

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)
_____ |
| <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.

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

NOTE:

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

Building System Condition Ratings and Definitions:

E	Excellent	System is in new or like-new condition and functioning optimally; only routine maintenance and repair is needed.
S	Satisfactory	System functioning reliably; routine maintenance and repair is needed.
U	Unsatisfactory	System is functioning unreliably or has exceeded its useful life. Repair or replacement of some or all components is needed.
NF	Non-Functioning	System is non-functioning, not functioning as designed, or is unreliable in ways that could endanger occupant health and/or safety. Repair or replacement of some or all components is needed.
CF	Critical Failure	Same as “NF” with the addition that the condition of at least one component is so poor that at least part of the building or grounds should not be occupied pending 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 (see #53 parking lot)
- 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:

- Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure 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
- e. Are pesticides used on the grounds? Yes No

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

- Spot treatment Area wide treatments

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