

P-12

Data Collection Forms

2013 NYSED AVI 3

- **Building Information**
- Building Age, Gross Square Footage and Maintenance Staff
- Building Ownership and Occupancy Status
- Building Users
- Program Spaces
- Site Utilities
- Other Site Features
- Substructure
- Interior Spaces
- Interior Spaces - Floor Finishes
- Building Envelope
- Plumbing (Excluding HVAC Systems)
- HVAC Systems
- Fire Safety Systems
- Accessibility
- Environment/Comfort/Health
- Indoor Air Quality
- American Red Cross
- Space Adequacy

Building Information

Your Email:

1. Name of School District Please Select a School District
2. Building Name [Not listed?](#)
3. SED District Number (a.k.a. District BEDS Code)
4. Building ID
5. Survey Inspection Date
6. Building 911 Address
7. City
8. Zip Code (Plus Four)
9. Certificate of Occupancy Status
 - Annual
 - Temporary
 - None
10. Certificate Expiration Date

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

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.

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.

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)?

A. Full-time Custodians

B. Part-time Custodians

Continue

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

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)

Continue

Building Users

17. How many students were registered to receive instruction in this building as of October 1, 2013?
If none, enter "0" and skip to "Program Spaces" section. (Do not include evening 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 _____
 - 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, 2013? (check all that apply)
 - Cafeteria
 - Gymnasium
 - Administrative Space
 - Library
 - Lobby
 - Stairwell
 - Storage Space
 - Other
- Please describe _____
19. Grades Housed (check all that apply)
- Pre-K
 - K
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6

- 7
- 8
- 9
- 10
- 11
- 12
- Ungraded
- Other

20. For how many instructional days during the 2012-13 school year (July 1 through June 30), was the building closed due to facilities failures, system malfunctions, structural problems 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 twelve months?
- Yes
 - No

Continue

Program Spaces

23. Number of Instructional Classrooms
24. Gross Square Footage of All Instructional Classrooms (Combined)
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
 - Other

Describe:

Continue

Site Utilities

26. Water (H)

A. Does the facility have water service?

Yes

No (If selecting No, skip to next section)

B. Type of service

Municipal or Utility provided

Well

Other

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0

G. Comments

27. Site Sanitary (H)

A. Does the facility have site sanitary?

Yes

No (If selecting No, skip to next section)

B. Type of Service

Municipal or Utility sewer

Site Septic

- Other
- 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 \$ 0 _____

G. Comments _____

28. Site Gas (H)

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

29. Site Fuel Oil (H)

A. Does the facility have fuel oil tanks?

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

B. The number of above ground fuel tanks _____

C. Capacity of above ground tanks (gallons) _____

D. The number of below ground fuel tanks _____

E. Capacity of below ground tanks (gallons) _____

F. Condition

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

G. Year of Last Major Reconstruction/Replacement _____

H. Expected Remaining Useful Life (Years): _____

I. Cost to Reconstruct/Replace \$ 0 _____

- J. Comments _____
30. Site Electrical, Including Exterior Distribution (H)
- A. Does the facility have site electrical, including exterior distribution?
- Yes
 - No (If selecting No, skip to next section)
- B. Service Provider (check all that apply):
- Utility Provided
 - Self-Generated
 - Other
- C. Type of Service
- Above Ground
 - Below Ground
- D. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- E. Year of Last Major Reconstruction/Replacement _____
- F. Expected Remaining Useful Life (Years): _____
- G. Cost to Reconstruct/Replace \$ 0 _____

- H. Comments _____
31. Closed Drainage Pipe Stormwater Management System
- A. Does the facility have a closed pipe system?
- Yes
 - No (If selecting No, skip to next section)
- B. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
32. Open Drainage Stormwater Management System
- A. Does the facility have an open stormwater system (ditch)?
- Yes

- No (If selecting No, skip to next section)
- B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

