



नेपाल सरकार

# शहरी विकास मन्त्रालय

पत्र संख्या:- यो.२०८२/०८३-६३ (२४)  
चलानी नं:- २८२

योजना, भवन निर्माण तथा शहरी विकास महाशाखा  
सिंहदरबार, काठमाण्डौ

श्री महानिर्देशक  
दर्ता नं:- ४४२ मिति: २०८२/०६/०२  
मिति:- २०८२/६/२

सिंहदरबार,  
काठमाण्डौ, नेपाल ।

श्री शहरी विकास तथा भवन निर्माण विभाग,  
बबरमहल, काठमाण्डौ ।

भवन महाशाखा  
दर्ता नं: १३९  
मिति: २०८२/०६/०५

विषय: Post Fire Rapid Damage Assessment Checklist सम्बन्धमा ।

प्रस्तुत विषयमा २०८२ साल भाद्र २३ र २४ गते युवाहरूको आहानमा भएको आन्दोलनको क्रममा आगजनी तथा तोडफोडबाट क्षतिग्रस्त सरकारी, संस्थागत तथा अन्य भवनहरूको क्षति आंकलनका लागि शहरी विकास तथा भवन निर्माण विभागबाट विभिन्न सरोकारवाला संघ संस्था एवं विज्ञहरूसँग छलफल पश्चात तयार गरी विभागको मिति २०८२/०५/३१ को निर्णय बमोजिम पेश भएको " Post Fire Rapid Damage Assessment Checklist " यस मन्त्रालयको (सचिवस्तर) मिति २०८२/०५/३१ को निर्णयानुसार स्वीकृत भएकोले स्वीकृत टिप्पणी फाइल यसै पत्रसाथ संलग्न राखी आवश्यक कार्यार्थ पठाइएको व्यहोरा निर्देशानुसार अनुरोध छ ।

Nikesh

(निकाश रेग्मी)  
इन्जिनियर

श्री मन्त्रालय  
२०/८/२४

ई. मचाकाजी महर्जन  
महानिर्देशक

४१ दिनांक २०८२/०६/०५

सुनिल कुमार वाकुर  
उप-महानिर्देशक  
भवन महाशाखा

हालको Gen Z आन्दोलनको क्रममा आगलागीबाट क्षति भएका भवनहरूको Post fire rapid damage assessment सम्बन्धि प्राविधिक मूल्याङ्कन कार्यलाई छिटो, छरितो र प्रभावकारी बनाउन यी निर्देशनहरू जारी गरिएको छन् ।

१. क्षति भएका सघीय स्तरका सरकारी भवनहरूको हकमा शहरी विकास मन्त्रालय र शहरी विकास तथा भवन निर्माण विभाग अन्तर्गतका विन्डिङ एण्ड आर्किटेक्ट उपसमूहका प्राविधिकहरूबाट खटिएको टोली अन्तर्गत assessment गर्ने ।

२. प्रदेश तथा स्थानीय तहहरूका सरकारी भवनहरूको हकमा सम्बन्धित प्रदेश तथा स्थानीय तहहरूले शहरी विकास मन्त्रालयले स्वीकृत गरेको Post fire rapid damage assessment को checklist ढाँचामा assessment गरी तोकेको ढाँचामा sticker टाँस गरी assessment गर्ने । शहरी विकास तथा भवन निर्माण विभाग अन्तर्गत भवन निर्माण तथा डिजाइन शाखामा Post fire damage assessment को checklist सहितको प्रतिवेदन पेश गर्नुपर्ने ।

३. अन्य निजी भवनहरूको हकमा सम्बन्धित प्रदेश तथा स्थानीय तहहरूसँग समन्वय गरी शहरी विकास तथा भवन निर्माण विभागबाट अनुमति लिई विभिन्न विषयगत विज्ञ वा संस्थाहरूले शहरी विकास मन्त्रालयले स्वीकृत गरेको Post fire rapid damage assessment को checklist ढाँचामा assessment गर्ने । तोकेको ढाँचामा sticker टाँस गरी Post fire damage assessment गरी शहरी विकास तथा भवन निर्माण विभाग अन्तर्गत भवन निर्माण तथा डिजाइन शाखामा assessment को checklist सहितको प्रतिवेदन पेश गर्नुपर्ने ।

