2010 Building Condition Survey Instrument

1. **Name of School District** _____

2. **SED District Number** | | | | | | | | |
   District BEDS Code

3. **Building Name** _____

4. **SED Control Number** | | | | | | |

5. **Survey Inspection Date** _____

6. **Building 911 Address** _____

7. **City** _____ 8. **Zip Code** _____

9. **Certificate of Occupancy Status** _____ 10. **Certificate Expiration Date** _____

Building Age, Gross Square Footage and Maintenance Staff

11. **Year of Original Building** _____

12. **Gross square ft. of Building as currently configured** _____

13. **Number of Floors** _____

14. **How many full-time and part-time custodians are employed at the school (or work in the building)?**
    Full-time custodians: _____
    Part-time custodians _____

Building Ownership and Occupancy Status

15. **Building Ownership (check one):**

☐ a. Owned and used by district

☐ b. Owned by District and leased to non-district entity

☐ c. Owned by District, part used by district, part leased to non-district entity

☐ d. Owned by non-district entity and leased to district

16. For which of the following purposes is the building currently used? (check all that apply)

☐ a. Used for student instructional purposes

☐ b. Used for district administration

☐ c. Used for other district purposes Describe: _____

☐ d. Used by other organization(s)

Building Users

17. How many students were registered to receive instruction in this building as of October 1, 2009? (If none, enter "0") and skip to "Program Spaces" section. (Do not include evening class students) _____

18. Of these registered students, how many receive most of their instruction in:

a. Permanent instructional spaces (i.e., regular classrooms) _____

b. Temporary instructional spaces (i.e., portable or demountable classrooms) attached to the building: _____

c. Non-instructional spaces used as instructional spaces: _____

If the answer is greater than zero, which types of non-instructional spaces were being used for instructional purposes on October 1, 2009 (check all that apply)

☐ 1. Cafeteria ☐ 4. Library ☐ 7. Storage space

☐ 2. Gymnasium ☐ 5. Lobby ☐ 8. Other (please describe)

☐ 3. Administrative spaces ☐ 6. Stairwell _____

19. Grades Housed: _____

20. For how many instructional days during the 2008-09 school year (July 1 through June 30, was the building closed due to facilities failures, system malfunctions, structural problems, fire, etc? (if none, enter "0") _____

21. Is the building used for instructional purposes in the summer? ☐ Yes ☐ No

22. Have there been renovations or construction in the building during the past 12 months? ☐ Yes ☐ No

Program Spaces

23. Number of instructional classrooms: _____

24. Gross square footage of all instructional classrooms (combined): _____

25. Other spaces provided (check all that apply):

☐ a. N/A (none)	☐ h. Guidance	☐ o. Multipurpose rooms	☐ u. Special education
☐ b. Administration	☐ i. Gymnasium	☐ p. Music	☐ v. Swimming pool
☐ c. Art	☐ j. Health suite	☐ q. Pre-K	☐ w. Teacher resource
☐ d. Audio Visual	☐ k. Home & Careers	☐ r. Remedial rooms	☐ x. Technology/Shop
☐ e. Auditorium	☐ l. Kitchen	☐ s. Resource rooms	☐ y. Other (describe) _____
☐ f. Cafeteria	☐ m. Lg.group instruction	☐ t. Science labs	
☐ g. Computer room	☐ n. Library		

Space Adequacy

26. Rating of space adequacy ☐ Good ☐ Fair ☐ Poor

Comments: _____

27. Estimated capital construction expenses anticipated for this building through 2015-2016 school year excluding maintenance (to be answered after the building inspection is complete) $ _____

28. Overall building rating (to be answered after the building inspection is complete)

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

29. Was overall building rating established after consultation with health and safety committee? ☐ Yes ☐ No

Overall Building Rating Definitions:

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.

30. A/E Firm Name:	_____	**31. Firm Address**	_____
32. Phone Number	_____		_____
33. E-mail:	_____		_____
34. A/E Name	_____	**35. A/E License #**	_____

NOTE:
Visual inspection of all structural systems is required. In some cases this may necessitate opening ceilings, walls, or using other invasive inspection techniques. Please use the "comments" section for each building feature to note limitations to visual inspections of structural elements and actions taken to overcome these limitations. Please see the Building Condition Survey guide for additional information.

Building System Condition Ratings and Definitions:

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 of some or all components is needed.
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.

Building System Type Definitions:

H Health and Safety
S Structural

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.

