



Form Questions

Form Questions Listing

[Create New](#)

Building Information

1. Name of School District

[View](#) [Edit](#) [Delete](#)

2. Building Name

[View](#) [Edit](#) [Delete](#)

3. SED District Number (a.k.a. District BEDS Code)

[View](#) [Edit](#) [Delete](#)

4. Building ID

[View](#) [Edit](#) [Delete](#)

5. Survey Inspection Date 

[View](#) [Edit](#) [Delete](#)

6. Building 911 Address

[View](#) [Edit](#) [Delete](#)

7. City

[View](#) [Edit](#) [Delete](#)

8. Zip Code (Plus Four)

[View](#) [Edit](#) [Delete](#)

9. Certificate of Occupancy Status

Annual

Temporary

None

[View](#) [Edit](#) [Delete](#)

10. Certificate Expiration Date 

[View](#) [Edit](#) [Delete](#)

Building Age, Gross Square Footage and Maintenance Staff

11. Year of Original Building

[View](#) [Edit](#) [Delete](#)

12. Gross Square Ft. of Building as currently configured

[View](#) [Edit](#) [Delete](#)13. Number of Floors [View](#) [Edit](#) [Delete](#)

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

A. Full-time Custodians [View](#) [Edit](#) [Delete](#)B. Part-time Custodians [View](#) [Edit](#) [Delete](#)

Building Ownership and Occupancy Status

15. Building Ownership (choose one)

- Owned and Used by District
- Owned by District and Leased to Non-district Entity
- Owned by District; Part Used by District, Part Leased to Non-district Entity
- Owned by Non-district Entity and Leased to District

[View](#) [Edit](#) [Delete](#)

16. For which of the following purposes is the building currently used?

- Used for Student Instructional Purposes
- Used for District Administration
- Used for Other District Purpose(s)

Describe

- Used by Other Organization(s)

[View](#) [Edit](#) [Delete](#)

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 students) [View](#) [Edit](#) [Delete](#)

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

A. Permanent Instructional Spaces (i.e. Regular Classrooms) [View](#) [Edit](#) [Delete](#)B. Temporary Instructional Spaces (i.e., Portable or Demountable Classrooms) Attached to the Building [View](#) [Edit](#) [Delete](#)C. Non-Instructional Spaces Used as Instructional Spaces

[View](#) [Edit](#) [Delete](#)

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

- Cafeteria
- Gymnasium
- Administrative Space
- Library
- Lobby
- Stairwell
- Storage Space
- Other

Please describe

[View](#) [Edit](#) [Delete](#)

19. Grades Housed (check all that apply)

- Pre-K
- K
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- Ungraded
- Other

[View](#) [Edit](#) [Delete](#)

20. For how many instructional days during the 2009-10 school year (July 1 through June 30), was the building closed due to facilities failures, system malfunctions, structural problems etc.? (If none, enter "0").

[View](#) [Edit](#) [Delete](#)

21. Is the building used for instructional purposes in the summer?

- Yes

No

[View](#) [Edit](#) [Delete](#)

22. Have there been renovations or construction in the building during the past twelve months?

Yes

No

[View](#) [Edit](#) [Delete](#)

Program Spaces

23. Number of Instructional Classrooms

[View](#) [Edit](#) [Delete](#)

24. Gross Square Footage of All Instructional Classrooms (Combined)

[View](#) [Edit](#) [Delete](#)

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

N/A (none)

Administration

Art

Audio Visual

Auditorium

Cafeteria

Computer Room

Guidance

Gymnasium

Health Suite

Home & Careers

Kitchen

Lg.group instruction

Library

Multipurpose Rooms

Music

Pre-K

Remedial Rooms

Resource Room

Science Lab

Special Education

Swimming Pool

Teacher Resource

Technology/Shop OtherDescribe: [View](#) [Edit](#) [Delete](#)

Site Utilities

26. Water (H)

A. Does the facility have water service?

 Yes No (If selecting No, skip to the next numbered question)[View](#) [Edit](#) [Delete](#)

B. Type of service

 Municipal or Utility provided Well Other[View](#) [Edit](#) [Delete](#)