४. Post fire rapid damage assessment गर्न शहरी विकास तथा भवन निर्माण विभागबाट अनुमति लिनुपर्ने र सो लिदा assessment गर्ने भवनको विवरण र assessment गर्ने टोलीको सम्पर्क नं. , assessment गर्ने कार्यतालिका सहितको विवरण खुलाउने पर्ने , उक्त टोलीमा structural engineer वा भवनको structural design/ supervision सम्बन्धि अनुभव भएका प्राविधिकको नेतृत्वमा टोली गठन गरी परिचालन हुनुपर्ने ।

५. भवनहरूको Post fire rapid damage assessment गर्दा प्राविधिक द्विविधा वा समस्या भएमा सघीय स्तरका सरकारी भवनहरूको हकमा शहरी विकास तथा भवन निर्माण विभागसँग समन्वय गर्ने र अन्य सरकारी तथा निजी भवनहरूको हकमा तपसिल बमोजिमको विज्ञ टोलीसँग समन्वय गर्न सकिने ।

#### विज्ञ टोली

१. SAENep प्रतिनिधि डा. सुदन त्रिपाठी ९८५१३०२०८७
२. NEA प्रतिनिधि, सजय कुमार शाह, ९८४१४०१३६०
३. IOE , प्रतिनिधि, डा. क्षितिज चरण श्रेष्ठ, ९८६१७७२७१७
४. SEEN प्रतिनिधि, ओम सागर बन्जारा, ९८४३३७४१४३
५. MB University प्रतिनिधि , किशोर तिमसिना ९८४९१४७७९२
६. NSET प्रतिनिधि , प्रयास मल्ल ९८४६७३९४३१
७. विज्ञ, द्वारिका श्रेष्ठ , ९८४१२७२२३६

माथिको विज्ञ टोलीले शहरी विकास तथा भवन निर्माण विभागसँग समन्वय गरी रायसुझाव उपलब्ध गराउनु पर्नेछ ।

६. आवश्यकता अनुसार शहरी विकास तथा भवन निर्माण विभागले थप निर्देशनहरू प्रदान गर्न सक्ने र Post fire rapid damage assessment सोही बमोजिम संचालन गर्नुपर्नेछ ।

#### अनुसूचि

१. Post fire damage assessment को checklist

२. Post fire damage assessment सम्बन्धि टाँस गर्ने Green, Yellow र Red Sticker

सुनिल कुमार ठाकुर  
उप-महानिर्देशक  
भवन महाशाखा

# POST-FIRE RAPID DAMAGE ASSESSMENT OF REINFORCED CONCRETE BUILDINGS

POST-FIRE RAPID DAMAGE ASSESSMENT OF REINFORCED CONCRETE BUILDINGS			
<b>1. Inspection</b>			
Inspector ID:		Inspection Date:	BS    /    /
Inspector Name:		Inspection Time:	
Organization:		Areas Inspected:	<input type="checkbox"/> Exterior Only <input type="checkbox"/> Exterior & Interior
Date of Fire Incident:		Time of Fire Incident (approx.):	
Duration of Fire (approx..) in hours:		Fire-fighting method used:	<input type="checkbox"/> Water <input type="checkbox"/> Foam <input type="checkbox"/> Chemical <input type="checkbox"/> Others (please describe): No
Location of Fire:	<input type="checkbox"/> Basement <input type="checkbox"/> Ground Floor <input type="checkbox"/> First Floor <input type="checkbox"/> Second Floor <input type="checkbox"/> ..... <input type="checkbox"/> .....	Fire started from which room:	(mention the room name and indicate it on floor plan)
Explosion, if any:	<input type="checkbox"/> Gas cylinder <input type="checkbox"/> Explosives <input type="checkbox"/> Others	Location of Explosion:	(mention the room name and indicate it on floor plan)
<b>2. Building Description:</b>			
Building Name/No:		Block Name:	



