

MILESTONE INSPECTION REPORT FORMS - STRUCTURAL BSIP INSPECTION FORM

Form EB18 – 2024

MILESTONE INSPECTION REPORT FORM

TABLE OF CONTENTS - Click on the subject or page number to advance to each section

Licensed Engineer(s) or Architect(s) Responsible for the Milestone Inspection	Page 1
1. Description of Structure	Page 3
2. Present Condition of Structure	Page 4
3. Inspections	Page 6
4. Supporting Data Attached	Page 6
5. Foundation	Page 7
6. Masonry Bearing Wall	Page 8
7. Floor and Roof System	Page 10
8. Steel Framing System	Page 15
9. Concrete Framing System	Page 16
10. Windows, Storefronts, Curtainwalls, and Exterior Doors	Page 18
11. Wood Framing	Page 20
12. Building Façade Inspection	Page 22
13. Special or Unusual Features in the Building	Page 22
14. Deterioration	Page 22
15. Unsafe Conditions	Page 23
16. Safe Occupancy Determination	Page 23
17. Summary of Findings	Page 24
18. Review of Existing Documents and Permit Records	Page 24
19. Definition of Terms	Page 24
Phase 2 – Milestone Inspection	Page 25
1. Description of Structure	Page 25
2. Name of the Condo or Coop Entity and Contact Information	Page 25
3. Name and Contact Information of the Licensed Individual Conducting the Inspection	Page 25
1. References Cited Under Phase 1 Report Follow-Up	Page 26
2. Identify the Damage and Describe the Extent of the Substantial Structural Deterioration	Page 26
3. Identify and Define Areas Requiring Added Inspection/ Results of Testing	Page 27
4. Describe Manner and Type of Inspection Performed	Page 27
5. Provide Graded Urgency of Each Recommended Repair	Page 27
6. State Whether Unsafe Conditions Exist	Page 27
7. Any Items Requiring Additional Inspection	Page 28
8. Safe Occupancy Determination	Page 28
9. Summary of Findings	Page 28

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: All Portion – If 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.

Please check all that apply: N/A

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 2 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

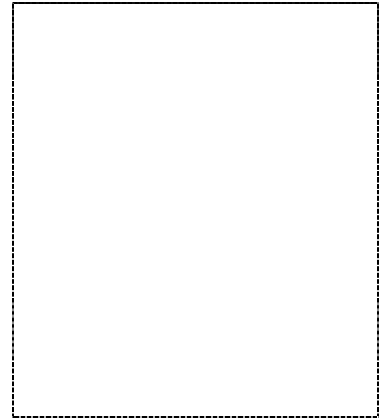
Licensed Design
Professional:

Engineer

Architect

Name: _____

License
Number: _____



Seal

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

Signature: *A. Boumitri* Date 05/31/2024

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 & Guideline

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 and Method Used to Determine Distance:

2. PRESENT CONDITION OF STRUCTURE



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

1. Bulging:	Good	Fair	Poor	Significant
2. Settlement:	Good	Fair	Poor	Significant
3. Deflections:	Good	Fair	Poor	Significant
4. Expansion:	Good	Fair	Poor	Significant
5. Contraction:	Good	Fair	Poor	Significant

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

[2. PRESENT CONDITION OF STRUCTURE CONTINUED]

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 1 mm in width; MEDIUM if Between 1mm and 2 mm in Width; WIDE if Over 2mm

Location: Hairline Fine Medium Wide

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

Check if attached:

- | | | |
|----------------------------|-----|----|
| a. Sheets of written data: | Yes | No |
| b. Photographs: | Yes | No |
| c. Drawings or sketches: | Yes | No |
| d. Test reports: | Yes | No |

6. MASONRY BEARING WALL – Indicate Good, Fair, Poor, or Significant on Appropriate Lines (Definitions for assessments can be found in section 19) ▲

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

Explain:

h. Cracks – Note Beams, Columns, or Others, Including Locations (Description):

[6. MASONRY BEARING WALL CONTINUED]

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

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

Unknown

Other

If Other, Describe:

3) Roof Structural Framing Condition:

Good Fair Poor Significant

4) Roof Deck Material

Concrete

Bare steel deck

Wood

Other

Structural concrete on steel deck

Non-structural / insulating concrete
on steel deck

Describe:

5) Roof Cladding Type

Tile

Single ply (Membrane)

Asphalt shingles

Metal

Built-up roofing (BUR)

Other

[7. FLOOR AND ROOF SYSTEM CONTINUED]

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

[7. FLOOR AND ROOF SYSTEM CONTINUED]

11) Describe Any Roofing Framing Member with Obvious Overloading, Overstress, Deterioration, or Excessive Deflection:

12) Note Any Expansion Joint and 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

No Balcony

(If no balcony skip to number 7)

3. Balcony Exposure (if structure is on the coast)

Ocean facing

Non-ocean facing

[7. FLOOR AND ROOF SYSTEM CONTINUED]

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

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:

[7. FLOOR AND ROOF SYSTEM CONTINUED]

9. Guardrails – Indicate type, location, and material

Wood	Stainless Steel	Glass
Metal	Ungalvanized Steel	CMU Kneewall
Aluminum	Concrete Kneewall	Other _____

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

Good Fair Poor Significant, Describe:

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 Description:

d. Rebar Corrosion – Check Appropriate Line:

1. Non-Visible

2. Significant – Patching will suffice

3. Significant – Structural repairs required

Describe:

[9. CONCRETE FRAMING SYSTEM CONTINUED]

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
(If Other Describe):

2. Anchorage Type and Condition of Fasteners and Latches

3. Sealant Type and Condition of Sealant:
Good Fair Poor Significant

[10. WINDOWS, STOREFRONTS, CURTAINWALLS AND EXTERIOR DOORS CONTINUED]

4. Describe General Condition:

5. 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:

[11. WOOD FRAMING CONTINUED]

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? Yes No

17. SUMMARY OF FINDINGS - None



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

If yes, describe unpermitted work:

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 - Not Required**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.

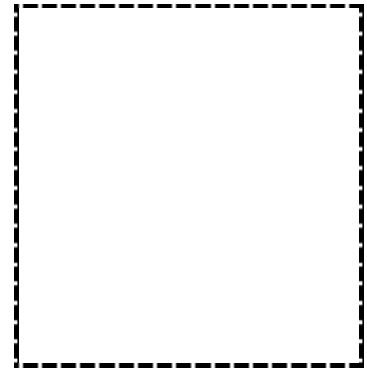
See Section 9 for Summary of Findings.



Licensed Design Professional: Engineer Architect

Name: _____

LicenseNumber: _____



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:

Empty box for describing 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:

Empty box for identifying damage and describing the extent of 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?
- Yes No

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.

General Exterior