C. Condition

 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

27. Site Sanitary (H)

A. Does the facility have site sanitary?

 Yes

- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Type of Service

- Municipal or Utility sewer
 Site Septic
 Other

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

28. Site Gas (H)

A. Does the building have gas service or use liquid petroleum gas?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

29. Site Fuel Oil (H)

A. Does the facility have fuel oil tanks?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. The number of above ground fuel tanks

[View](#) [Edit](#) [Delete](#)

C. Capacity of above ground tanks (gallons)

[View](#) [Edit](#) [Delete](#)

D. The number of below ground fuel tanks

[View](#) [Edit](#) [Delete](#)

E. Capacity of below ground tanks (gallons)

[View](#) [Edit](#) [Delete](#)

F. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

G. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

H. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

I. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

J. Comments

[View](#) [Edit](#) [Delete](#)

30. Site Electrical, Including Exterior Distribution (H)

A. Does the facility have site electrical, including exterior distribution?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Service Provider (check all that apply):

Utility Provided

Self-Generated

Other

[View](#) [Edit](#) [Delete](#)

C. Type of Service

Above Ground

Below Ground

[View](#) [Edit](#) [Delete](#)

D. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

E. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

F. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

G. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

H. Comments

[View](#) [Edit](#) [Delete](#)

31. Closed Drainage Pipe Stormwater Management System

A. Does the facility have a closed pipe system?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

32. Open Drainage Stormwater Management System

- A. Does the facility have a open stormwater system (ditch)?
 Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

33. Catch Basins/Drop Inlets/Manholes

A. Does the facility have catch basins/drop inlets/manholes?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

34. Culverts

A. Does the facility have culverts?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

35. Outfalls

A. Does the facility have outfalls?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

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

Municipal storm sewer system

Combined sewer system

Surface Water

On-site recharge

Other

Please Describe

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

D. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

E. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

F. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

G. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

H. Comments

[View](#) [Edit](#) [Delete](#)

36. Infiltration basins/chambers

A. Does the facility have infiltration basins/chambers?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

37. Retention Basins

A. Does the facility have retention basins?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

38. Wetponds

A. Does the facility have wetponds?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

39. Manufactured stormwater proprietary units

A. Does the facility have proprietary units?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

Other Site Features

40. Pavement (Roadways and Parking Lots)

A. Does the facility have pavement?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Type (check all that apply)

- concrete
- asphalt
- gravel
- other
- none

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

41. Sidewalks

A. Does the facility have sidewalks?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Type (check all that apply)

- concrete
- asphalt
- other

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
- Satisfactory
- Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

42. Playgrounds and Playground Equipment

A. Does the facility have playgrounds?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

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

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

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Check if synthetic turf field is present

No

YES

Date Installed

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

Substructure

44. Foundation (S)

A. Type (check all that apply):

Reinforced Concrete

Masonry on Concrete Footing

other

[View](#) [Edit](#) [Delete](#)

B. Evidence of Structural Concerns: Structural Cracks

- Yes
 No

[View](#) [Edit](#) [Delete](#)

C. Evidence of Structural Concerns: Heaving/Jacking

- Yes
 No

[View](#) [Edit](#) [Delete](#)

D. Evidence of Structural Concerns: Decay/Corrosion

- Yes
 No

[View](#) [Edit](#) [Delete](#)

E. Evidence of Structural Concerns: Water Penetration

- Yes
 No

[View](#) [Edit](#) [Delete](#)

F. Evidence of Structural Concerns: Unsupported Areas

- Yes
 No

[View](#) [Edit](#) [Delete](#)

G. Evidence of Structural Concerns: Other

- Yes
 No

[View](#) [Edit](#) [Delete](#)

H. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

I. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

J. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

K. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

L. Comments

[View](#) [Edit](#) [Delete](#)

Interior Spaces

45. 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 the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

46. Other Interior Walls

A. Does the facility have other interior walls?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

47. Ceilings (H)

A. Does the facility have a ceiling?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

48. Lockers

A. Does the facility have lockers?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

49. Interior Doors

A. Does the facility have interior doors?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Overall condition of exterior door units:

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Overall condition of exterior door hardware:

