

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

PHASE 1 Milestone Inspection

Licensed Engineer(s) or Architect(s) Responsible for The Milestone Inspection

Inspection Firm Name (if applicable): _____

Inspection Engineer/Architect Name and License Number: _____

Address: _____

Telephone Number: _____

Assuming Responsibility for: " All, " Portion, If Portion please list: _____

Inspection Commenced Date: _____ Inspection Completed Date: _____

Additional Inspection Firm Name (if applicable): _____

Additional Inspection Engineer/Architect Name: _____

Address: _____

Telephone Number: _____

Assuming responsibility for: Portion (please list): _____

Inspection Commenced Date: _____ Inspection Completed Date: _____

NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Milestone Inspection or portions thereof.

Substantial Structural Deterioration Observed; Phase 2 inspection is required

Reason to Believe a Dangerous Inaccessible Condition of Major Structural Component; Phase 2 inspection is required to complete Milestone Inspection of Inaccessible Conditions

Potentially Dangerous Condition Observed; Structural Evaluation is required*

**A condition exists that the Milestone Inspector determines would need a Phase II Inspection or structural evaluation of the specific item identified or area in order to determine whether a dangerous condition exists.*

Dangerous Condition Observed; Notify Building Official; Structural Evaluation is required

See Section 17 for Summary of Findings

Licensed Design
Professional:

Engineer

Architect

Name: _____

License
Number: _____



Seal

I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____ Date _____

This report has been based upon the minimum milestone inspection requirements as listed in *Chapter 18 of the Florida Building Code, Existing Building*. 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.

See: General Considerations & Guidelines

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:

n. Describe any additions to original structure:

o. Approximate distance to the coast:

2. PRESENT CONDITION OF STRUCTURE

a. General Alignment (Note: Good, Fair, Poor, Explain if significant):

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):

5. Contraction: Good Fair Poor Significant (Explain):

b. Portion Showing Distress (Note: Beams, Columns, Structural Walls, Floor, Roofs, Other):

c. Surface Conditions – Describe general conditions of finishes, noting cracking, spalling, peeling, signs of moisture penetration and strains:

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: _____

h. Are there any other significant observations Yes No

Describe:

3. INSPECTIONS

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. Has the property record been researched for any current code violations or unsafe structure cases?

Yes

No

Explanation/Comments:

4. SUPPORTING DATA ATTACHED

a. Sheets of written data: _____

b. Photographs:

c. Drawings or sketches:

d. Test reports:

5. FOUNDATION

a. Describe building foundation:

b. Is wood in contact or near soil? (Yes/No): _____

c. Signs of differential settlement? (Yes/No) _____

d. Describe any cracks, separation, or other signs in the walls, column or beams that signal differential settlement:

e. Is there additional sub-soil investigation required? Yes No

1. If yes, explain:

f. Is water drained away from the foundation? (Yes/No):

g. Is there additional sub-soil investigation required? (Yes/No): _____
 1. Describe: _____

6. MASONRY BEARING WALL – Indicate good, fair or poor on appropriate lines

a. Concrete masonry units:
 Good Fair Poor Significant

b. Clay tile or cotta units:
 Good Fair Poor Significant

c. Reinforced concrete tie columns:
 Good Fair Poor Significant

d. Reinforced concrete tie beams:
 Good Fair Poor Significant

e. Lintel:

Good Fair Poor Significant

f. Other type bond beams:

Good Fair Poor Significant

g. Masonry Finishes – **Exterior:**

1. Stucco:

Good Fair Poor Significant

2. Veneer:

Good Fair Poor Significant

3. Paint Only:

Good Fair Poor Significant

4. Other:

Good Fair Poor Significant

4.a. Explain: _____

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. | <input type="checkbox"/> | None Visible |
| 2. | <input type="checkbox"/> | Minor – Patching will suffice |
| 3. | <input type="checkbox"/> | Significant – Patching will suffice |
| 4. | <input type="checkbox"/> | Significant – Structural repairs required |

4a. Describe:

k. Were samples chipped out for examination in spalled areas?

