

# 2015 Building Condition Survey Instrument

1. Name of School District \_\_\_\_\_
2. SED District Number 

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District BEDS Code
3. Building Name \_\_\_\_\_
4. SED Control Number 

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5. Survey Inspection Date \_\_\_\_\_
6. Building 911 Address \_\_\_\_\_
7. City \_\_\_\_\_
8. Zip Code \_\_\_\_\_
9. Certificate of Occupancy Status \_\_\_\_\_
10. Certificate Expiration Date \_\_\_\_\_

## Building Age, Gross Square Footage and Maintenance Staff

11. Year of Original Building \_\_\_\_\_
12. Gross square ft. of Building as currently configured \_\_\_\_\_
13. Number of Floors \_\_\_\_\_
14. How many full-time and part-time custodians are employed at the school (or work in the building)?
- Full-time custodians: \_\_\_\_\_
- Part-time custodians: \_\_\_\_\_

## Building Ownership and Occupancy Status

15. Building Ownership (check one):
- a. Owned and used by district
- b. Owned by District and leased to non-district entity
- c. Owned by District, part used by district, part leased to non-district entity
- d. Owned by non-district entity and leased to district

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

- a. Used for student instructional purposes
- b. Used for district administration
- c. Used for other district purposes Describe: \_\_\_\_\_
- d. Used by other organization(s)

## Building Users

17. How many students were registered to receive instruction in this building as of October 1, 2014? (If none, enter "0") and skip to "Program Spaces" section. (Do not include evening class students) \_\_\_\_\_

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

- a. Permanent instructional spaces (i.e., regular classrooms) \_\_\_\_\_
- b. Temporary instructional spaces (i.e., portable or demountable classrooms) attached to the building: \_\_\_\_\_
- c. Non-instructional spaces used as instructional spaces: \_\_\_\_\_

If the answer is greater than zero, which types of non-instructional spaces were being used for instructional purposes on October 1, 2014 (check all that apply)

- |   |                                       |   |
|---|---------------------------------------|---|
| <input type="checkbox"/> 1. Cafeteria             | <input type="checkbox"/> 4. Library   | <input type="checkbox"/> 7. Storage space           |
| <input type="checkbox"/> 2. Gymnasium             | <input type="checkbox"/> 5. Lobby     | <input type="checkbox"/> 8. Other (please describe) |
| <input type="checkbox"/> 3. Administrative spaces | <input type="checkbox"/> 6. Stairwell | _____   |

19. Grades Housed: \_\_\_\_\_

20. For how many instructional days during the 2013-14 school year (July 1 through June 30, was the building closed due to facilities failures, system malfunctions, structural problems, fire, etc? (if none, enter "0") \_\_\_\_\_

- 21. Is the building used for instructional purposes in the summer?  Yes  No
- 22. Have there been renovations or construction in the building during the past 12 months?  Yes  No
- 23. Was major construction/renovation work since 2010 conducted when school was in session?  Yes  No

# Program Spaces

24. Number of instructional classrooms: \_\_\_\_\_

25. Gross square footage of all instructional classrooms (combined): \_\_\_\_\_

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

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

# Space Adequacy

27. Rating of space adequacy  Good  Fair  Poor

Comments: \_\_\_\_\_

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

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

- Excellent  Satisfactory  Unsatisfactory  Poor

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

## Overall Building Rating Definitions:

E	Excellent	All systems classified as health and safety or structural rated “excellent,” no systems rated below “satisfactory,” preventive maintenance plan in place.
S	Satisfactory	All systems categorized as health and safety or structural rated “satisfactory” or better. No system rates “non-functioning” or “critical failure.”
U	Unsatisfactory	Any system categorized as health and safety or structural rated “unsatisfactory.” No health and safety or structural system rated “non-functioning” or “critical failure.”
F	Failing	Any system categorized as health and safety or structural rated “non-functioning” or “critical failure.” Building Certificate of Occupancy may be rescinded.

<b>31. A/E Firm Name:</b>	_____	<b>32. Firm Address</b>	_____
<b>33. Phone Number</b>	_____		_____
<b>34. E-mail:</b>	_____		_____
<b>35. A/E Name</b>	_____	<b>36. A/E License #</b>	_____

**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:

<b>E</b>	Excellent	System is in new or like-new condition and functioning optimally; only routine maintenance and repair is needed.
<b>S</b>	Satisfactory	System functioning reliably; routine maintenance and repair is needed.
<b>U</b>	Unsatisfactory	System is functioning unreliably or has exceeded its useful life. Repair or replacement of some or all components is needed.
<b>NF</b>	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.
<b>CF</b>	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 repair/replacement of some or all components.