33. Catch Basins/Drop Inlets/Manholes

- A. Does the facility have catch basins/drop inlets/manholes?
 - Yes
 - No (If selecting No, skip to next section)
- B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

34. Culverts

- A. Does the facility have culverts?
 - Yes
 - No (If selecting No, skip to next section)
- B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

35. Outfalls

A. Does the facility have outfalls?

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

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

- Municipal storm sewer system
 Combined sewer system
 Surface Water
 On-site recharge
 Other _____

Please Describe

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

- Yes
 No

D. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

E. Year of Last Major Reconstruction/Replacement _____

F. Expected Remaining Useful Life (Years): _____

G. Cost to Reconstruct/Replace \$ 0 _____

H. Comments _____

36. Infiltration basins/chambers

A. Does the facility have infiltration basins/chambers?

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

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
37. Retention Basins
- A. Does the facility have retention basins?
- Yes
 - No (If selecting No, skip to next section)
- B. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
38. Wetponds
- A. Does the facility have wetponds?
- Yes
 - No (If selecting No, skip to next section)
- B. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
39. Manufactured stormwater proprietary units
- A. Does the facility have proprietary units?
- Yes
 - No (If selecting No, skip to next section)
- B. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure

C. Year of Last Major Reconstruction/Replacement

D. Expected Remaining Useful Life (Years):

E. Cost to Reconstruct/Replace \$ 0

F. Comments

Continue

Other Site Features

40. Pavement (Roadways and Parking Lots)

A. Does the facility have pavement?

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

B. Type (check all that apply)

- concrete
 asphalt
 gravel
 other
 none

C. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

D. Year of Last Major Reconstruction/Replacement

E. Expected Remaining Useful Life (Years):

F. Cost to Reconstruct/Replace \$

G. Comments

41. Sidewalks

A. Does the facility have sidewalks?

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

B. Type (check all that apply)

concrete

asphalt

other

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments

42. Playgrounds and Playground Equipment

A. Does the facility have playgrounds?

Yes

No (If selecting No, skip to next section)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments

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 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 \$ 0 _____

F. Check if synthetic turf field is present

No

YES

Date Installed

G. Comments

Continue

Substructure

44. Foundation (S)

A. Type (check all that apply):

- Reinforced Concrete
- Masonry on Concrete Footing
- other

B. Evidence of Structural Concerns: Structural Cracks

- Yes
- No

C. Evidence of Structural Concerns: Heaving/Jacking

- Yes
- No

D. Evidence of Structural Concerns: Decay/Corrosion

- Yes
- No

E. Evidence of Structural Concerns: Water Penetration

- Yes
- No

F. Evidence of Structural Concerns: Unsupported Areas

- Yes
- No

G. Evidence of Structural Concerns: Other

- Yes
- No

H. Condition

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

I. Year of Last Major Reconstruction/Replacement

J. Expected Remaining Useful Life (Years):

K. Cost to Reconstruct/Replace \$ 0

L. Comments

Continue

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 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 \$ 0

F. Comments

46. Other Interior Walls

A. Does the facility have other interior walls?

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

B. Condition

- Excellent
 Satisfactory
 Unsatisfactory
 Non-Functioning
 Critical Failure

- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

47. Ceilings (H)

- A. Does the facility have a ceiling?
 - Yes
 - No (If selecting No, skip to next section)
- B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

48. Lockers

- A. Does the facility have lockers?
 - Yes
 - No (If selecting No, skip to next section)
- B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

49. Interior Doors

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

- Unsatisfactory
- Non-Functioning
- Critical Failure
- C. Overall condition of interior door hardware:
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- D. Year of Last Major Reconstruction/Replacement _____
- E. Expected Remaining Useful Life (Years): _____
- F. Cost to Reconstruct/Replace \$ 0 _____
- G. Comments

50. Interior Stairs (S)
- A. Does the facility have interior stairs?
 - Yes
 - No (If selecting No, skip to next section)
 - B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
 - C. Year of Last Major Reconstruction/Replacement _____
 - D. Expected Remaining Useful Life (Years): _____
 - E. Cost to Reconstruct/Replace \$ 0 _____
 - F. Comments

