

Property Conditions Report Questionnaire

Overall Building Condition Codes

E - Excellent all systems classified as health and safety or structural rated "excellent," no systems rated below "satisfactory," preventive maintenance plan in place.

S - Satisfactory all systems categorized as health and safety or structural rated "satisfactory" or better. No system rates "non-functioning" or "critical failure."

U - Unsatisfactory any system categorized as health and safety or structural rated "unsatisfactory." no health and safety or structural system rated "non-functioning" or "critical failure."

F - Failing any system categorized as health and safety or structural rated "non-functioning" or "critical failure." building certificate of occupancy may be rescinded.

Building System Codes

H - Health and Safety

S - Structural

Building System Condition Codes

E - Excellent System is in new or like-new condition and functioning optimally; only routine maintenance and repair is needed.

S - Satisfactory System functioning reliably; routine maintenance and repair is needed.

U - Unsatisfactory System is functioning unreliably or has exceeded its useful life. Repair or replacement

Building Information

____ Name
____ Not listed?
____ Building ID
____ Survey Inspection Date
____ City
____ Zip Code (Plus Four)
____ Certificate of Occupancy? Status:
____ Annual
____ Temporary
____ None
____ Certificate Expiration Date

Building Information Codes

NF - Non-Functioning System is non-functioning, not functioning as designed, or is unreliable in ways that could endanger occupant health and/or safety. Repair or replacement of some or all components is needed.

CF - Critical Failure same as "NF" with the addition that the condition of at least one component is so poor that at least part of the building or grounds should not be occupied pending needed repairs/replacement or some or all components is needed

NOTE: Cost estimates are required ONLY for systems/features rated "U", "NF", or "CF." cost estimates are NOT REQUIRED for systems rated "E" or "S." These estimates are for state and local planning purposes only.

1. Building Details

Building Age

Year of Original Building

Gross Area (Square Footage)

Number of Floors

2. Maintenance Staff

How many full-time and part-time custodians are employed at the school (or work in the building)?

A. Full-time Custodians

B. Part-time Custodians

3. Building Ownership

Building Ownership

Occupancy Status

Used by Other Organization(s)

Other

4. Site

4.1. Site Utilities

- B Water service

_____ Municipal or Utility provided
_____ Well
_____ Other
- C Condition

_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G Comments

4.2. Site Sanitary

- A Does the facility have site sanitary?

_____ Yes
_____ No (If selecting No, skip to next section)
- B Type of Service

_____ Municipal or Utility sewer
_____ Site Septic
_____ Other
_____ Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning

- _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

4.3. Site Gas

- A Does the building have gas service or use liquid petroleum gas?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
 _____ Year of Last Major Reconstruction/Replacement
- C Expected Remaining Useful Life (Years)

- D Cost to Reconstruct/Replace \$

- E Comments

4.4. Site Fuel Oil

- A Does the facility have fuel oil tanks?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B The number of above ground fuel tanks

- C Capacity of above ground tanks (gallons)

- D The number of below ground fuel tanks

- E Capacity of below ground tanks (gallons)

- F Condition

 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- G Year of Last Major Reconstruction/Replacement

- H Expected Remaining Useful Life (Years)

- I Comments

4.5. Site Electrical, Including Exterior Distribution (H)

- A Does the facility have site electrical, including exterior distribution?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Service Provider (check all that apply)
 _____ Utility Provided
 _____ Self-Generated
 _____ Other
- C Type of Service
 _____ Above Ground
 _____ Below Ground
- D Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- E Year of Last Major Reconstruction/Replacement

- F Expected Remaining Useful Life (Years)

- G Cost to Reconstruct/Replace \$

- H Comments

4.6. Stormwater Management

4.6.1. Closed Drainage Pipe Stormwater Management System

- A Does the facility have a closed pipe system?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years):

- E Cost to Reconstruct/Replace \$

- F Comments

4.6.2. Open Drainage Stormwater Management System

- A Does the facility have an open stormwater system (ditch)?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

4.6.3. Catch Basins/Drop Inlets/Manholes

- A Does the facility have catch basins/drop inlets/manholes?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

4.6.4. Culverts

- A Does the facility have culverts?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

F Comments

4.6.5. Outfalls

A Does the facility have outfalls?

