing on the exterior envelope of Id building: Tous Inspection Tous Insp

1.	Type (wood, steel, aluminum, sliding glass door, other):
2.	Anchorage type and condition of fasteners and latches:
······································	Scalant type and condition of scalant:
3.	Sealant type and condition of sealant:
4.	General Condition:
5.	Describe repairs needed:
	OD FRAMING
a.	Type – Fully describe if mill construction, light construction, major spans, trusses:
-	
b .	Indicate condition of the following: 1. Walls:

	2.	Floors:
	3.	Roof member, roof trusses:
C.	Note me	etal fitting (i.e., angles, plates, bolts, splint pintles, other and note condition):
d.	Joints –	Note if well fitted and still closed:
e.	Drainag	e – Note accumulations of moisture:
f.	Ventilat	ion – Note any concealed spaces not ventilated:

g.	Note any concealed spaces opened for inspection:
h.	Identify any wood framing member with obvious overloading, overstress, deterioration, or excessive deflection:
12. BU	ILDING FAÇADE INSPECTION
a.	Identify and describe the exterior walls and appurtenances on all sides of the building (cladding type, corbels, precast appliques, etc.):
b.	Identify attachment type of each appurtenance type (mechanically attached or adhered):
C.	Indicate the condition of each appurtenance (distress, settlement, splitting, bulging, cracking, loosening of metal anchors and supports, water entry, movement of lintel or shelf angles or other defects):
13. SP	ECIAL OR UNUSUAL FEATURES IN THE BUILDING
a.	Identify and describe any special or unusual features (i.e., cable suspended structures, tensile fabric roof, large sculptures, chimney, porte-cochere, retaining walls, seawalls, etc.):
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b.	Indicate condition of special feature, its supports and connections:			
14. DE	TERIORATION			
a.	Based on the scope of the inspection, describe any structural deterioration and describe the extent of such deterioration.			

PHASE 2 Milestone Inspection

1. DESCRIPTION OF STRUCTURE				
a. Name on Title:				
b. Street Address:				
c. Legal Description:				
d. Owner's Name:				
a. owner ortainer				
Name of the Condo or Coop	entity along with	contact information:		
Name:				
Address:				
Telephone Number:				
Name and contact informat	ion of the licensed	individual(s) conducting th	ne inspection	
Inspection Firm or Individual Name:				
Address:				
Telephone				
Number:	I			
Inspection Commenced Date:		Inspection Cor	mpleted Date:	
 Provision for signature and 	seal of the licensed			
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Licensed Design Engineer Architect				
Professional:			İ	
Name:				
License	License			
Number:				
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			Soci	
100 100 100			Seal	
I am qualified to practice in the discipline in which I am hereby signing,				
Signature:		Date:		

1. Describe references cited under Phase 1 report for follow up:
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2. Identify the damage and describe the extent of the repairs needed along with repair recommendations:
3. Identify and describe areas requiring added inspection as well as results of any testing:
The state of the s
4. Describe manner and true of inspections marfamored.
4. Describe manner and type of inspections performed:
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Note: When testing and at the discretion of the design professional, scientific testing protocols must
be used in addition to visual inspection techniques for determining the structural integrity of a building.

5. Provide graded urgency of each recommended repair

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	State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building ode, were observed.
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7.	Identify and describe any items requiring additional inspections
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