Address:		Phone no.:	
District:			
Municipality/ Rural Mun:		Ward No.:	
		Tole:	
Google Plus Code:	(to be obtained from google map)	Location Map:	<input type="checkbox"/> Attached
			<input type="checkbox"/> Not- attached
Building Age (in years):		Number of storeys of the building:	
<b>3. Occupancy Type:</b>			
	Residential:	<input type="checkbox"/> Individual House	<input type="checkbox"/> Apartment
		<input type="checkbox"/> Hostel	<input type="checkbox"/> Office Quarter
		<input type="checkbox"/> Others	
	Educational:	<input type="checkbox"/> School	<input type="checkbox"/> College
		<input type="checkbox"/> University	<input type="checkbox"/> Others
	Lifeline:	<input type="checkbox"/> Hospital	<input type="checkbox"/> Police Station
		<input type="checkbox"/> Fire Station	<input type="checkbox"/> Power Station
		<input type="checkbox"/> Water Plant	<input type="checkbox"/> Sewerage T Plant
		<input type="checkbox"/> Army Barrack	<input type="checkbox"/> Others
	Commercial:	<input type="checkbox"/> Hotel	<input type="checkbox"/> Shops
		<input type="checkbox"/> Mall	<input type="checkbox"/> Recreational
		<input type="checkbox"/> Dept. Stores	<input type="checkbox"/> Others
	Office:	<input type="checkbox"/> Federal Govt.	<input type="checkbox"/> Municipality
		<input type="checkbox"/> Provincial Govt.	<input type="checkbox"/> Rural Municipality
		<input type="checkbox"/> Private	<input type="checkbox"/> Semi-govt.
	Mixed Use:	<input type="checkbox"/> Residential- commercial	<input type="checkbox"/> Residential- industrial