_____ Yes

_____ No (If selecting No, skip to next section)

B Point of outfall discharge (check all that apply)

_____ Municipal storm sewer system

_____ Combined sewer system

_____ Surface Water

_____ On-site recharge

_____ Other

_____ Please Describe

C Outfall reconnaissance inventory; were all stormwater outfalls inspected during dry weather for signs of non-stormwater discharge?

_____ Yes

_____ No

D Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

E Year of Last Major Reconstruction/Replacement

F Expected Remaining Useful Life (Years)

G Cost to Reconstruct/Replace \$

H Comments

4.6.6. Infiltration basins/chambers

A Does the facility have infiltration basins/chambers?

_____ Yes

_____ No (If selecting No, skip to next section)

- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

4.6.7. Retention Basins

- A Does the facility have retention basins?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years):

- E Cost to Reconstruct/Replace \$

- F Comments

4.6.8. Wet ponds

- A Does the facility have wet ponds?
_____ Yes

- _____ No (If selecting No, skip to next section)
- B Condition
- _____ Excellent
- _____ Satisfactory
- _____ Unsatisfactory
- _____ Non-Functioning
- _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement
- _____
- D Expected Remaining Useful Life (Years)
- _____
- E Cost to Reconstruct/Replace \$
- _____
- F Comments
- _____

4.6.9. Manufactured stormwater proprietary units

- A Does the facility have proprietary units?
- _____ Yes
- _____ No (If selecting No, skip to next section)
- B Condition
- _____ Excellent
- _____ Satisfactory
- _____ Unsatisfactory
- _____ Non-Functioning
- _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement
- _____
- D Expected Remaining Useful Life (Years)
- _____
- E Cost to Reconstruct/Replace \$
- _____
- F Comments
- _____

4.7. Pavement (Roadways and Parking Lots)

- A Does the facility have pavement?
- _____ Yes

- _____ No (If selecting No, skip to next section)
- B Type (check all that apply)
- _____ concrete
- _____ asphalt
- _____ gravel
- _____ other
- _____ none
- C Condition
- _____ Excellent
- _____ Satisfactory
- _____ Unsatisfactory
- _____ Non-Functioning
- _____ Critical Failure
- D Year of Last Major Reconstruction/Replacement
- _____
- E Expected Remaining Useful Life (Years)
- _____
- F Cost to Reconstruct/Replace \$
- _____
- G Comments
- _____

4.8. Sidewalks

- A Does the facility have sidewalks?
- _____ Yes
- _____ No (If selecting No, skip to next section)
- B Other Site Features
- _____
- C Type (check all that apply)
- _____ concrete
- _____ asphalt
- _____ other
- D Condition
- _____ Excellent
- _____ Satisfactory
- _____ Unsatisfactory
- _____ Non-Functioning
- _____ Critical Failure
- E Year of Last Major Reconstruction/Replacement
- _____

F _____
Expected Remaining Useful Life (Years)

G _____
Cost to Reconstruct/Replace \$

H _____
Comments

4.9. **Playgrounds and Playground Equipment**

A Does the facility have playgrounds?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

4.10. **Athletic Fields, Play Fields, and Related Structures**

(Such as press boxes, stadiums, exterior bleachers, dugouts, climb walls, etc.)

A Does the facility have athletic fields, play fields, or related structures?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D
Expected Remaining Useful Life (Years)

E
Cost to Reconstruct/Replace \$

F
Check if synthetic turf field is present

 YES

 Date Installed

G
Comments

4.1.1. Swimming Pool and Swimming Pool Systems

A Does the facility have a swimming pool?

 Yes

 No (If selecting No, skip to next section)

B Condition

 Excellent

 Satisfactory

 Unsatisfactory

 Non-Functioning

 Critical Failure

C
Year of Last Major Reconstruction/Replacement

D
Expected Remaining Useful Life (Years)

E
Cost to Reconstruct/Replace \$

F
Comments

5. Substructure

5.1. Foundation (S)

A Type (check all that apply):

 Reinforced Concrete

 Masonry on Concrete Footing

 other

B Evidence of Structural Concerns: Structural Cracks

 Yes

- _____ No
 C Evidence of Structural Concerns: Heaving/Jacking
 _____ Yes
 _____ No
 D Evidence of Structural Concerns: Decay/Corrosion
 _____ Yes
 _____ No
 E Evidence of Structural Concerns: Water Penetration
 _____ Yes
 _____ No
 F Evidence of Structural Concerns: Unsupported Areas
 _____ Yes
 _____ No
 G Evidence of Structural Concerns: Other
 _____ Yes
 _____ No
 H Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
 I Year of Last Major Reconstruction/Replacement