51. Elevator, lifts and escalators (H)
- A. Does the facility have elevators, lifts, or escalators?
 - Yes
 - No (If selecting No, skip to next section)
 - B. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
 - C. Year of Last Major Reconstruction/Replacement _____
 - D. Expected Remaining Useful Life (Years): _____
 - E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
52. Interior Electrical Distribution (H)
- A. Does the facility have interior electrical distribution?
- Yes
 - No (If selecting No, skip to next section)
- B. Interior electrical supply meets current needs:
- Yes
 - No
- C. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- D. Year of Last Major Reconstruction/Replacement _____
- E. Expected Remaining Useful Life (Years): _____
- F. Cost to Reconstruct/Replace \$ 0 _____

- G. Comments _____
53. Lighting Fixtures
- A. Does the facility have lighting fixtures?
- Yes
 - No (If selecting No, skip to next section)
- B. Condition
- Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
54. Communications Systems (H)
- A. Does the facility have communication systems?
- Yes
 - No (If selecting No, skip to next section)
- B. Communication systems are adequate
- Yes
 - No
- C. Condition

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

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments

55. Swimming Pool and Swimming Pool Systems

A. Does the facility have a swimming pool?

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments

Interior Spaces - Floor Finishes

56. Carpet

A. Does the facility have carpet?

Yes

No (If selecting No, skip to next section)

B. Where located? (check all that apply)

Instructional space

Common area

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 \$ 0 _____

G. Comments _____

57. Resilient tiles or sheet flooring

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

Yes

No (If selecting No, skip to next section)

B. Where located? (check all that apply)

Instructional space

Common area

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 \$ 0 _____

G. Comments _____

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

A. Does the facility have hard flooring?

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

B. Where located? (check all that apply)

- Instructional space
- Common area

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 \$ 0 _____

G. Comments _____

59. Wood Flooring

A. Does the facility have wood flooring?

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

B. Where located? (check all that apply)

- Instructional space
- Common area

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 \$ 0 _____

G. Comments _____

Continue

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 _____

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

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

- Yes
- No

G. Other Problems _____

- H. Evidence of Structural Concerns with Structural Floor Deck: Cracks
 - Yes
 - No
- I. Evidence of Structural Concerns with Structural Floor Deck: Deflection
 - Yes
 - No
- J. Evidence of Structural Concerns with Structural Floor Deck: Rot/Decay/Corrosion
 - Yes
 - No
- K. Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- L. Year of Last Major Reconstruction/Replacement _____
- M. Expected Remaining Useful Life (Years): _____
- N. Cost to Reconstruct/Replace \$ 0 _____

O. Comments
 61. 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): Structural Cracks
 - Yes
 - No
- C. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Rot/Decay/Corrosion
 - Yes
 - No
- D. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc): Other Problems _____
- E. Evidence of Concerns with Exterior Cladding: Cracks/Gaps
 - Yes
 - No
- F. Evidence of Concerns with Exterior Cladding: Inadequate Flashing
 - Yes
 - No
- G. Evidence of Concerns with Exterior Cladding: Efflorescence
 - Yes
 - No
- H. Evidence of Concerns with Exterior Cladding: Moisture Penetration
 - Yes
 - No
- I. Evidence of Concerns with Exterior Cladding: Rot/Decay/Corrosion
 - Yes
 - No