## Building System Type Definitions:

- H** Health and Safety
- S** Structural

**NOTE:**

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

# Site Utilities

## 37. Water (H)

- a. Type of service:  Municipal or utility provided  Well  Other
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

## 38. Site Sanitary (H)

- a. Type of service:  Municipal or Utility sewer  Site septic  Other
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

## 39. Site Gas (H)

- a. Does the building have gas service or use liquid petroleum gas?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

## 40. Site Fuel Oil (H)

- a. Type of service:  Fuel Tanks  None (Skip to Next Section)
- b. If the building has fuel tanks:  
1. # Above Ground: \_\_\_\_\_ a. Capacity of above ground tanks (gallons) \_\_\_\_\_  
2. # Below Ground: \_\_\_\_\_ a. Capacity of below ground tanks (gallons) \_\_\_\_\_
- c. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**41. Site Electrical, Including Exterior Distribution (H)**

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

b. Type of Service:  Above Ground  Below Ground

c. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**42. Closed Drainage Pipe Stormwater Management System**

a. Does the facility have a closed pipe system?  Yes  No (skip to next section)

b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**43. Open Drainage Stormwater Management System**

a. Does the facility have an open stormwater system (ditch)?  Yes  No (skip to next section)

b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**44. Catch Basins/Drop Inlets/Manholes**

a. Does the facility have catch basins/drop inlets/manholes?  Yes  No (skip to next section)

b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**45. Culverts**

- a. Does the facility have culverts?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**46. Outfalls**

- a. Does the facility have outfalls?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**47. Infiltration basins/chambers**

- a. Does the facility have infiltration basins/chambers?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**48. Retention basins:**

- a. Does the facility have retention basins?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**49. Wetponds**

- a. Does the facility have wetponds?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**50. Manufactured stormwater proprietary units**

- a. Does the facility have proprietary units?  Yes  No (skip to next section)
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**51. Point of outfall discharge (check all that apply)**

- Municipal storm sewer system  Combined sewer system  Surface Water
- On-site recharge  Other (please describe) \_\_\_\_\_

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

**Other Site Features**

**53. Pavement (Roadways and Parking Lots)**

- a. Type (check all that apply)  concrete  asphalt  gravel  other  none
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_



**54. Sidewalks**

- a. Type (check all that apply)  concrete  asphalt  other
- b. Condition:  Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**55. Playgrounds and Playground Equipment**

- a. Condition:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**56. Athletic Fields and Play Fields**

- a. Condition:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_
- f. Does the facility have synthetic turf field(s)?  Yes  No
- If yes, how many synthetic turf fields? \_\_\_\_\_
- Expected useful life remaining? \_\_\_\_\_
- Type of infill? \_\_\_\_\_

**57. Exterior Bleachers / Stadiums**

- a. Condition:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_ c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**58. Related Structures (such as press boxes, dugouts, climbing walls, etc.)**

a. Condition:

Excellent    Satisfactory    Unsatisfactory    Non-Functioning    Critical Failure    N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

## Substructure

**59. Foundation (S)**

a. Type (check all that apply):

Reinforced Concrete    Masonry on Concrete Footing    Other

b. Evidence of Structural Concerns:

1. Structural Cracks	<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Water Penetration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Heaving/Jacking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Unsupported Areas	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Decay/Corrosion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No

c. Condition:  Excellent    Satisfactory    Unsatisfactory    Non-Functioning    Critical failure

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

## Building Envelope

**60. Structural Floors (S)**

a. Type (check all that apply):

<input type="checkbox"/> 1. Reinforced Concrete Slab on Grade	<input type="checkbox"/> 4. Wood Deck on Wood Trusses	<input type="checkbox"/> 7. Other _____
<input type="checkbox"/> 2. Concrete/Metal Deck/Metal Joists	<input type="checkbox"/> 5. Wood Deck on Wood Joists	
<input type="checkbox"/> 3. Precast Concrete Structural System	<input type="checkbox"/> 6. Concrete Deck on Wood Structure	