- Excellent
 Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

50. Interior Stairs (S)

A. Does the facility have interior stairs?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

51. Elevator, lifts and escalators (H)

A. Does the facility have elevators, lifts, or escalators?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)C. Year of Last Major Reconstruction/Replacement [View](#) [Edit](#) [Delete](#)D. Expected Remaining Useful Life (Years): [View](#) [Edit](#) [Delete](#)E. Cost to Reconstruct/Replace \$ [View](#) [Edit](#) [Delete](#)F. Comments [View](#) [Edit](#) [Delete](#)

52. Interior Electrical Distribution (H)

A. Does the facility have interior electrical distribution?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Interior electrical supply meets current needs:

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)D. Year of Last Major Reconstruction/Replacement [View](#) [Edit](#) [Delete](#)E. Expected Remaining Useful Life (Years): [View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

53. Lighting Fixtures

A. Does the facility have lighting fixtures?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

54. Communications Systems (H)

A. Does the facility have communication systems?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Communication systems are adequate

Yes

No

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

55. Swimming Pool and Swimming Pool Systems

A. Does the facility have a water distribution system?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

Interior Spaces - Floor Finishes

56. Carpet

A. Does the facility have carpet?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Where located? (check all that apply)

Instructional space

Common area

[View](#) [Edit](#) [Delete](#)

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

57. Resilient tiles or sheet flooring

A. Does the facility have resilient tiles or sheet flooring?

Yes

- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Where located? (check all that apply)

- Instructional space
 Common area

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

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

A. Does the facility have hard flooring?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Where located? (check all that apply)

- Instructional space
 Common area

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

59. Wood

A. Does the facility have wood flooring?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Where located? (check all that apply)

Instructional space

Common area

[View](#) [Edit](#) [Delete](#)

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

Building Envelope

60. 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

[View](#) [Edit](#) [Delete](#)

B. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Structural Cracks

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Unsupported Ends

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. Evidence of structural Concerns Support System (Beams/Joists/Trusses, etc.): Rot/Decay/Corrosion

- Yes
- No

[View](#) [Edit](#) [Delete](#)

E. Evidence of structural Concerns Support System (Beams/Joists/Trusses, etc.): Rot/Decay/Corrosion

- Yes
- No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

H. Other Problems

[View](#) [Edit](#) [Delete](#)

I. Evidence of Structural Concerns with Structural Floor Deck: Cracks

Yes

No

[View](#) [Edit](#) [Delete](#)

J. Evidence of Structural Concerns with Structural Floor Deck: Deflection

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

L. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

M. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

N. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

O. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

P. Comments

[View](#) [Edit](#) [Delete](#)

61. Exterior Walls/Columns (S)

A. Material (check all that apply):

- Concrete
- Masonry
- Steel
- Wood
- Other

[View](#) [Edit](#) [Delete](#)

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

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Rot/Decay/Corrosion

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Other Problems

[View](#) [Edit](#) [Delete](#)

E. Evidence of Concerns with Exterior Cladding: Cracks/Gaps

- Yes
- No

[View](#) [Edit](#) [Delete](#)

F. Evidence of Concerns with Exterior Cladding: Inadequate Flashing

- Yes
- No

[View](#) [Edit](#) [Delete](#)

G. Evidence of Concerns with Exterior Cladding: Efflorescence

- Yes
- No

[View](#) [Edit](#) [Delete](#)

H. Evidence of Concerns with Exterior Cladding: Moisture Penetration

- Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

J. Evidence of Concerns with Exterior Cladding: Other Problems

[View](#) [Edit](#) [Delete](#)

K. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

L. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

M. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

N. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

O. Comments

[View](#) [Edit](#) [Delete](#)

62. Chimneys (S)

A. Does the facility have a chimney?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Construction Type (check all that apply):

masonry

Concrete

Metal

Other

N/A

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

63. Parapets (S)

A. Does the facility have parapets?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Construction Type (check all that apply):

- masonry
- Concrete
- Metal
- Other
- N/A

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

64. Exterior Doors

A. Overall condition of exterior door units:

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

[View](#) [Edit](#) [Delete](#)

B. Overall condition of exterior door hardware:

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

[View](#) [Edit](#) [Delete](#)