 J Expected Remaining Useful Life (Years)

 K Cost to Reconstruct/Replace \$

6. Superstructure

6.1. Structural Floors (S)

- A Type (check all that apply):
 _____ Reinforced Concrete Slab on Grade
 _____ Concrete/Metal Deck/Metal Joists
 _____ Precast Concrete Structural System
 _____ Wood Deck on Wood Trusses
 _____ Wood Deck on Wood Joists
 _____ Concrete Deck on Wood Structure

- _____ Other
 _____ Specify
- B Evidence of structural Concerns with System (Beams/Joists/Trusses, etc.)

- C Structural Cracks
 _____ Yes
 _____ No
- D Unsupported Ends
 _____ Yes
 _____ No
- E Rot/Decay/Corrosion
 _____ Yes
 _____ No
- F Deflection
 _____ Yes
 _____ No
- G Damaged/Missing Components
 _____ Yes
 _____ No
 _____ Other Problems
- H Evidence of Structural Concerns with Structural Floor Deck: Cracks
 _____ Yes
 _____ No
- I Evidence of Structural Concerns with Structural Floor Deck: Deflection
 _____ Yes
 _____ No
- J Evidence of Structural Concerns with Structural Floor Deck:
 Rot/Decay/Corrosion
 _____ Yes
 _____ No
- K Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- L Year of Last Major Reconstruction/Replacement

- M Expected Remaining Useful Life (Years)

N
Cost to Reconstruct/Replace \$

O
Comments

6.2. Interior bearing walls and fire walls (S)

A Does the facility have Interior bearing walls or fire walls?

 Yes

 No (If selecting No, skip to next section)

B Condition

 Excellent

 Satisfactory

 Unsatisfactory

 Non-Functioning

 Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

6.3. Columns (S)

A Material (check all that apply):

 Concrete

 Masonry

 Steel

 Wood

 Other

B Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Structural Cracks

 Yes

 No

C Rot/Decay/Corrosion

 Yes

 No

D Other Problems

E Evidence of Concerns with Exterior Cladding: Cracks/Gaps

_____ Yes

_____ No

F Evidence of Concerns with Exterior Cladding: Inadequate Flashing

_____ Yes

_____ No

G Evidence of Concerns with Exterior Cladding: Efflorescence

_____ Yes

_____ No

H Evidence of Concerns with Exterior Cladding: Moisture Penetration

_____ Yes

_____ No

I Evidence of Concerns with Exterior Cladding: Rot/Decay/Corrosion

_____ Yes

_____ No

J Evidence of Concerns with Exterior Cladding: Other Problems

K Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

L Year of Last Major Reconstruction/Replacement

M Expected Remaining Useful Life (Years)

N Cost to Reconstruct/Replace \$

O Comments

6.4. Parapets (S)

A Does the facility have parapets?

_____ Yes

_____ No (If selecting No, skip to next section)

B Construction Type (check all that apply):

- Masonry
 Concrete
 Metal
 Other
 N/A
- C Condition
- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure
- D Year of Last Major Reconstruction/Replacement
- E Expected Remaining Useful Life (Years)
- F Cost to Reconstruct/Replace \$
- G Comments

7. Exterior Envelope

7.1. Exterior Walls (S)

- A Material (check all that apply):
- Concrete
 Masonry
 Steel
 Wood
 Other
- B Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Structural Cracks
- Yes
 No
- C Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Rot/Decay/Corrosion
- Yes
 No
- D Evidence of Structural Concerns with Support System (columns, base plates, connections, etc):

- _____ Other Problems
- E Evidence of Concerns with Exterior Cladding: Cracks/Gaps
 _____ Yes
 _____ No
- F Evidence of Concerns with Exterior Cladding: Inadequate Flashing
 _____ Yes
 _____ No
- G Evidence of Concerns with Exterior Cladding: Efflorescence
 _____ Yes
 _____ No
- H Evidence of Concerns with Exterior Cladding: Moisture Penetration
 _____ Yes
 _____ No
- I Evidence of Concerns with Exterior Cladding: Rot/Decay/Corrosion
 _____ Yes
 _____ No
- J Evidence of Concerns with Exterior Cladding: Other Problems
- K Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- L Year of Last Major Reconstruction/Replacement