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

1. Structural Cracks     Yes     No    4. Deflection     Yes     No  
2. Unsupported Ends     Yes     No    5. Seriously Damaged/Missing Components     Yes     No  
3. Rot/Decay/Corrosion     Yes     No    6. Other Problems

c. Evidence of Structural Concerns with Structural Floor Deck:

1. Cracks     Yes     No  
2. Deflection     Yes     No  
3. Rot/Decay/Corrosion     Yes     No

d. Overall Condition of Structural Floors:

- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure

e. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

f. Expected Remaining Useful Life (Years): \_\_\_\_\_

g. Cost to Reconstruct/Replace \$ \_\_\_\_\_

h. Comments: \_\_\_\_\_

**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):

1. Structural Cracks     Yes     No  
2. Rot/Decay/Corrosion     Yes     No

3. Other Problems: \_\_\_\_\_

c. Evidence of Concerns with Exterior Cladding:

1. Cracks/Gaps     Yes     No    4. Moisture Penetration     Yes     No  
2. Inadequate Flashing     Yes     No    5. Rot/Decay/Corrosion     Yes     No  
3. Efflorescence     Yes     No    6. Other Problems \_\_\_\_\_

d. Overall Condition of Exterior Walls/Columns::

- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure

e. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

f. Expected Remaining Useful Life (Years): \_\_\_\_\_

g. Cost to Reconstruct/Replace \$ \_\_\_\_\_

h. Comments: \_\_\_\_\_

**62. Chimneys (S)**

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

b. Overall condition of chimneys:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**63. Parapets (S)**

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

b. Overall condition of parapets:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**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 \$ \_\_\_\_\_

h. Comments: \_\_\_\_\_

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

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

Excellent    Satisfactory    Unsatisfactory    Non-Functioning    Critical Failure    N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**66. Fire Escapes (S)**

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

b. Overall condition of fire escapes:

Excellent    Satisfactory    Unsatisfactory    Non-Functioning    Critical failure

c. Safety features are adequate    Yes    No

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**67. Windows**

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

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

b. Overall condition of windows:

Excellent    Satisfactory    Unsatisfactory    Non-Functioning    Critical failure

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

d. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

e. Expected Remaining Useful Life (Years): \_\_\_\_\_

f. Cost to Reconstruct/Replace \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**68. Roof and Skylights (S)**

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

- |  |  |
|--|--|
| <input type="checkbox"/> 1. Metal deck on metal trusses/joists | <input type="checkbox"/> 4. Concrete on metal deck on metal trusses/joists |
| <input type="checkbox"/> 2. Wood deck on wood trusses/joists   | <input type="checkbox"/> 5. Other  |
| <input type="checkbox"/> 3. Wood deck on metal trusses/joists  |  |

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

- |   |  |                                   |                                   |
|---|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1. Single-ply membrane | <input type="checkbox"/> 3. Asphalt single   | <input type="checkbox"/> 5. IRMA  | <input type="checkbox"/> 7. Other |
| <input type="checkbox"/> 2. Built up            | <input type="checkbox"/> 4. Pre-Formed metal | <input type="checkbox"/> 6. Slate |                                   |

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

- |                        |                              |                             |   |                              |                             |
|------------------------|------------------------------|-----------------------------|---|------------------------------|-----------------------------|
| 1. Structural Cracks   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Deflection                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Unsupported Ends    | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Seriously Damaged/Missing Components | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Rot/Decay/Corrosion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Other Problems                       | _____                        |                             |

d. Evidence of structural concerns with structural floor deck:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| 1. Cracks              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Deflection          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Rot/Decay/Corrosion | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

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

g. Condition of skylights:

- |                                    |                                       |   |  |   |                              |
|------------------------------------|---------------------------------------|---|--|---|------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Satisfactory | <input type="checkbox"/> Unsatisfactory | <input type="checkbox"/> Non-Functioning | <input type="checkbox"/> Critical Failure | <input type="checkbox"/> N/A |
|------------------------------------|---------------------------------------|---|--|---|------------------------------|

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

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Failures/Splits/Cracks                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Rot/Decay/Corrosion                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Inadequate flashing/curbs/pitch pockets      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Inadequate or poorly functioning roof drains | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Evidence of water penetration/active leaks   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Other concerns (specify): \_\_\_\_\_

i. Overall Condition of roof:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

j. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

k. Expected Remaining Useful Life (Years): \_\_\_\_\_

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

m. Comments: \_\_\_\_\_

## Interior Spaces

### 69. Interior bearing walls and fire walls (S)

a. Overall condition of interior walls:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