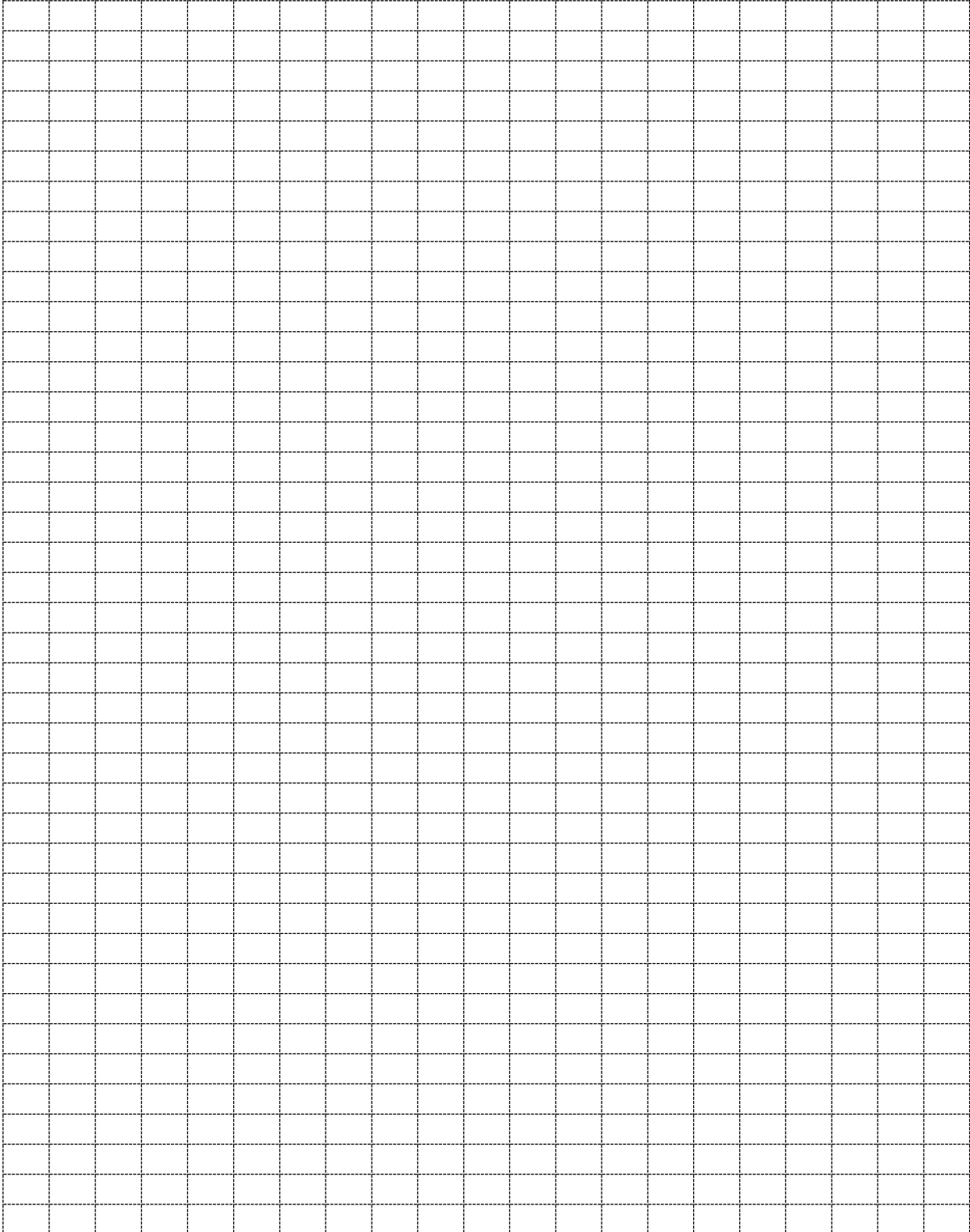
	Others:	<input type="checkbox"/> (Please state):	
<b>4. Safety/Access</b>			
Fire extinguished completely:	<input type="checkbox"/> Yes	Safe to approach:	<input type="checkbox"/> Yes
	<input type="checkbox"/> No		<input type="checkbox"/> No (Give Reason):
Entry to the building allowed by the authority:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>5. Structural System</b>			
	<input type="checkbox"/> Moment Frame	<input type="checkbox"/> Moment Frame with braces	
	<input type="checkbox"/> Moment Frame with Shear Wall	<input type="checkbox"/> Others (Please State):	
<b>6. Structural Components</b>			
	Floor System:	<input type="checkbox"/> In-situ	<input type="checkbox"/> Pre-cast Planks with in-situ screed
		<input type="checkbox"/> Pre-cast	<input type="checkbox"/> Others (Please describe):
	Roof System:	<input type="checkbox"/> Flat	<input type="checkbox"/> Hipped
		<input type="checkbox"/> Pitched	<input type="checkbox"/> Others (Please describe):
	Roof System materials:	<input type="checkbox"/> In-situ	<input type="checkbox"/> Pre-cast Planks with in-situ screed
		<input type="checkbox"/> Pre-cast	<input type="checkbox"/> Others (Please describe):