Site Utilities

36. Water (H)

a. Type of service: ☐ Municipal or utility provided ☐ Well ☐ Other

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: _____

37. Site Sanitary (H)

a. Type of service: ☐ Municipal or Utility sewer ☐ Site septic ☐ Other

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: _____

38. Site Gas (H)

a. Does the building have gas service or use liquid petroleum gas? ☐ Yes ☐ 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: _____

39. Site Fuel Oil (H)

a. Type of service: ☐ Fuel Tanks ☐ None (Skip to Next Section)

b. If the building has fuel tanks:
1. # Above Ground: _____ a. Capacity of above ground tanks (gallons) _____
2. # Below Ground: _____ a. Capacity of below ground tanks (gallons) _____

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: _____

40. Site Electrical, Including Exterior Distribution (H)

a. Service Provider (check all that apply): ☐ Utility Provided ☐ Self-Generated ☐ Other

b. Type of Service: ☐ Above Ground ☐ Below Ground

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: _____

41. Closed Drainage Pipe Stormwater Management System

a. Does the facility have a closed pipe system? ☐ Yes ☐ 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: _____

42. Open Drainage Stormwater Management System

a. Does the facility have a open stormwater system (ditch)? ☐ Yes ☐ 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: _____

43. Catch Basins/Drop Inlets/Manholes

a. Does the facility have catch basins/drop inlets/manholes? ☐ Yes ☐ 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: _____

44. Culverts

a. Does the facility have culverts? ☐ Yes ☐ 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: _____

45. Outfalls

a. Does the facility have outfalls? ☐ Yes ☐ 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: _____

46. Infiltration basins/chambers

a. Does the facility have infiltration basins/chambers? ☐ Yes ☐ 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: _____

47. Retention basins:

a. Does the facility have retention basins? ☐ Yes ☐ 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: _____

48. Wetponds

a. Does the facility have wetponds? ☐ Yes ☐ 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: _____

49. Manufactured stormwater proprietary units

a. Does the facility have proprietary units? ☐ Yes ☐ 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: _____

50. Point of outfall discharge (check all that apply)

☐ Municipal storm sewer system ☐ Combined sewer system ☐ Surface Water

☐ On-site recharge ☐ Other (please describe) _____

51. Outfall reconnaissance inventory. Were all stormwater outfalls inspected during dry weather for signs of non-stormwater discharge? ☐ Yes ☐ No

Other Site Features

52. Pavement (Roadways and Parking Lots)

a. Type (check all that apply) ☐ concrete ☐ asphalt ☐ gravel ☐ other ☐ none

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: _____

53. Sidewalks

a. Type (check all that apply) ☐ concrete ☐ asphalt ☐ other

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: _____

54. Playgrounds and Playground Equipment

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

55. Athletic Fields, Play Fields, and Related Structures
(such as press boxes, stadiums, exterior bleachers, dugouts, climbing walls, etc.)

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

f. Check if synthetic turf field is present: ☐ Yes ☐ No
Date installed: _____

Substructure

56. Foundation (S)

a. Type (check all that apply):

☐ Reinforced Concrete ☐ Masonry on Concrete Footing ☐ Other

b. Evidence of Structural Concerns:

1. Structural Cracks ☐ Yes ☐ No
2. Heaving/Jacking ☐ Yes ☐ No
3. Decay/Corrosion ☐ Yes ☐ No
4. Water Penetration ☐ Yes ☐ No
5. Unsupported Areas ☐ Yes ☐ No
6. Other ☐ 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: _____

Building Envelope

57. Structural Floors (S)

a. Type (check all that apply):

☐ 1. Reinforced Concrete Slab on Grade
☐ 2. Concrete/Metal Deck/Metal Joists
☐ 3. Precast Concrete Structural System
☐ 4. Wood Deck on Wood Trusses
☐ 5. Wood Deck on Wood Joists
☐ 6. Concrete Deck on Wood Structure
☐ 7. Other (specify) _____

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

1. Structural Cracks ☐ Yes ☐ No 4. Deflection ☐ Yes ☐ No

2. Unsupported Ends ☐ Yes ☐ No 5. Seriously Damaged/Missing Components ☐ Yes ☐ No

3. Rot/Decay/Corrosion ☐ Yes ☐ No 6. Other Problems _____

c. Evidence of Structural Concerns with Structural Floor Deck:

1. Cracks ☐ Yes ☐ No

2. Deflection ☐ Yes ☐ No

3. Rot/Decay/Corrosion ☐ Yes ☐ No

d. Overall Condition of Structural Floors:

☐ 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: _____

58. Exterior Walls/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):

1. Structural Cracks ☐ Yes ☐ No

2. Rot/Decay/Corrosion ☐ Yes ☐ No

3. Other Problems: _____

c. Evidence of Concerns with Exterior Cladding:

1. Cracks/Gaps ☐ Yes ☐ No 4. Moisture Penetration ☐ Yes ☐ No

2. Inadequate Flashing ☐ Yes ☐ No 5. Rot/Decay/Corrosion ☐ Yes ☐ No

3. Efflorescence ☐ Yes ☐ No 6. Other Problems _____

d. Overall Condition of Exterior Walls/Columns::

☐ 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: _____

59. Chimneys (S)

a. Material (check all that apply): ☐ Masonry ☐ Concrete ☐ Metal ☐ Other ☐ N/A

b. Overall condition of chimneys:

☐ 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: _____

60. Parapets (S)

a. Construction Type (check all that apply): ☐ Masonry ☐ Concrete ☐ Metal ☐ Other ☐ N/A

b. Overall condition of parapets:

☐ 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: _____

61. 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: _____

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

a. Overall condition of exterior steps, stairs, and ramps

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

63. Fire Escapes (S)

a. Does the building have one or more fire escapes? ☐ Yes ☐ No (skip to next question)

b. Overall condition of fire escapes:

☐ 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): _____

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

64. Windows

a. Type of windows (check all that apply):

☐ Aluminum ☐ Steel ☐ Vinyl ☐ Solid Wood ☐ Wood w/ External Cladding System ☐ Other

b. Overall condition of windows:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

c. All rescue windows are operable: ☐ Yes ☐ No ☐ N/A

d. Year of Last Major Reconstruction/Replacement _____

e. Expected Remaining Useful Life (Years): _____

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

65. Roof and Skylights (S)

a. Type of roof construction (check all that apply):

☐ 1. Metal deck on metal trusses/joists ☐ 4. Concrete on metal deck on metal trusses/joists

☐ 2. Wood deck on wood trusses/joists ☐ 5. Other

☐ 3. Wood deck on metal trusses/joists

b. Type of roofing material (check all that apply):

☐ 1. Single-ply membrane ☐ 3. Asphalt single ☐ 5. IRMA ☐ 7. Other

☐ 2. Built up ☐ 4. Pre-Formed metal ☐ 6. Slate

c. Evidence of structural concerns with support system (beams/joists/trusses, etc.):

1. Structural Cracks ☐ Yes ☐ No 4. Deflection ☐ Yes ☐ No

2. Unsupported Ends ☐ Yes ☐ No 5. Seriously Damaged/Missing Components ☐ Yes ☐ No

3. Rot/Decay/Corrosion ☐ Yes ☐ No 6. Other Problems _____

d. Evidence of structural concerns with structural floor deck:

1. Cracks ☐ Yes ☐ No

2. Deflection ☐ Yes ☐ No

3. Rot/Decay/Corrosion ☐ Yes ☐ No

e. Does the building have skylights? ☐ Yes ☐ No **If No,** go to (h)

f. If yes, what material are the skylights made? ☐ 1. Plastic ☐ 2. Glass ☐ 3. Other

g. Condition of skylights:

Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

h. Evidence of concerns with roofing, skylights, flashing, and drains:

1. Failures/Splits/Cracks ☐ Yes ☐ No

2. Rot/Decay/Corrosion ☐ Yes ☐ No

3. Inadequate flashing/curbs/pitch pockets ☐ Yes ☐ No

4. Inadequate or poorly functioning roof drains ☐ Yes ☐ No

5. Evidence of water penetration/active leaks ☐ Yes ☐ No

Other concerns (specify): _____

i. Overall Condition of roof:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

j. Year of Last Major Reconstruction/Replacement _____

k. Expected Remaining Useful Life (Years): _____

l. Cost to Reconstruct/Replace (include costs for repairs): $ _____

m. Comments: _____

Interior Spaces

66. Interior bearing walls and fire walls (S)

a. Overall condition of interior walls:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

67. Other Interior Walls

a. Overall condition of interior walls:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Floor Finishes

68. Carpet

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

69. Resilient tiles or sheet flooring

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

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: _____

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

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

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: _____

71. Wood

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

c. Year of Last Major Reconstruction/Replacement _____ d. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

72. Ceilings (H)

a. Overall condition of ceilings:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

73. Lockers

a. Overall condition of lockers:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

74. Interior Doors

a. Overall condition of interior door units:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Overall condition of interior door hardware:

☐ 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: _____

75. Interior Stairs (S)

a. Overall condition of interior stairs:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