C. Do any exit doors have magnetic locking devices?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. Safety/Security features are adequate:

- Yes
- No

[View](#) [Edit](#) [Delete](#)

E. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

F. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

G. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

H. Comments

[View](#) [Edit](#) [Delete](#)

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

A. Does the facility have exterior steps, stairs, or ramps?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

66. Fire Escapes (S)

A. Does the building have one or more fire escapes?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Safety features are adequate

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

67. Windows

A. Does the facility have windows?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

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

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

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

[View](#) [Edit](#) [Delete](#)

D. All rescue windows are operable

- Yes
 No
 N/A

[View](#) [Edit](#) [Delete](#)

E. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

F. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

G. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

H. Comments

[View](#) [Edit](#) [Delete](#)

68. 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

[View](#) [Edit](#) [Delete](#)

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

- Single-ply membrane
 Built up
 Asphalt single
 Pre-Formed metal
 IRMA
 Slate
 Other

[View](#) [Edit](#) [Delete](#)

C. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Structural Cracks

- Yes
 No

▼ NO

[View](#) [Edit](#) [Delete](#)

D. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Unsupported Ends

Yes

No

[View](#) [Edit](#) [Delete](#)

E. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Rot/Decay/Corrosion

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

I. Evidence of Structural Concerns with Structural Roof Deck: Cracks

Yes

No

[View](#) [Edit](#) [Delete](#)

J. Evidence of Structural Concerns with Structural Roof Deck: Decay

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

R. Overall Condition of roof:

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

S. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

T. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

U. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

V. Comments

[View](#) [Edit](#) [Delete](#)

69. Skylights

A. Does the building have skylights?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. If yes, what material are the skylights made?

- Plastic
 Glass
 Other

[View](#) [Edit](#) [Delete](#)

C. Condition of skylights:

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

Plumbing (Excluding HVAC Systems)

70. Water Distribution System (H)

A. Does the facility have a water distribution system?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Types of pipes (check all that apply)

- Iron
 Galvanized
 Copper
 Lead
 PVC
 Other
 N/A

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

71. Plumbing Drainage System (H)

A. Does the facility have a plumbing drainage system?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Types of pipes (check all that apply)

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

[View](#) [Edit](#) [Delete](#)

C. Condition

- Excellent
- Satisfactory
- Unsatisfactory
- Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

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E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

72. Hot Water Heaters (H)

A. Does the facility have hot water heaters?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Type of fuel (check all that apply)

Oil

Natural Gas

Electricity

Other

N/A

[View](#) [Edit](#) [Delete](#)

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

73. Plumbing Fixtures (including toilets, urinals, lavatories, etc.)

A. Does the facility have plumbing fixtures?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

HVAC Systems

74. HVAC Systems Type

A. Does this building have a central HVAC system?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

75. Heat Generating Systems (H)

A. Does the facility have a heat generating system?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Heat generation source (check all that apply)

- Boiler / hot water
- Boiler / Steam
- Furnace / forced air
- Geothermal
- Biomass with box
- Other

[View](#) [Edit](#) [Delete](#)

C. Condition

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

[View](#) [Edit](#) [Delete](#)

D. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

F. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

G. Comments

[View](#) [Edit](#) [Delete](#)

76. Heating Fuel/Energy Systems (H)

A. Does the facility have heating fuel/energy system?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

77. Cooling / Air Conditioning Generating Systems

A. Does the facility have cooling / air conditioning system?

- Yes
 No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

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

A. Does the facility have air handling and ventilation equipment?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

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

A. Does the facility have piped heating and cooling distribution systems?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

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

A. Does the facility have ducted heating and cooling distribution systems?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

81. HVAC Control Systems (H)

A. Does the facility have a HVAC control system?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

Fire Safety Systems

82. Fire Alarm Systems (H)

A. Does the facility have a fire alarm system?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

83. Smoke Detection Systems (H)

A. Does the facility have a smoke detection system?

Yes

No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

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

84. Fire Suppression Systems: Sprinklers, Standpipes, Kitchen Hoods, etc. (F)

A. Does the facility have a fire suppression system?

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

E. Cost to Reconstruct/Replace \$

[View](#) [Edit](#) [Delete](#)