### 70. Other Interior Walls

a. Overall condition of interior walls:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

### Floor Finishes

### 71. Carpet

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

b. Condition:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**72. Resilient tiles or sheet flooring**

- a. Where located? (check all that apply)     Instructional space     Common area
- b. Condition:
- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_    d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**73. Hard flooring (concrete; ceramic tile; stone etc.)**

- a. Where located? (check all that apply)     Instructional space     Common area
- b. Condition:
- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_    d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**74. Wood**

- a. Where located? (check all that apply)     Instructional space     Common area
- b. Condition: |
- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_    d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**75. Ceilings (H)**

- a. Overall condition of ceilings:
- Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_    c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_



**76. Lockers**

a. Overall condition of lockers:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**77. Interior Doors**

a. Overall condition of interior door units:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

b. Overall condition of interior door hardware:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**78. Interior Stairs (S)**

a. Overall condition of interior stairs:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**79. Elevator, lifts and escalators (H)**

a. Overall condition of elevators, lifts and escalators

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**80. Interior Electrical Distribution (H)**

- a. Interior electrical supply meets current needs:  Yes  No
- b. Condition of interior electrical distribution:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**81. Lighting Fixtures**

- a. Condition of interior lighting fixtures:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

**82. Communications Systems (H)**

- a. Communication systems are adequate  Yes  No
- b. Condition of communications system:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- d. Expected Remaining Useful Life (Years): \_\_\_\_\_
- e. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- f. Comments: \_\_\_\_\_

**83. Swimming Pool and Swimming Pool Systems**

- a. Overall condition of swimming pool and pool systems:  
 Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A
- b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_
- c. Expected Remaining Useful Life (Years): \_\_\_\_\_
- d. Cost to Reconstruct/Replace \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

## Plumbing (Excluding HVAC Systems)

### 84. Water Distribution System (H)

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

Iron     Galvanized     Copper     Lead     PVC     Other     N/A

b. Overall condition of water distribution system:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical Failure     N/A

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 85. Plumbing Drainage System (H)

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

Iron     Galvanized     Copper     Lead     PVC     Other     N/A

b. Overall condition of drainage system:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 86. Hot Water Heaters (H)

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

Oil     Natural Gas     Electricity     Other     N/A

b. Overall condition of water heaters:

Excellent     Satisfactory     Unsatisfactory     Non-Functioning     Critical failure

c. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

d. Expected Remaining Useful Life (Years): \_\_\_\_\_

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 87. Plumbing Fixtures

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

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

## HVAC Systems

### 88. HVAC Systems Type

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

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

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

### 89. Heat Generating Systems (H)

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

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

Geothermal  Biomass  Other \_\_\_\_\_

b. Overall condition of heat generating systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

### 90. Heating Fuel/Energy Systems (H)

a. Overall condition of heating fuel/energy systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**91. Cooling/Air Conditioning Generating Systems**

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

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

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

a. Overall condition of air handling and ventilation systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical failure

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

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

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

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

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

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

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**95. HVAC Control Systems (H)**

a. Overall condition of control systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**Fire Safety Systems**

**96. Fire Alarm Systems (H)**

a. Overall condition of fire alarms:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**97. Smoke Detection Systems (H)**

a. Overall condition of smoke detection systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

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

a. Overall condition of fire suppression systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

b. Year of Last Major Reconstruction/Replacement \_\_\_\_\_

c. Expected Remaining Useful Life (Years): \_\_\_\_\_

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**99. Emergency/Exit Lighting Systems (H)**

a. Overall condition of emergency/exit lighting systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

d. Cost to Reconstruct/Replace \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

**100. Emergency/Standby Power Systems (H)**

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

b. Overall condition of emergency/standby power systems:

Excellent  Satisfactory  Unsatisfactory  Non-Functioning  Critical Failure  N/A

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

e. Cost to Reconstruct/Replace \$ \_\_\_\_\_

f. Comments \_\_\_\_\_

## Accessibility

**101. Exterior Route (H)**

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

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

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

The layout of the building should allow people with disabilities to obtain materials or services and use the facilities without assistance. This should include access to general purpose and specialized classrooms, public assembly spaces (such as libraries, gymnasiums, auditoriums), nurse's office, main office, and restroom facilities. Services include drinking fountains, telephones, and other amenities.