- M Expected Remaining Useful Life (Years)

- N Cost to Reconstruct/Replace \$

- O Comments

7.2. Exterior Doors

- A Overall condition of exterior door units:
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure

- B Overall condition of exterior door hardware:
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Do any exit doors have magnetic locking devices?
 _____ Yes
 _____ No
- D Safety/Security features are adequate:
 _____ Yes
 _____ No
- E Year of Last Major Reconstruction/Replacement

- F Expected Remaining Useful Life (Years)

- G Cost to Reconstruct/Replace \$

- H Comments

7.3. Windows

- A Does the facility have windows?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Type of windows (check all that apply):
 _____ Aluminum
 _____ Steel
 _____ Vinyl
 _____ Solid Wood
 _____ Wood w/ External Cladding System
 _____ Other
- C Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- D All rescue windows are operable

- Yes
 No
 N/A
- E Year of Last Major Reconstruction/Replacement
- F Expected Remaining Useful Life (Years)
- G Cost to Reconstruct/Replace \$
- H Comments

7.4. Roof (S)

- A Type of roof construction (check all that apply):
- Metal deck on metal trusses/joists
 Wood deck on wood trusses/joists
 Wood deck on metal trusses/joists
 Concrete on metal deck on metal trusses/joists
 Other
- B Type of roofing material (check all that apply):
- Single-ply membrane
 Built up
 Asphalt single
 Pre-Formed metal
 IRMA
 Slate
 Other
- C Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Structural Cracks
- Yes
 No
- D Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Unsupported Ends
- Yes
 No
- E Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Rot/Decay/Corrosion
- Yes
 No

F Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Deflection

_____ Yes
_____ No

G Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Seriously Damaged/Missing Components

_____ Yes
_____ No

H Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Other Problems

I Evidence of Structural Concerns with Structural Roof Deck: Cracks

_____ Yes
_____ No

J Evidence of Structural Concerns with Structural Roof Deck: Decay

_____ Yes
_____ No

K Evidence of Structural Concerns with Structural Roof Deck: Rot/Decay/Corrosion

_____ Yes
_____ No

L Evidence of concerns with roofing, flashing, and drains: Failures/Splits/Cracks

_____ Yes
_____ No

M Evidence of concerns with roofing, flashing, and drains: Rot/Decay/Corrosion

_____ Yes
_____ No

N Evidence of concerns with roofing, flashing, and drains: Inadequate flashing/curbs/pitch pockets

_____ Yes
_____ No

O Evidence of concerns with roofing, flashing, and drains: Inadequate or poorly functioning roof drains

_____ Yes
_____ No

P Evidence of concerns with roofing, flashing, and drains: Evidence of water penetration/active leaks

_____ Yes
_____ No

Q Evidence of concerns with roofing, flashing, and drains: Other concerns (specify):

R Overall Condition of roof:
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure

S Year of Last Major Reconstruction/Replacement

T Expected Remaining Useful Life (Years)

U Cost to Reconstruct/Replace \$

V Comments

7.5. Skylights

A Does the building have skylights?
_____ Yes
_____ No (If selecting No, skip to next section)

B If yes, what material are the skylights made?
_____ Plastic
_____ Glass
_____ Other

C Condition of skylights:
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure

D Year of Last Major Reconstruction/Replacement

E Expected Remaining Useful Life (Years)

F Cost to Reconstruct/Replace \$

G Comments

8. Entry & Egress

8.1. Exterior Steps, Stairs, and Ramps (S)

- A Does the facility have exterior steps, stairs, or ramps?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

8.2. Fire Escapes (S)

- A Does the building have one or more fire escapes?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Safety features are adequate
_____ Yes
_____ No
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure
- D Year of Last Major Reconstruction/Replacement
- E Expected Remaining Useful Life (Years)
- F Cost to Reconstruct/Replace \$
- G Comments

9.1.4. Cooling / Air Conditioning Generating Systems

- A Does the facility have cooling / air conditioning system?
- Yes
 No (If selecting No, skip to next section)
- B Condition
- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure
- C Year of Last Major Reconstruction/Replacement
- D Expected Remaining Useful Life (Years)
- E Cost to Reconstruct/Replace \$
- F Comments

9.1.5. Air Handling and Ventilation Equipment (H)

(Supply Units, Exhaust Units, Relief/Return Units, etc.)