F. Comments

[View](#) [Edit](#) [Delete](#)

85. Emergency/Exit Lighting Systems (H)

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

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. Condition

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

[View](#) [Edit](#) [Delete](#)

C. Year of Last Major Reconstruction/Replacement

[View](#) [Edit](#) [Delete](#)

D. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)

[View](#) [Edit](#) [Delete](#)E. Cost to Reconstruct/Replace \$ [View](#) [Edit](#) [Delete](#)F. Comments [View](#) [Edit](#) [Delete](#)

86. Emergency/Standby Power Systems (H)

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

 Yes No (If selecting No, skip to the next numbered question)[View](#) [Edit](#) [Delete](#)

B. Condition

 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure[View](#) [Edit](#) [Delete](#)C. Year of Last Major Reconstruction/Replacement [View](#) [Edit](#) [Delete](#)D. Expected Remaining Useful Life (Years): [View](#) [Edit](#) [Delete](#)E. Cost to Reconstruct/Replace \$ [View](#) [Edit](#) [Delete](#)F. Comments [View](#) [Edit](#) [Delete](#)

Accessibility

87. Exterior Route (H)

A. 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

[View](#) [Edit](#) [Delete](#)

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

A. 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

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89. Additional 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. \$

[View](#) [Edit](#) [Delete](#)

B. Comments

[View](#) [Edit](#) [Delete](#)

Environment/Comfort/Health

90. General Appearance

A. Overall rating:

- Good
 Fair
 Poor

[View](#) [Edit](#) [Delete](#)

B. Comments

[View](#) [Edit](#) [Delete](#)

91. Cleanliness

A. Overall rating:

- Good
 Fair
 Poor

[View](#) [Edit](#) [Delete](#)

B. Comments

[View](#) [Edit](#) [Delete](#)

92. Mats/Grills

A. If Yes: at least 6 Ft. Long?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

B. Are there walk off mats; grills in entryway?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

93. Acoustics

A. Overall rating:

- Good
 Fair
 Poor

[View](#) [Edit](#) [Delete](#)

B. Comments

[View](#) [Edit](#) [Delete](#)

94. Lighting Quality

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

- Daylight
 Fluorescent-not full spectrum

- Fluorescent
- Incandescent
- Other
- N/A

[View](#) [Edit](#) [Delete](#)

B. Overall rating:

- Good
- Fair
- Poor

[View](#) [Edit](#) [Delete](#)

C. Comments

[View](#) [Edit](#) [Delete](#)

95. Evidence of Vermin

A. Is there evidence of active infestations of Rodents

- Yes
- No

[View](#) [Edit](#) [Delete](#)

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

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. Is there evidence of active infestations of Cockroaches

- Yes
- No

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D. Is there evidence of active infestations of Other vermin

- Yes
- No

[View](#) [Edit](#) [Delete](#)

96. Rifle Range

A. Does this facility have a rifle range ? (include rifle ranges that have been converted from a range to any other purpose)

- Yes
- No (If selecting No, skip to the next numbered question)

[View](#) [Edit](#) [Delete](#)

B. is the range active or inactive?

- Active
 Inactive

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Indoor Air Quality

97. Mold

A. Are there visible stains, mold or water damage?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

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

- Classrooms
 Hallways
 Supply return grille
 Other

Places

[View](#) [Edit](#) [Delete](#)

C. Are there any noticeable moldy odors?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

D. If yes, where? (check all that apply)

- Classrooms
 Hallways
 Supply return grille
 Other

Places

[View](#) [Edit](#) [Delete](#)

E. Are interior surfaces constructed of any Paper-faced products?

- Yes
 No

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F. Are interior surfaces constructed of any Cellulose products (typical ceiling tiles)?

- Yes
 No

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[View](#) [Edit](#) [Delete](#)

G. Estimated cost of necessary improvements: \$

[View](#) [Edit](#) [Delete](#)

H. Comments

[View](#) [Edit](#) [Delete](#)

98. Humidity/Moisture

A. Are Active leaks in the roof found in the classroom?

Yes

No

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B. Are Active leaks in the roof found in other areas?