7. Openings/ Curtain wall details			
Door Frames/Shutters :	<input type="checkbox"/> Timber	Window Frames/ Shutters:	<input type="checkbox"/> Timber
	<input type="checkbox"/> uPVC		<input type="checkbox"/> uPVC
	<input type="checkbox"/> Aluminium		<input type="checkbox"/> Aluminium
	<input type="checkbox"/> Steel		<input type="checkbox"/> Steel
Curtain Walls:	<input type="checkbox"/> Glass with aluminium frames		
	<input type="checkbox"/> Glass with steel frames		
	<input type="checkbox"/> Glass with uPVC frames		
	<input type="checkbox"/> Glass with Timber Frames		
Partition Wall Type (interior walls):	<input type="checkbox"/> Bricks		
	<input type="checkbox"/> Gypsum Board		
	<input type="checkbox"/> Others		
External Wall Type:	<input type="checkbox"/> Bricks		
	<input type="checkbox"/> Gypsum Board		
	<input type="checkbox"/> Others		
Material of False Ceiling:			
Approx. Plinth Area of the Building:	..... sq.m.		
8. External Condition of the Building (as observed from Visual Inspection)			
General appearances:			Remarks
	<input type="checkbox"/> No visible damage		
	<input type="checkbox"/> Smoke staining only		
	<input type="checkbox"/> Leaning/distortion of the structure		# (see note)
	<input type="checkbox"/> Partial Collapse		*
	<input type="checkbox"/> Roof Collapse only		Entry with Caution
	<input type="checkbox"/> Fully Collapsed		# (see note)
	<input type="checkbox"/> Hazards from adjacent structures/utilities		# (see note)
*Note: It is not necessary to proceed for further inspection if the building is leaning/tilted, fully collapsed or if there is hazard from adjacent structures/ utilities.			

<b>9. Internal Condition of Building (as observed from the visual inspection)</b>						
<b>Damage Level of Structural Components (Refer to appendix-I &amp; III for details)</b>						
<ul style="list-style-type: none"> <li>To be prepared for each floor/roof.</li> <li>Description of categories of damage level is given in appendix-I.</li> <li>Fill-in the percentage of each element damaged under light/insignificant, moderate and heavy damage level in appendix-III table for each floor separately.</li> <li>Prepare damage level mapping as shown in appendix-II for each floor.</li> </ul>						
<b>Floor level: Basement (to be filled only if basement is there)</b>						
Major Floor Occupancy Type:						
<b>Elements</b>	<b>Soot Deposition (DC)</b>	<b>Cracked (CR)</b>	<b>Concrete Spalling (SP)</b>	<b>Rebar Exposed (RE)</b>	<b>Sagging/ Buckling (SG)</b>	<b>Loss of Section (LS)</b>
Slabs						
Beams						
Columns						
Shear walls						
Beam-column joints						
Infill walls						
Staircase						
<b>Damage Level of Non-Structural Components</b>						
<b>Floor Level: Basement (to be filled only if basement is there)</b>						
<b>Elements</b>	<b>Soot Deposition (DC)</b>	<b>Burnt (BT)</b>	<b>Bended (BD)</b>	<b>Twisted (TW)</b>	<b>Melted (ML)</b>	<b>Damaged (DM)</b>
Doors/ windows						
Cladding/ Glazings						
False Ceilings						
Partition walls						
Plumbing systems						
Electrical & Allied System						
Floor Finishes						
Fire Fighting/Protection Systems						
Plaster						

Draw the freehand sketch of the floor showing damage in structural elements and also label the occupancy type of each room):

Sketch:



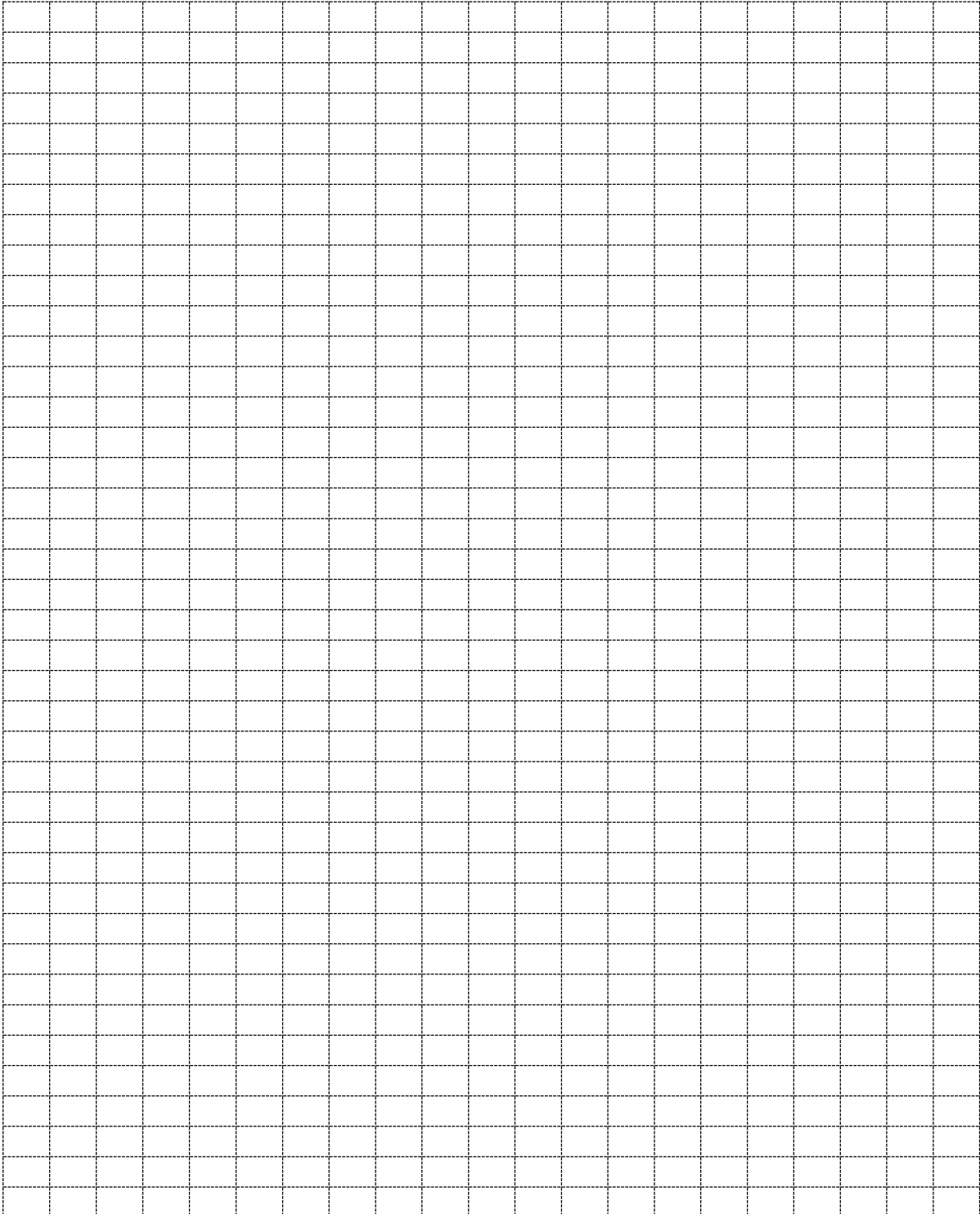


<b>Floor Level: Ground Floor</b>						
<b>Damage Level of Structural Components</b>						
Major Floor Occupancy Type:						
<b>Elements</b>	<b>Soot Deposition (DC)</b>	<b>Cracked (CR)</b>	<b>Concrete Spalling (SP)</b>	<b>Rebar Exposed (RE)</b>	<b>Sagging/ Buckling (SG)</b>	<b>Loss of Section (LS)</b>
Slabs						
Beams						
Columns	Use the table shown in the appendix-III for showing percentage of elements damaged under each category of damage level.					
Shear walls						
Infill walls						
Beam-column joints						
Staircases						
<b>Damage Level of Non-Structural Components</b>						
<b>Elements</b>	<b>Soot Deposition (DC)</b>	<b>Burnt (BT)</b>	<b>Bended (BD)</b>	<b>Twisted (TW)</b>	<b>Melted (ML)</b>	<b>Damaged (DM)</b>
Doors/ windows						
Cladding/ Glazings						
Curtain Walls	Use the table shown in the appendix-III for showing percentage of elements damaged under each category of damage level.					
False Ceilings						
Partition walls						
Plumbing systems						
Electrical & Allied Systems						
Floor Finishes						
Fire Fighting/Protection Systems						

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Draw the freehand sketch of the floor showing damage in structural elements and also label the occupancy type of each room):

Sketch:



**(Add Pages to include details similar to those shown for the basement and & the Ground Floor)**

<b>10. Other Hazards Present</b>		
Falling Debris	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hot spots/ smoldering	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous materials (chemicals/Fuels)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas Leaks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exposed Electric Components	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blocked exits	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11. Overall Safety Rating for Occupying the Building</b>		
<b>Rating</b>	<b>Assessment Decision</b>	<b>Safety Type</b>
<input type="checkbox"/> <b>RED</b>	Unsafe, No Entry	Immediate Danger.
<input type="checkbox"/> <b>YELLOW</b>	Restricted Entry	Potential Danger.
<input type="checkbox"/> <b>GREEN</b>	Safe to Occupy	Minor Structural Damage, No hazard observed.
<b>Justifications for the Rating given:(Please describe in detail)</b>		

<b>12. Recommended Immediate Actions</b>		
	<input type="checkbox"/> Barricade the Whole Building restricting entry and occupancy	
	<input type="checkbox"/> Barricade Unsafe Areas/ Floors	
	<input type="checkbox"/> Post Warning Signage/ Placard	
	<input type="checkbox"/> Emergency Shoring to be provided	
	<input type="checkbox"/> Engage experts for Detailed Assessment	
	<input type="checkbox"/> Demolish the whole/unsafe parts	
	Others	
<b>13. Documentation</b>		
	<input type="checkbox"/> Photographs/videos of all possible building facades	
	<input type="checkbox"/> Photographs videos of melted/burnt/warped/damaged elements	
	<input type="checkbox"/> Photographs/ videos showing damages to the structural and non-structural elements	
	<input type="checkbox"/> Damage mapping on Floor Plans	
	<input type="checkbox"/> Building Drawings/Reports (if available)/ If not, freehand sketch	
	<input type="checkbox"/> Photographs/ videos showing nature of the burnt materials	
<b>14. Further Comments, if any:</b>		