- A Does the facility have air handling and ventilation equipment?
- Yes
 No (If selecting No, skip to next section)

- B Condition
- _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

9.1.6. Piped Heating and Cooling Distribution Systems (H)

(Piping, Pumps, Radiators, Convectors, traps, Insulation, etc.)

- A Does the facility have piped heating and cooling distribution systems?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Condition
- _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

9.1.7. Ducted Heating and Cooling Distribution (H)

(Systems: Ductwork, Control Dampers, Fire/Smoke Dampers, VAVs, Insulation, etc.)

- A Does the facility have ducted heating and cooling distribution systems?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

9.1.8. HVAC Control Systems (H)

- A Does the facility have a HVAC control system?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

9.2. Electrical

- A Does the facility have interior electrical distribution?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Interior electrical supply meets current needs:
_____ Yes
_____ No
- C Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G Comments

9.2.1. Lighting Fixtures

- A Does the facility have lighting fixtures?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

F Comments

9.3. Water Distribution System (H)

A Does the facility have a water distribution system?

_____ Yes
_____ No (If selecting No, skip to next section)

B Types of pipes (check all that apply)

_____ Iron
_____ Galvanized
_____ Copper
_____ Lead
_____ PVC
_____ Other
_____ N/A

C Condition

_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure

D Year of Last Major Reconstruction/Replacement

E Expected Remaining Useful Life (Years)

F Cost to Reconstruct/Replace \$

G Comments

9.3.1. Plumbing Drainage System (H)

A Does the facility have a plumbing drainage system?

_____ Yes

Plumbing (Excluding HVAC Systems)

B Types of pipes (check all that apply)

_____ Iron
_____ Galvanized
_____ Copper

- Lead
 PVC
 Other
 N/A
- C Condition
- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure
- D Year of Last Major Reconstruction/Replacement
- E Expected Remaining Useful Life (Years)
- F Cost to Reconstruct/Replace \$
- G Comments

9.3.2. Hot Water Heaters (H)

- A Does the facility have water heaters?
- Yes
 No (If selecting No, skip to next section)
- B Type of fuel (check all that apply)
- Oil
 Natural Gas
 Electricity
 Other
 N/A
- C Condition
- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure
- D Year of Last Major Reconstruction/Replacement
- E Expected Remaining Useful Life (Years)

F _____
Cost to Reconstruct/Replace \$

G _____
Comments

9.3.3. Plumbing Fixtures

(Including toilets, urinals, lavatories, etc.)

A Does the facility have plumbing fixtures?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F _____
Comments

10. Fire Alarm Systems (H)

A Does the facility have a fire alarm system?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

10.1. Smoke Detection Systems (H)

A Does the facility have a smoke detection system?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

10.2. Fire Suppression Systems (H)

(Sprinklers, Standpipes, Kitchen Hoods, etc.)

A Does the facility have a fire suppression system?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

10.3. Emergency/Exit Lighting Systems (H)

A Does the facility have an emergency / exit lighting system?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E Cost to Reconstruct/Replace \$

F Comments

10.4. Emergency/Standby Power Systems (H)

A Does the building have an emergency or standby power system?

_____ Yes

_____ No (If selecting No, skip to next section)

B Condition

_____ Excellent

_____ Satisfactory

_____ Unsatisfactory

_____ Non-Functioning

_____ Critical Failure

C Year of Last Major Reconstruction/Replacement

D Expected Remaining Useful Life (Years)

E
Cost to Reconstruct/Replace \$

F
Comments

11. Communications Systems

A Does the facility have communication systems?

 Yes

 No (If selecting No, skip to next section)

B Communication systems are adequate

 Yes

 No

C Condition

 Excellent

 Satisfactory

 Unsatisfactory

 Non-Functioning

 Critical Failure

D Year of Last Major Reconstruction/Replacement

E Expected Remaining Useful Life (Years)

F Cost to Reconstruct/Replace \$

G Comments

12. Interior

12.1. Partitions

A Does the facility have other interior walls?