Yes

No

[View](#) [Edit](#) [Delete](#)

C. Are Active leaks in the plumbing found in the classroom?

Yes

No

[View](#) [Edit](#) [Delete](#)

D. Are Active leaks in the plumbing found in other areas?

Yes

No

[View](#) [Edit](#) [Delete](#)

E. Is Moisture condensation found in the classroom?

Yes

No

[View](#) [Edit](#) [Delete](#)

F. Is Moisture condensation found in other areas?

Yes

No

[View](#) [Edit](#) [Delete](#)

G. Rating of humidity/moisture condition in building

Good

Fair

Poor

[View](#) [Edit](#) [Delete](#)

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

7.7. VENTILATION: FRESH AIR INTAKE LOCATIONS, AIR FILTERS, ETC.

A. Are there fresh air intakes near the bus loading area?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

B. Are there fresh air intakes near the truck delivery areas?

- Yes
 No

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C. Are there fresh air intakes near the garbage storage/disposal areas?

- Yes
 No

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D. Is there accumulated dirt, dust, or debris around fresh air intakes?

- Yes
 No

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E. Are fresh air intakes free of blockage?

- Yes
 No

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F. Is accumulated dirt, dust, or debris in ductwork?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

G. Are dampers functioning as designed?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

H. Condition of air filters:

- Good
 Fair
 Poor

[View](#) [Edit](#) [Delete](#)

I. Outside air is adequate for occupant load:

- Yes
 No

[View](#) [Edit](#) [Delete](#)

J. Rating of ventilation/indoor air quality:

- Good
- Fair
- Poor

[View](#) [Edit](#) [Delete](#)

K. Comments

[View](#) [Edit](#) [Delete](#)

100. Indoor air quality (IAQ) plan

A. Does the school district use EPA's Tools for Schools program?

- Yes
- No

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B. If not, is some other IAQ management plan used?

- Yes
- No

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C. Has the District assigned IAQ responsibilities to a designated individual?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

101. Integrated Pest Management (IPM)

A. Does the school practice IPM?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

B. Is vegetation kept 1 ft. from away from the building?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. Are crevices and holes in walls, floors and pavement sealed or eliminated?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. Are pesticides used in the buildings and on grounds?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

E. If yes, how are they typically applied?

- Spot treatment
- Area Wide treatments

[View](#) [Edit](#) [Delete](#)

102. Noise

A. Is there noise in classrooms from HVAC units, traffic, etc. that may impact education?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

103. Radon

A. Has this facility been tested for the presence of Radon?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

B. If this facility been tested for the presence of Radon. Has a passive mitigation system been installed?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

C. If this facility been tested for the presence of Radon. Has an active mitigation system been installed?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

D. If this facility been tested for the presence of Radon. Is Radon test data available?

- Yes
- No

[View](#) [Edit](#) [Delete](#)

American Red Cross

104. 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

▼ NO

[View](#) [Edit](#) [Delete](#)

B. Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)?

Yes

No

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

D. If this facility has cooking /food preparation equipment, is the kitchen:

Full preparation

Warming capability only

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

F. Is the facility sanitary sewer a gravity design?.

Yes

No

[View](#) [Edit](#) [Delete](#)

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

Yes

No

[View](#) [Edit](#) [Delete](#)

Space Adequacy

105. Rating of Space Adequacy

- Good
 Fair
 Poor

Comments

[View](#) [Edit](#) [Delete](#)

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

[View](#) [Edit](#) [Delete](#)

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

- Excellent
 Satisfactory
 Unsatisfactory
 Poor

[View](#) [Edit](#) [Delete](#)

108. Was overall building rating established after consultation with health and safety committee?

- Yes
 No

[View](#) [Edit](#) [Delete](#)

109. A_E Firm Name

[View](#) [Edit](#) [Delete](#)

110. Firm Address

[View](#) [Edit](#) [Delete](#)

111. Phone Number

[View](#) [Edit](#) [Delete](#)

112. E-mail

[View](#) [Edit](#) [Delete](#)

113. A_E Name

[View](#) [Edit](#) [Delete](#)

114. A_E License number

[View](#) [Edit](#) [Delete](#)