1. No
2. Yes – Describe color, texture, aggregate, general quality:

7. FLOOR AND ROOF SYSTEM

a. Roof:

1) Roof pitch

Flat

Pitched

2) Roof structural framing

Wood

Steel

Concrete

3) Roof Structural framing condition

- Good Fair Poor Significant

4) Roof deck material

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Concrete
Wood
Structural concrete on steel deck

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Non-structural / insulating concrete on steel deck
Bare steel deck

5) Roof cladding type

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Tile
Asphalt shingles
Built-up roofing (BUR)

| |
|--------------------------|
| <input type="checkbox"/> |
| <input type="checkbox"/> |
| <input type="checkbox"/> |

Single ply (Membrane)
Metal
Other

6) Roof covering condition

- Good
- Fair
- Poor
- Significant

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:

Good Fair Poor Significant

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 Significant

b. Floor System(s):

1. Describe (Type of system framing, material, spans, condition, balconies):

Condition: Good Fair Poor Significant

2. Balcony structural system

- Edge and building face supported
- Cantilever

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)

5. Balcony condition rating

- Good
- Fair (e.g., minor cracking, minor rebar corrosion – patching will suffice)
- Poor (e.g., significant cracking, rebar corrosion requiring repairs)
- Significant
- N/A

6. Balcony condition description (e.g., spalling, cracking, rebar corrosion)

7. Stairs and escalators – Indicate location, framing system, material, and condition:

8. Ramps – Indicate location, framing system, material, and condition:

9. Guardrails – Indicate type, location, material, and condition:

Guard system

| | | | | | |
|--------------------------|----------|--------------------------|--------------------|--------------------------|--------------|
| <input type="checkbox"/> | Wood | <input type="checkbox"/> | Stainless steel | <input type="checkbox"/> | Glass |
| <input type="checkbox"/> | Metal | <input type="checkbox"/> | Ungalvanized Steel | <input type="checkbox"/> | CMU Kneewall |
| <input type="checkbox"/> | Aluminum | <input type="checkbox"/> | Concrete Kneewall | <input type="checkbox"/> | Other _____ |

10. Guard condition (define ratings depending on guard system)

| | |
|--------------------------|-------------|
| <input type="checkbox"/> | Good |
| <input type="checkbox"/> | Fair |
| <input type="checkbox"/> | Poor |
| <input type="checkbox"/> | Significant |

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. STEEL FRAMING SYSTEM

a. Full description of system:

b. Exposed Steel – Describe condition of paint and degree of corrosion:

c. Steel Connections – Describe type and condition:

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:

9. CONCRETE FRAMING SYSTEM

a. Full description of structural system:

b. **Cracking:**

1. Significant Not Significant

2. Description of members affected location and type of cracking:

c. General condition:

d. Rebar Corrosion – Check appropriate line:

| | | |
|----|--------------------------|--|
| 1. | <input type="checkbox"/> | Non-Visible |
| 2. | <input type="checkbox"/> | Location and description of members affected and type cracking |
| 3. | <input type="checkbox"/> | Significant – Patching will suffice |
| 4. | <input type="checkbox"/> | Significant – Structural repairs required (Describe): |

e. Were samples chipped out for examination in spalled areas?

1. No
2. Yes – Describe color, texture, aggregate, general quality:

f. Identify any concrete framing member (e.g., slabs and transfer elements) with obvious overloading, overstress, deterioration (e.g., efflorescence at underside of slab or at base of column or wall) or excessive deflection (provide location(s)):

10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS

a. Structural Glazing on the exterior envelope of threshold building:

Yes No

1. Previous Inspection
Date:

2. Description of Curtainwall Structural Glazing and adhesive sealant: _____

3. Describe condition of system: _____

b. Exterior Doors:

1. Type (wood, steel, aluminum, sliding glass door, other): _____

Anchorage type and condition of fasteners and latches: _____

2. Sealant type and condition of sealant: _____

3. General Condition:

4. Describe repairs needed:

11. WOOD 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 metal fitting (i.e., angles, plates, bolts, splint pintles, other and note condition): _____

d. Joints – Note if well fitted and still closed:

e. Drainage – Note accumulations of moisture: _____

f. Ventilation – 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. BUILDING FACADE 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. SPECIAL 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.): _____

b. Indicate condition of special feature, its supports and connections: _____

14. DETERIORATION

a. Based on the scope of the inspection, describe any structural deterioration and describe the extent of such deterioration. _____

15. UNSAFE CONDITIONS

a. State whether unsafe or dangerous conditions exist, as these terms are defined in the Florida Building Code, where observed. Yes No

By checking this box, the undersigned states that the inspections detailed in this report were performed with the primary objective of identifying potential structural issues. Other conditions may render a building unsafe,

including, but not limited to, the existence of unsanitary conditions, inadequate maintenance, illegal occupancy, inadequate means of egress, or inadequate lighting and ventilation. If potentially unsafe conditions were observed, they will be noted, but the inspections were not intended to be a comprehensive assessment of whether any such conditions exist in the subject building.

16. SAFE OCCUPANCY DETERMINATION

a. Based on the results of the inspection, does the building or any portion of the building need to be vacated, secured, or access limited? If so, what portions of the building need to be vacated and how quickly do those portions need to be vacated, secured, or access limited?

17. SUMMARY OF FINDINGS

The below Condition(s) were noted within this Phase 1 Inspection.