 Yes

 No (If selecting No, skip to next section)

B Condition

 Excellent

 Satisfactory

 Unsatisfactory

 Non-Functioning

- _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

12.2. Ceilings (H)

- A Does the facility have a ceiling?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

12.3. Interior Doors

- A Does the facility have interior doors?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Overall condition of interior door units:
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning

- _____ Critical Failure
- C Overall condition of interior door hardware:
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G Comments

12.4. Interior Stairs (S)

- A Does the facility have interior stairs?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

12.5. Elevators, lifts and escalators

- A Does the facility have elevators, lifts, or escalators?
 _____ Yes
 _____ No (If selecting No, skip to next section)

- B Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

12.6. Fixtures & Equipment

- A Does the facility have Fixtures & Equipment?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- C Year of Last Major Reconstruction/Replacement

- D Expected Remaining Useful Life (Years)

- E Cost to Reconstruct/Replace \$

- F Comments

12.7. Mattes/Grills

- A Are there walk off mattes; grills in entryway?
 _____ Yes
 _____ No
- B If Yes: at least 6 Ft. Long?

_____ Yes
_____ No

12.8. Carpet

- A Does the facility have carpet?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Where located? (check all that apply)
_____ Common areas
_____ Corridors
_____ Lobby
_____ Offices
_____ Conference Rooms
_____ Other
- C Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G Comments

12.9. Resilient tiles or sheet flooring

- A Does the facility have resilient tiles or sheet flooring?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Where located? (check all that apply)
_____ Common areas
_____ Corridors
_____ Lobby
_____ Offices

- _____ Conference Rooms
 _____ Other
- C Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G Comments

12.10. Hard flooring (concrete; ceramic tile; stone etc.)

- A Does the facility have hard flooring?
 _____ Yes
 _____ No (If selecting No, skip to next section)
- B Where located? (check all that apply)
 _____ Common areas
 _____ Corridors
 _____ Lobby
 _____ Offices
 _____ Conference Rooms
 _____ Other
- C Condition
 _____ Excellent
 _____ Satisfactory
 _____ Unsatisfactory
 _____ Non-Functioning
 _____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

G _____
Comments

12.11. Wood Flooring

- A Does the facility have wood flooring?
_____ Yes
_____ No (If selecting No, skip to next section)
- B Where located? (check all that apply)
_____ Common areas
_____ Corridors
_____ Lobby
_____ Offices
_____ Conference Rooms
- C Condition
_____ Excellent
_____ Satisfactory
_____ Unsatisfactory
_____ Non-Functioning
_____ Critical Failure
- D Year of Last Major Reconstruction/Replacement

- E Expected Remaining Useful Life (Years)

- F Cost to Reconstruct/Replace \$

- G _____
Comments

13. Environment/Comfort/Health

13.1. Acoustics

- A Overall rating:
_____ Good
_____ Fair
_____ Poor
- B Comments

13.2. Lighting Quality

A Types of lighting in general purpose classrooms (check all that apply)

- Daylight
- Fluorescent-not full spectrum
- Fluorescent
- Incandescent
- Other
- N/A

B Overall rating:

- Good
- Fair
- Poor

C Comments

13.3. Evidence of Vermin

A Is there evidence of active infestations of Rodents

- Yes
- No

B Is there evidence of active infestations of Wood-boring or wood-eating insects

- Yes
- No

C Is there evidence of active infestations of Cockroaches

- Yes
- No

D Is there evidence of active infestations of Other vermin

- Yes
- No

13.4. Mold

A Are there visible stains, mold or water damage?

- Yes
- No

B If yes, then where? (check all that apply)

- Common areas
- Corridors
- Lobby
- Offices
- Conference Rooms

- Other
 Supply return grille
 Other Places
- C Are there any noticeable moldy odors?
- Yes
 No
- D If yes, then where? (check all that apply)
- Common areas
 Corridors
 Lobby
 Offices
 Conference Rooms
 Other
- E Are interior surfaces constructed of any Paper-faced products?
- Yes
 No
- F Are interior surfaces constructed of any Cellulose products (typical ceiling tiles)?
- Yes
 No
- G Estimated cost of necessary improvements: \$
-
- H Comments
-

13.5. Humidity/Moisture

- A Are Active leaks in the roof?
- Yes
 No
- B Are Active leaks in the roof found in other areas?
- Yes
 No
- C Are Active leaks in the plumbing found in the classroom?
- Yes
 No
- D Are Active leaks in the plumbing found in other areas?
- Yes
 No
- E Is Moisture condensation found in the classroom?

- _____ Yes
 _____ No
- F Is Moisture condensation found in other areas?
 _____ Yes
 _____ No
- G Rating of humidity/moisture condition in building
 _____ Good
 _____ Fair
 _____ Poor

13.6. Ventilation

(Fresh air intake locations, air filters, etc.)