76. Elevator, lifts and escalators (H)

a. Overall condition of elevators, lifts and escalators

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

77. Interior Electrical Distribution (H)

a. Interior electrical supply meets current needs: ☐ Yes ☐ No

b. Condition of interior electrical distribution:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e.. Cost to Reconstruct/Replace $ _____

f. Comments: _____

78. Lighting Fixtures

a. Condition of interior lighting fixtures:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

79. Communications Systems (H)

a. Communication systems are adequate ☐ Yes ☐ No

b. Condition of communications system:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

80. Swimming Pool and Swimming Pool Systems

a. Overall condition of swimming pool and pool systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Plumbing (Excluding HVAC Systems)

81. Water Distribution System (H)

a. Types of pipes (check all that apply):

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

b. Overall condition of water distribution system:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

82. Plumbing Drainage System (H)

a. Types of pipes (check all that apply):

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

b. Overall condition of drainage system:

☐ 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: _____

83. Hot Water Heaters (H)

a. Type of fuel (check all that apply):

☐ Oil ☐ Natural Gas ☐ Electricity ☐ Other ☐ N/A

b. Overall condition of water heaters:

☐ 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: _____

84. Plumbing Fixtures

a. Overall condition of plumbing fixtures (including toilets, urinals, lavatories, etc.):

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

HVAC Systems

85. HVAC Systems Type

a. Does this building have a central HVAC system? ☐ Yes ☐ No (skip to next section)

b. If yes, what type of technology does it use (check all that apply):

☐ Constant volume (CV) ☐ Variable air volume (VAV) ☐ Dual-duct or multi-zone ☐ Other

86. Heat Generating Systems (H)

a. Heat generation source (check all that apply):

☐ Boiler/ hot water ☐ Boiler/Steam ☐ Furnace/forced air ☐ Unit ventilation

b. Overall condition of heat generating systems:

☐ 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: _____

87. Heating Fuel/Energy Systems (H)

a. Overall condition of heating fuel/energy systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

88. Cooling/Air Conditioning Generating Systems

a. Overall condition of cooling/air conditioning generating systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

89. Air Handling and Ventilation Equipment: Supply Units, Exhaust Units, Relief/Return Units, etc. (H)

a. Overall condition of air handling and ventilation systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

90. Piped Heating and Cooling Distribution Systems: Piping, Pumps, Radiators, Convectors, traps, Insulation, etc. (H)

a. Overall condition of piped heating and cooling distribution systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

91. Ducted Heating and Cooling Distribution Systems: Ductwork, Control Dampers, Fire/Smoke Dampers, VAVs, Insulation, etc. (H)

a. Overall condition of ducted heating and cooling distribution systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

92. HVAC Control Systems (H)

a. Overall condition of control systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Fire Safety Systems

93. Fire Alarm Systems (H)

a. Overall condition of fire alarms:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

94. Smoke Detection Systems (H)

a. Overall condition of smoke detection systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

95. Fire Suppression Systems: Sprinklers, Standpipes, Kitchen Hoods, etc. (H)

a. Overall condition of fire suppression systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

96. Emergency/Exit Lighting Systems (H)

a. Overall condition of emergency/exit lighting systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

97. Emergency/Standby Power Systems (H)

a. Does the building have an emergency or standby power system? ☐ Yes ☐ No (skip to next section)

b. Overall condition of emergency/standby power systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments _____

Accessibility

98. 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.

Is there an accessible exterior route as specified above? ☐ Yes ☐ No

99. Interior Route, Access to Goods and Services, and Restroom Facilities (H)

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.

Is there an accessible interior route as specified above? ☐ Yes ☐ No

100. Additional Information on Accessibility

If the building lacks accessible interior or exterior routes:

a. Cost of improvements needed to provide accessible exterior and interior routes as specified above. $ _____

b. Comments: _____

Environment/Comfort/Health

101. General Appearance

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

b. Comments: _____

102. Cleanliness

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

b. Comments: _____

103. Are there walk off matts; grills in entryway? ☐ Yes ☐ No

If **Yes:** at least 6 Ft. Long? ☐ Yes ☐ No

104. Acoustics

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

b. Comments: _____

105. Lighting Quality

a. Types of lighting in general purpose classrooms (check all that apply):

☐ 1. Daylight ☐ Fluorescent-not full spectrum ☐ 3. Fluorescent full spectrum

☐ 4. Incandescent ☐ 5. Other ☐ 6. N/A

b. Overall rating: ☐ Good ☐ Fair ☐ Poor

c. Comments: _____

106. Evidence of Vermin

Is there evidence of active infestations of …?