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

**103. Additional Information on Accessibility**

If the building lacks accessible interior or exterior routes:

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

b. Comments: \_\_\_\_\_

# Environment/Comfort/Health

## 104. General Appearance

a. Overall rating:  Good  Fair  Poor

b. Comments: \_\_\_\_\_

## 105. Cleanliness

a. Overall rating:  Good  Fair  Poor

b. Comments: \_\_\_\_\_

106. Are there walk off mats; grills in entryway?  Yes  No

If yes: at least 6 Ft. Long?  Yes  No

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

## 108. Lighting Quality

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

1. Daylight  2. Fluorescent-not full spectrum  3. Fluorescent-full spectrum

4. Incandescent  5. Other \_\_\_\_\_

b. Are there blinds in the classroom to prevent glare?  Yes  No

c. Overall rating:  Good  Fair  Poor

d. Comments: \_\_\_\_\_

## 109. Evidence of Vermin

Is there evidence of active infestations of ...?

a. Rodents  Yes  No

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

c. Cockroaches  Yes  No

d. Other vermin  Yes  No



# Indoor Air Quality

## 110. Mold

a. Is there visible mold or moldy odors?  Yes  No

If yes, where? (check all that apply)

Classrooms  Hallways  Ventilation system  Other places \_\_\_\_\_

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

Paper-faced or gypsum products?  Yes  No

Cellulose products (typical ceiling tiles)  Yes  No

c. Estimated cost of necessary improvements: \$ \_\_\_\_\_

d. Comments \_\_\_\_\_

## 111. Humidity/Moisture

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

a. In classrooms

b. In other areas

1. Active leaks in roof  Yes  No  Yes  No

2. Active leaks in plumbing  Yes  No  Yes  No

3. Moisture condensation  Yes  No  Yes  No

4. Visible stains or water damage  Yes  No  Yes  No

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

## 112. Ventilation: fresh air intake locations, air filters, etc.

a. Are fresh air intakes near the bus loading, truck delivery, or garbage storage/disposal areas?  Yes  No

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

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

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

e. Are dampers functioning as designed?  Yes  No

f. Condition of air filters:  Good  Fair  Poor

- g. Outside air is adequate for occupant load:  Yes  No
- h. Rating of ventilation/indoor air quality:  Good  Fair  Poor
- i. Comments: \_\_\_\_\_

**113. 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

If **yes**, what is their job title? \_\_\_\_\_

**114. Does the school practice IPM?**  Yes  No

- a. Is vegetation kept one foot away from the building?  Yes  No
- b. Are crevices and holes in walls, floors and pavement sealed or eliminated?  Yes  No
- c. Is there a certified pesticide applicator on staff?  Yes  No
- d. Are pesticides used in the buildings?  Yes  No

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

- Spot treatment  Area wide treatments

- e. Are pesticides used on the grounds?  Yes  No

If **yes**, was an emergency exemption granted by the Board of Education?  Yes  No

**115. Does the school have a passive radon mitigation system installed (was built with radon resistant features)?**  Yes  No

- a. Has the facility been tested for the presence of radon?  Yes  No
- b. Were any of the results of the test greater than or equal to 4 picocuries per liter (pCi/L)?  Yes  No

c. If **yes**, did the school take steps to mitigate these elevated radon levels?

- Yes, active mitigation system installed  Yes, ventilation controls (HVAC) adjusted

Yes, passive system made active

Yes, other: \_\_\_\_\_

No action taken

**116. American Red Cross**

a. Is there a written agreement with the the American Red Cross for the use of this building as an emergency shelter?  Yes  No

b. Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)?  Yes  No

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

- Communication system     Fire alarm system     Security system     Lighting  
 HVAC     Sump pump

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

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

- Full preparation     Warming capability only

d. Check items powered by emergency generator:

- Kitchen equipment     Cooking equipment     Refrigeration equipment

e. Potable water:

- Provided by municipal system?  Yes  No  
On-site wells?  Yes  No  
If on site wells are present, are the wells connected to emergency generator?  Yes  No

f. Sanitary:

- Gravity discharge?  Yes  No  
Force main pumping station?  Yes  No  
If pumping station exists, are they connected to emergency generator?  Yes  No