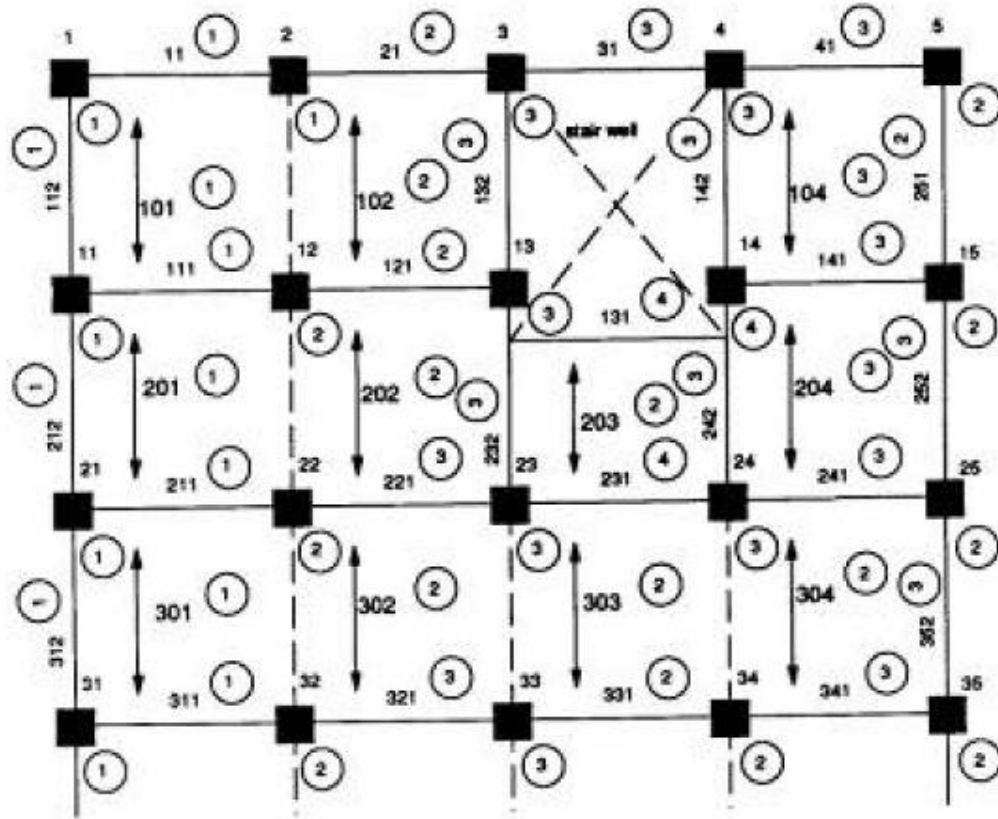
## Appendix- I

### GUIDELINES FOR IDENTIFYING DAMAGE LEVELS

Damage Grade	Damage Level	Description	Visual Indicators	Recommended Actions	Source
1	<b>Light/ Insignificant</b>	No damage/ soot clearance only	Soot/deposits; no cracks/spalling; normal color	Safe, only cleanup required	<b>MassDOT</b>
2	<b>Light/ Insignificant</b>	Damaged with small pop-outs, crack widths <0.012” (0.3mm)	Minor pop-outs (<5mm deep); fine cracks; slight discoloration	Monitoring with no immediate closure required	<b>MassDOT</b>
3	<b>Moderate</b>	Spalling (no rebar exposed); cracks < 0.025” (0.6mm)	Shallow spalling (<10mm); moderate cracks; pink/grey color	Potential repair needed	<b>MassDOT, Eurocode EN 1992- 1-2</b>
4	<b>Heavy</b>	Exposed rebar; cracks > 0.025” (0.6mm)	Deep spalling (>10mm, rebar visible); whitish-grey/ buff color; possible deflection	Engineering review required with closure	<b>MassDOT, fib Bulletin 46</b>

## Appendix- II

### EXAMPLE OF DAMAGE LEVEL MAPPING OF BEAMS, COLUMNS & SLABS



Location: First Floor			
Element	Damage Class	Damage Level	Member Reference Number
<b>Columns</b>	1	Light/Insignificant	1,2,11,21,31
	2	Light/Insignificant	5,12,15,22,25,32,34,35
	3	Moderate	3,4,13,23,24,33
	4	Heavy	14
<b>Beams</b>	1	Light/Insignificant	11,111,211,311,112,212,312
	2	Light/Insignificant	21,121,331,152
	3	Moderate	31,41,141,221,241,341,321,132,142, 232,242,252,352
	4	Heavy	131,231
<b>Slabs</b>	1	Light/Insignificant	101,201,301
	2	Light/Insignificant	102,202,203,302,303,304
	3	Moderate	104,204
	4	Heavy	



### Appendix-III

## **MATRIX FOR SHOWING DAMAGE LEVELS OF STRUCTURAL & NON-STR. ELEMENTS**

*(Please indicate damage levels in each element as a percentage of total elements at each floor level. For example, for slabs: damage levels of cracks of extreme category: 20%, moderate category: 10%, light/insignificant category: 70%)*

Floor Level: .....

S.N.	Structural Elements	Soot Deposition (SD)	Cracks			Concrete Spalled			Rebar exposed			Sagging/buckling			Loss of Section		
			(CR)			(SP)			(RE)			(SG)			(LS)		
			Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.
1	Slabs																
2	Beams																
3	Columns																
4	Shear Walls																
5	Beam-column joints																
6	Infill walls																
7	Staircases																
8	Others																

S.N.	Non-Structural Elements	Soot Deposition (SD)	Burnt			Bended			Twisted			Melted			Damaged		
			(BUR)			(BEN)			(TW)			(MEL)			(DG)		
			Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.	Extreme	Moderate	Light/Insignif.
1	Doors/Windows																
2	Claddings/Glazings																
3	Curtain Walls																
4	False Ceilings																
5	Partition Walls																
6	Plumbing/HVAC																
7	Electrical & Allied System																
8	Floor Finishes																
9	Fire Fighting/Protection System																