J. Evidence of Concerns with Exterior Cladding: Other Problems

K. Condition

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

L. Year of Last Major Reconstruction/Replacement

M. Expected Remaining Useful Life (Years):

N. Cost to Reconstruct/Replace \$ 0

O. Comments

62. Chimneys (S)

A. Does the facility have a chimney?

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

B. Construction Type (check all that apply):

- Masonry
- Concrete
- Metal
- Other
- N/A

C. Condition

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

D. Year of Last Major Reconstruction/Replacement

E. Expected Remaining Useful Life (Years):

F. Cost to Reconstruct/Replace \$ 0

G. Comments

63. Parapets (S)

A. Does the facility have parapets?

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

B. Construction Type (check all that apply):

- Masonry
- Concrete
- Metal
- Other
- N/A

C. Condition

- Excellent
- Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments _____

64. 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 \$ 0 _____

H. Comments _____

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

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

- F. Comments _____
66. Fire Escapes (S)
- A. Does the building have one or more fire escapes?
- Yes
- No (If selecting No, skip to next section)
- B. Condition
- Excellent
- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure
- C. Safety features are adequate
- Yes
- No
- D. Year of Last Major Reconstruction/Replacement _____
- E. Expected Remaining Useful Life (Years): _____
- F. Cost to Reconstruct/Replace \$ 0 _____

- G. Comments _____
67. Windows
- A. Does the facility have windows?
- Yes
- No (If selecting No, skip to next section)
- B. Type of windows (check all that apply):
- Aluminum
- Steel
- Vinyl
- Solid Wood
- Wood w/ External Cladding System
- Other
- C. Condition
- Excellent
- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure
- D. All rescue windows are operable
- Yes
- No
- N/A
- E. Year of Last Major Reconstruction/Replacement _____
- F. Expected Remaining Useful Life (Years): _____
- G. Cost to Reconstruct/Replace \$ 0 _____

- H. Comments _____
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
- B. Type of roofing material (check all that apply):
- Single-ply membrane
 - Built up
 - Asphalt single
 - Pre-Formed metal
 - IRMA
 - Slate
 - Other
- C. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.):
Structural Cracks
- Yes
- No
- D. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.):
Unsupported Ends
- Yes
- No
- E. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.):
Rot/Decay/Corrosion
- Yes
- No
- F. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.):
Deflection
- Yes
- No
- G. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.):
Seriously Damaged/Missing Components
- Yes
- No
- H. Evidence of structural Concerns with Support System (Beams/Joists/Trusses, etc.): Other
Problems
- I. Evidence of Structural Concerns with Structural Roof Deck: Cracks
- Yes
- No
- J. Evidence of Structural Concerns with Structural Roof Deck: Decay
- Yes
- No
- K. Evidence of Structural Concerns with Structural Roof Deck: Rot/Decay/Corrosion
- Yes
- No
- L. Evidence of concerns with roofing, flashing, and drains: Failures/Splits/Cracks
- Yes
- No
- M. Evidence of concerns with roofing, flashing, and drains: Rot/Decay/Corrosion
- Yes

- No
- N. Evidence of concerns with roofing, flashing, and drains: Inadequate flashing/curbs/pitch pockets
 - Yes
 - No
- O. Evidence of concerns with roofing, flashing, and drains: Inadequate or poorly functioning roof drains
 - Yes
 - No
- P. Evidence of concerns with roofing, flashing, and drains: Evidence of water penetration/active leaks
 - Yes
 - No
- Q. Evidence of concerns with roofing, flashing, and drains: Other concerns (specify): _____
- R. Overall Condition of roof:
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- S. Year of Last Major Reconstruction/Replacement _____
- T. Expected Remaining Useful Life (Years): _____
- U. Cost to Reconstruct/Replace \$ 0 _____

V. Comments _____

69. Skylights

- A. Does the building have skylights?
 - Yes
 - No (If selecting No, skip to next section)
- B. If yes, what material are the skylights made?
 - Plastic
 - Glass
 - Other
- C. Condition of skylights:
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- D. Year of Last Major Reconstruction/Replacement _____
- E. Expected Remaining Useful Life (Years): _____
- F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments _____

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 next section)

B. Types of pipes (check all that apply)

Iron

Galvanized

Copper

Lead

PVC

Other

N/A

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments

71. Plumbing Drainage System (H)

A. Does the facility have a plumbing drainage system?

Yes

No (If selecting No, skip to next section)