- Indication of Dangerous Condition Observed
- Actual Dangerous Condition Observed
- Indication of Substantial Structural Deterioration Observed
- Actual Substantial Structural Deterioration Observed
- Indication of Need for Maintenance
- Indication of Need for Repair
- Indication of Need for Replacement
- Inaccessible Condition of Structural Component

18. REVIEW OF EXISTING DOCUMENTS AND PERMIT RECORDS

It appears that unpermitted structural work has been performed as follows, and the Building Official has been notified:

- Yes No

19. DEFINITIONS OF TERMS

Good: No Substantial Structural Deterioration and No Dangerous Condition Observed.

Fair: Indication of Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Poor: Actual Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Significant: Any Observation which is an Indication of Dangerous Condition or Actual Dangerous Condition.

PHASE 2 MILESTONE INSPECTION

1. Description of Structure

Name on Title:

Street Address:

Legal Description:

Owner's Name:

2. Name of the Condo or Coop Entity and Contact Information

Name:

Address:

Telephone Number:

3. Name and Contact Information of the Licensed Individual(s) Conducting the Inspection

Inspection Firm or Individual Name:

Address:

Telephone Number:

Inspection Commenced Date:

Inspection Completed Date:

- Substantial Structural Deterioration Observed; Structural Evaluation is required.
- Inaccessible Condition of Major Structural Component; The Milestone Inspection was not able to conclude the Structural Condition of inaccessible areas.
- Potentially Dangerous Condition Observed; Structural Evaluation is required.
- Dangerous Condition Observed; Notify Building Official; Structural Evaluation is required.
- See Section 9 for Summary of Findings.

Provision for Signature and Seal of the Licensed Individual Conducting the Inspection

Licensed Design Professional:

Engineer

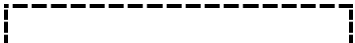
Architect

Name: _____

License

Number: _____

Seal



I am qualified to practice in the discipline in which I am hereby signing,

Signature: _____

Date: _____

This report has been based upon the minimum milestone inspection requirements as listed in *Chapter 18 of the Florida Building Code, Existing Building*. 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.

See: General Considerations & Guidelines

1. DESCRIBE REFERENCES CITED UNDER PHASE 1 REPORT FOR FOLLOW-UP:

2. IDENTIFY THE DAMAGE AND DESCRIBE THE EXTENT OF THE SUBSTANTIAL STRUCTURAL DETERIORATION ALONG WITH NEED FOR MAINTENANCE, REPAIR, AND/OR REPLACEMENT RECOMMENDATIONS:

3. IDENTIFY AND DESCRIBE AREAS REQUIRING ADDED INSPECTION AS WELL AS RESULTS OF ANY TESTING:

4. DESCRIBE MANNER AND TYPE OF INSPECTION PERFORMED:

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:

6. STATE WHETHER UNSAFE OR DANGEROUS CONDITIONS EXIST, AS THESE TERMS ARE DEFINED IN THE FLORIDA BUILDING CODE, WHERE OBSERVED:

By checking this box, the undersigned states that the inspections detailed in this report were performed with the primary objective of identifying potential structural issues. Other conditions may render a building unsafe, including, but not limited to, the existence of unsanitary conditions, inadequate maintenance, illegal occupancy, inadequate means of egress, or inadequate lighting and ventilation. If potentially unsafe conditions were observed, they will be noted, but the inspections were not intended to be a comprehensive assessment of whether any such conditions exist in the subject building.

7. IDENTIFY AND DESCRIBE ANY ITEMS REQUIRING ADDITIONAL INSPECTIONS:

8. SAFE OCCUPANCY DETERMINATION

- a. Based on the results of the inspection, does the building or any portion of the building need to be vacated, secured, or access limited? If so, what portions of the building need to be vacated and how quickly do those portions need to be vacated, secured, or access limited?

| |
|-------|
| _____ |
| _____ |
| _____ |

9. SUMMARY OF FINDINGS

The below Condition(s) were noted within this Phase 2 Inspection.

- The Building has Substantial Structural Deterioration, Corrective Action is Required.
- A Need for Maintenance was Observed, but Does Not Meet the Standard of Substantial Structural Deterioration at This Time. The Building Passes the Milestone Inspection Program.
- There Are No Signs of Substantial Structural Deterioration. The Building Passes the Milestone Inspection Program.

10. DEFINITIONS OF TERMS

Good: No Substantial Structural Deterioration and No Dangerous Condition Observed.

Fair: Indication of Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Poor: Actual Substantial Structural Deterioration Observed and No Dangerous Condition Observed.

Significant: Any Observation which is an Indication of Dangerous Condition or Actual Dangerous Condition.