- A Are there fresh air intakes near the loading area?
 _____ Yes
 _____ No
- B Are there fresh air intakes near the truck delivery areas?
 _____ Yes
 _____ No
- C Are there fresh air intakes near the garbage storage/disposal areas?
 _____ Yes
 _____ No
- D Is there accumulated dirt, dust, or debris around fresh air intakes?
 _____ Yes
 _____ No
- E Are fresh air intakes free of blockage?
 _____ Yes
 _____ No
- F Is accumulated dirt, dust, or debris in ductwork?
 _____ Yes
 _____ No
- G Are dampers functioning as designed?
 _____ Yes
 _____ No
- H Condition of air filters:
 _____ Good
 _____ Fair
 _____ Poor
- I Outside air is adequate for occupant load:
 _____ Yes

- _____ No
J Rating of ventilation/indoor air quality:
_____ Good
_____ Fair
_____ Poor
K Comments

13.7. Indoor air quality (IAQ) plan

- A Is an IAQ management plan used?
_____ Yes
_____ No
B Are IAQ responsibilities assigned to a designated individual?
_____ Yes
_____ No

13.8. Integrated Pest Management (IPM)

- A Is there and IPM plan?
_____ Yes
_____ No
B Is vegetation kept away from the building?
_____ Yes
_____ No
C Are crevices and holes in walls, floors and pavement sealed or eliminated?
_____ Yes
_____ No
D Are pesticides used in the buildings and on grounds?
_____ Yes
_____ No
E If yes, how are they typically applied?
_____ Spot treatment
_____ Area Wide treatments

13.9. Noise

- A Is there noise from HVAC units, traffic, etc. that may impact users?
_____ Yes
_____ No

13.10.Radon

- A Has this facility been tested for the presence of Radon?
_____ Yes
_____ No
- B If this facility been tested for the presence of Radon. Has a passive mitigation system been installed?
_____ Yes
_____ No
- C If this facility been tested for the presence of Radon. Has an active mitigation system been installed?
_____ Yes
_____ No
- D If this facility been tested for the presence of Radon. Is Radon test data available?
_____ Yes
_____ No

13.11.American Red Cross

- A Is there a written agreement with the American Red Cross for the use of this building as an emergency shelter?
_____ Yes
_____ No
- B Does this building have an emergency generator to support sheltering operations? (Lights, HVAC, etc.)?
_____ Yes
_____ No
- C If yes, check all systems powered by the emergency generator.
_____ Communication system
_____ Kitchen Equipment
_____ HVAC
_____ Cooking Equipment
_____ Fire alarm system
_____ Refrigeration equipment
_____ Sump pump
_____ Security system
_____ Lighting
- D If this facility has cooking /food preparation equipment, is the kitchen:
_____ Full preparation
_____ Warming capability only

E If this facility has on-site wells for potable water are the well pumps and equipment connected to the emergency generator power supply?

_____ Yes
_____ No

F Is the facility sanitary sewer a gravity design?

_____ Yes
_____ No

G If no, are sewage pumps, grinders and other necessary equipment connected to the emergency generator power supply?

H Please review the data on this page and make any necessary changes before proceeding. Do not use your

_____ Yes
_____ No

14. Information on Accessibility

A If the building lacks accessible interior or exterior routes: Cost of improvements needed to provide accessible exterior and interior routes as specified above. \$

B Comments

14.1. Exterior Route (H)

People with disabilities should be able to arrive on site, approach the building, and enter as freely as everyone else. At least one route of travel should be safe and accessible for everyone, including people with disabilities. This route must include handicapped parking, curb cuts, ramps, and automatic door operators as necessary to enter the building.

A Is there an accessible exterior route as specified above?

_____ Yes
_____ No

14.2. Interior Route (H)

(Access to Goods and Services, and Restroom Facilities)

The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as

libraries, gymnasiums, auditoriums, nurse's office, main office, and restroom facilities). Services include drinking fountains, telephones, and other amenities.

A Is there an accessible interior route as specified above?

_____ Yes
_____ No

15. General Appearance

A Overall rating:

_____ Good
_____ Fair
_____ Poor

B Comments

C Cleanliness

D Overall rating:

_____ Good
_____ Fair
_____ Poor

E Comments