B. Types of pipes (check all that apply)

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

C. Condition

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

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments _____

72. Hot Water Heaters (H)

A. Does the facility have hot water heaters?

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

B. Type of fuel (check all that apply)

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

C. Condition

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

D. Year of Last Major Reconstruction/Replacement _____

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0 _____

G. Comments _____

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

A. Does the facility have plumbing fixtures?

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement

D. Expected Remaining Useful Life (Years):

E. Cost to Reconstruct/Replace \$

F. Comments

HVAC Systems

74. HVAC Systems Type

- A. Does this building have a central HVAC system?
- Yes
- No (If selecting 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

75. Heat Generating Systems (H)

- A. Does the facility have a heat generating system?
- Yes
- No (If selecting No, skip to next section)
- B. Heat generation source (check all that apply)
- Boiler / hot water
- Boiler / Steam
- Furnace / forced air
- Geothermal
- Biomass with box
- Other

C. Condition

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

D. Year of Last Major Reconstruction/Replacement

E. Expected Remaining Useful Life (Years): _____

F. Cost to Reconstruct/Replace \$ 0

G. Comments

76. Heating Fuel/Energy Systems (H)

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement

D. Expected Remaining Useful Life (Years):

E. Cost to Reconstruct/Replace \$ 0

F. Comments

77. Cooling / Air Conditioning Generating Systems

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement

D. Expected Remaining Useful Life (Years):

E. Cost to Reconstruct/Replace \$ 0

F. Comments

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 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 \$ 0 _____

F. Comments _____

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 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 \$ 0 _____

F. Comments _____

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 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 \$ 0 _____

F. Comments _____

81. HVAC Control Systems (H)

A. Does the facility have a HVAC control system?

Yes

No (If selecting No, skip to next section)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

Continue

Fire Safety Systems

82. Fire Alarm Systems (H)

A. Does the facility have a fire alarm system?

Yes

No (If selecting No, skip to next section)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments

83. Smoke Detection Systems (H)

A. Does the facility have a smoke detection system?

Yes

No (If selecting No, skip to next section)

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

- C. Year of Last Major Reconstruction/Replacement _____
- D. Expected Remaining Useful Life (Years): _____
- E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

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

A. Does the facility have a fire suppression system?

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

85. Emergency/Exit Lighting Systems (H)

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

86. Emergency/Standby Power Systems (H)

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

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

B. Condition

- Excellent
- Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

C. Year of Last Major Reconstruction/Replacement _____

D. Expected Remaining Useful Life (Years): _____

E. Cost to Reconstruct/Replace \$ 0 _____

F. Comments _____

Continue

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

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

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. \$

- B. Comments

Continue

Environment/Comfort/Health

90. General Appearance

A. Overall rating:

Good

Fair

Poor

B. Comments

91. Cleanliness

A. Overall rating:

Good

Fair

Poor

B. Comments

92. Mats/Grills

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

Yes

No

93. Acoustics

A. Overall rating:

Good

Fair

Poor

94. Mats/Grills
A. Are there walk off matts; grills in entryway?

Yes

No

95. Acoustics

A. Comments _____

96. Lighting Quality

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

Daylight

Fluorescent-not full spectrum

Fluorescent

Incandescent

Other

N/A

B. Overall rating:

Good

Fair

Poor _____

C. Comments _____

97. Evidence of Vermin

A. Is there evidence of active infestations of Rodents

Yes

No

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

Yes

No

C. Is there evidence of active infestations of Cockroaches

Yes

No

D. Is there evidence of active infestations of Other vermin

Yes

No

98. 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 next section)