a. Rodents ☐ Yes ☐ No

b. Wood-boring or wood-eating insects ☐ Yes ☐ No

c. Cockroaches ☐ Yes ☐ No

d. Other vermin ☐ Yes ☐ No

Indoor Air Quality

107. Mold

a. Are there visible stains, mold or water damage? ☐ Yes ☐ No

If **yes**, where? (check all that apply)

☐ Classrooms ☐ Hallways ☐ Supply return grille ☐ Other places_____

b. Are there any noticeable moldy odors? ☐ Yes ☐ No

If **yes**, where? (check all that apply)

☐ Classrooms ☐ Hallways ☐ Supply return grille ☐ Other places_____

c. Are interior surfaces constructed of any of the following materials?

Paper-faced or gypsum products? ☐ Yes ☐ No

Cellulose products (typical ceiling tiles) ☐ Yes ☐ No

d. Estimated cost of necessary improvements: $ _____

e. Comments _____

108. Humidity/Moisture

a. Are any of the following found in/or around the following area?

	a. In classrooms		b. In other areas	
1. Active leaks in roof	☐ Yes	☐ No	☐ Yes	☐ No
2. Active leaks in plumbing	☐ Yes	☐ No	☐ Yes	☐ N
3.Moisture condensation	☐ Yes	☐ No	☐ Yes	☐ No

b. Rating of humidity/moisture condition in building: ☐ Good ☐ Fair ☐ Poor

109. Ventilation: fresh air intake locations, air filters, etc.

a. Are there fresh air intakes near the following?

1. Near the bus loading area ☐ Yes ☐ No
2. Near truck delivery areas ☐ Yes ☐ No
3. Near garbage storage/disposal areas ☐ Yes ☐ No

b. Is there accumulated dirt, dust, or debris around fresh air intakes? ☐ Yes ☐ No

c. Are fresh air intakes free of blockage? ☐ Yes ☐ No

d. Is accumulated dirt, dust, or debris in ductwork? ☐ Yes ☐ No

e. Are dampers functioning as designed? ☐ Yes ☐ No

f. Condition of air filters: ☐ Good ☐ Fair ☐ Poor

g. Outside air is adequate for occupant load: ☐ Yes ☐ No

h. Rating of ventilation/indoor air quality: ☐ Good ☐ Fair ☐ Poor

i. Comments _____

110. Indoor air quality (IAQ) plan

a. Does the school district use EPA's *Tools for Schools* program? ☐ Yes ☐ No

b. If not, is some other IAQ management plan used? ☐ Yes ☐ No

c. Has the District assigned IAQ responsibilities to a designated individual? ☐ Yes ☐ No

111. Does the school practice IPM? ☐ Yes ☐ No

a. Is vegetation kept 1 ft. from away from the building? ☐ Yes ☐ No

b. Are crevices and holes in walls, floors and pavement sealed or eliminated? ☐ Yes ☐ No

c. Are pesticides used in the buildings and on grounds? ☐ Yes ☐ No

If **yes**, how are they typically applied?

☐ Spot treatment ☐ Area wide treatments

112. Is there noise in classrooms from HVAC units, traffic, etc. that may impact education? ☐ Yes ☐ No

113. Has this facility been tested for the presence of Radon? ☐ Yes ☐ No

If **yes:**

a. Has a passive mitigation system been installed? ☐ Yes ☐ No

b. Has an active mitigation system been installed? ☐ Yes ☐ No

c. Is Radon test data available? ☐ Yes ☐ No

114. American Red Cross

a. Is there a written agreement with the 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

If **yes**, where? (check all that apply)

☐ Communication system ☐ Fire alarm system ☐ Security system ☐ Lighting

☐ HVAC ☐ Sump pump

c. Does this facility have a cooking /food preparation kitchen? ☐ Yes ☐ No

If **yes**, is the area outfitted for:

☐ Full preparation ☐ Warming capability only

d. Check items powered by emergency generator:

☐ Kitchen equipment ☐ Cooking equipment ☐ Refrigeration equipment

e. Potable water:

Provided by municipal system? ☐ Yes ☐ No

On-site wells? ☐ Yes ☐ No

If on site wells are present, are the wells connected to emergency generator? ☐ Yes ☐ No

f. Sanitary:

Gravity discharge? ☐ Yes ☐ No

Force main pumping station? ☐ Yes ☐ No

If pumping station exists, are they connected to emergency generator? ☐ Yes ☐ No