B. is the range active or inactive?

Active

Inactive

Indoor Air Quality

97. Mold

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

Yes

No

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

Classrooms

Hallways

Supply return grille

Other

Places _____

C. Are there any noticeable moldy odors?

Yes

No

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

Classrooms

Hallways

Supply return grille

Other

Places _____

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

Yes

No

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

Yes

No

G. Estimated cost of necessary improvements: \$ _____

- H. Comments _____
98. Humidity/Moisture
- A. Are Active leaks in the roof found in the classroom?
 - Yes
 - No
 - B. Are Active leaks in the roof found in other areas?
 - Yes
 - No
 - C. Are Active leaks in the plumbing found in the classroom?
 - Yes
 - No
 - D. Are Active leaks in the plumbing found in other areas?
 - Yes
 - No
 - E. Is Moisture condensation found in the classroom?
 - Yes
 - No
 - F. Is Moisture condensation found in other areas?
 - Yes
 - No
 - G. Rating of humidity/moisture condition in building
 - Good
 - Fair
 - Poor
99. Ventilation: fresh air intake locations, air filters, etc.
- A. Are there fresh air intakes near the bus loading area?
 - Yes
 - No
 - B. Are there fresh air intakes near the truck delivery areas?
 - Yes
 - No
 - C. Are there fresh air intakes near the garbage storage/disposal areas?
 - Yes
 - No
 - D. Is there accumulated dirt, dust, or debris around fresh air intakes?
 - Yes
 - No
 - E. Are fresh air intakes free of blockage?
 - Yes
 - No
 - F. Is accumulated dirt, dust, or debris in ductwork?
 - Yes
 - No
 - G. Are dampers functioning as designed?
 - Yes
 - No
 - H. Condition of air filters:
 - Good
 - Fair
 - Poor
 - I. Outside air is adequate for occupant load:
 - Yes

- No
- J. Rating of ventilation/indoor air quality:
 - Good
 - Fair
 - Poor



- K. Comments
- 100. 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
- 101. Integrated Pest Management (IPM)
 - A. Does the school practice IPM?
 - Yes
 - No
 - B. Is vegetation kept 1 ft. from away from the building?
 - Yes
 - No
 - C. Are crevices and holes in walls, floors and pavement sealed or eliminated?
 - Yes
 - No
 - D. Are pesticides used in the buildings and on grounds?
 - Yes
 - No
 - E. If yes, how are they typically applied?
 - Spot treatment
 - Area Wide treatments
- 102. Noise
 - A. Is there noise in classrooms from HVAC units, traffic, etc. that may impact education?
 - Yes
 - No
- 103. Radon
 - A. Has this facility been tested for the presence of Radon?
 - Yes
 - No
 - B. If this facility been tested for the presence of Radon. Has a passive mitigation system been installed?
 - Yes
 - No
 - C. If this facility been tested for the presence of Radon. Has an active mitigation system been installed?
 - Yes
 - No
 - D. If this facility been tested for the presence of Radon. Is Radon test data available?
 - Yes
 - No

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
- B. Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)?
- Yes
- No
- C. If yes, Check all systems powered by the emergency generator.
- Communication system
- Kitchen Equipment
- HVAC
- Cooking Equipment
- Fire alarm system
- Refrigeration equipment
- Sump pump
- Security system
- Lighting
- D. If this facility has cooking /food preparation equipment, is the kitchen:
- Full preparation
- Warming capability only
- E. If this facility has on-site wells for potable water are the well pumps and equipment connected to the emergency generator power supply?
- Yes
- No
- F. Is the facility sanitary sewer a gravity design?.
- Yes
- No
- G. If no, are sewage pumps, grinders and other necessary equipment connected to the emergency generator power supply?

Yes

No

Continue

Space Adequacy

105. Rating of Space Adequacy

Good

Fair

Poor

Comments

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)

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

Excellent

Satisfactory

Unsatisfactory

Poor

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

Yes

No

109. District Director of Facilities _____

110. Phone Number _____

111. Health Safety Comm. Member _____

112. Phone Number _____

113. Code Enf. Official _____

114. Registry No. _____

115. You have now completed the AVI . By continuing with the button below, you will be submitting your data to the data base. Once submitted, it can only be changed by re-entering the entire

survey. Please enter I ACCEPT in the text box below.

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