

2005 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 and Gross Square Footage

- 11. Year of Original Building _____ 12. Gross Sq. Ft. of Building as Currently Configured _____
- 13. Number of Floors _____

Building Ownership and Occupancy Status

14. Question deleted

The survey is now complete. Please follow instructions for submitting the responses.

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, 2005? If none, enter “)” 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, 2005? (check all that apply)

1. Cafeteria 4. Library 7. Storage Space
2. Gymnasium 5. Lobby 8. Other (please describe)
3. Administrative Spaces 6. Stairwell _____

19. Grades Housed: _____

20. For how many instructional days during the 2004-05 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 12 months? Yes No

Program Spaces

23. Number of general purpose classrooms: _____

24. Gross Square Footage of all general purpose classrooms (combined): _____

25. 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 Suite | <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

26. Rating of space adequacy Good Fair Poor

Comments: _____

27. Estimated capital construction expenses anticipated for this building through 2010-2011 school year (excluding Maintenance) \$ _____

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

Excellent Satisfactory Unsatisfactory Poor

29. Was overall building rating established after consultation with Health and Safety Committee? Yes No

Overall Building Rating Definitions:

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 Building Certificate of Occupancy may be rescinded.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

30. A/E Firm Name: _____ 31. Firm Address _____

32. Phone Number _____

33. E-mail: _____

34. A/E Name _____ 35. A/E License # _____

NOTE:

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

Building System Condition Ratings and Definitions:

E	Excellent	System is in new or like-new condition and functioning optimally; only routine maintenance and repair is needed.
S	Satisfactory	System functioning reliably; routine maintenance and repair is needed.
U	Unsatisfactory	System is functioning unreliably or has exceeded its useful life. Repair or replacement of some or all components is needed.
N	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.
F		
CF	Critical Failure	Same as "NF" with the addition that the condition of at least one component is so poor that at least part of the building or grounds should not be occupied pending needed repairs/replacement or some or all components is needed.

Building System Type Definitions:

H	Health and Safety
S	Structural

NOTE:

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

Site Utilities

36. Water (H)

- a. Type of service: Municipal or Utility provided Well Other
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- c. Year of last major reconstruction/replacement _____
- d. Expected Remaining Useful life (years) _____
- e. Cost to Reconstruct/Replace \$ _____
- f. Comments _____

37. Site Sanitary (H)

- a. Type of service: Municipal or Utility sewer Site septic Other
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

- c. Year of last major reconstruction/replacement _____
- d. Expected Remaining Useful life (years) _____
- e. Cost to Reconstruct/Replace \$ _____
- f. Comments _____

38. Site Gas ((H))

- a. Does the building have gas service or use liquid petroleum gas? Yes No (skip to next section)
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- c. Year of last major reconstruction/replacement _____
- d. Expected Remaining Useful life (years) _____
- e. Cost to Reconstruct/Replace \$ _____
- f. Comments _____

39 Site Fuel Oil

- 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 _____
- d. Expected Remaining Useful life (years) _____
- e. Cost to Reconstruct/Replace \$ _____
- f. Comments _____

40. Site Storm Drainage

- a. Quality of Drainage: Good Fair Poor Unknown

Site Utilities41. **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: _____

Other Site Features

42. 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: _____

43. 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: _____

44. 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: _____

**45. Athletic Fields, Play Fields, and Related Structures
(such as press boxes, stadiums, exterior bleachers, dougouts, 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

a. Type (check all that apply):

Reinforced Concrete Masonry on Concrete Footing Other

b. Evidence of Structural Concerns:

1. Structural Cracks Yes No 4. Water Penetration Yes No

2. Heaving/Jacking Yes No 5. Unsupported Areas Yes No

3. Decay/Corrosion Yes No 6. Other Yes No

c. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

f. Cost to Reconstruct/Replace: _____

g. Comments: _____

Building Envelope

47 Structural Floor(s)
.

a. Type (check all that apply):

1. Reinforced Concrete slab on Grade 4. Wood Deck on Wood Trusses 7. Other (specify) _____

2. Concrete/Metal Deck/Metal Joists 5. Wood Deck on Wood Joists

3. Precast Concrete Structural System 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: _____

48 Exterior Walls/Columns

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: _____

49. Chimneys

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: _____

50. Parapets

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: _____

51. 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 Unable to Determine

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

g. Cost to Reconstruct/Replace: _____

h. Comments: _____

52. Exterior Steps, Stairs, and Ramps

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: _____

53 Fire Escapes

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 Unable to determine

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

f. Cost to Reconstruct/Replace: _____

g. Comments: _____

54 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: _____

55 Roof and Skylights

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

1. Metal deck on metal trusses/joists 4. Concrete on metal deck on metal trusses/joists
 2. Wood deck on wood trusses/joists 5. Other
 3. Wood deck on metal trusses/joists

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

1. Single-ply membrane 3. Asphalt Single 5. IRMA 7. Other
 2. Built up 4. Pre-Formed metal 6. Slate

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

1. Structural Cracks Yes No 4. Deflection Yes No

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

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

d. Evidence of Structural Concerns with Structural Floor Deck:

1. Cracks Yes No

2. Deflection Yes No

3. Rot/Decay/Corrosion Yes No

e. Does the building have skylights? Yes No

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

g. Condition of skylights:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure N/A

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

1. Failures/Splits/Cracks Yes No N/A

2. Rot/Decay/Corrosion Yes No N/A

3. Inadequate Flashing/curbs/pitch pockets Yes No N/A

4. Inadequate or poorly functioning roof drains Yes No N/A

5. Evidence of water penetration/active leaks Yes No N/A

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 skylight repairs, if needed): _____

m. Comments: _____

f. Cost to Reconstruct/Replace _____

g. Comments: _____

59. Ceilings

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: _____

60. 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: _____

61. 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: _____

62. Interior Stairs

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: _____

63. Elevators, lifts and escalators

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: _____

64. Interior Electrical Distribution

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: _____

65. Lighting Fixtures

a. Condition of interior lighting fixtures:

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: _____

66. Communications Systems

a. Communication systems are adequate Yes No Unable to determine N/A

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
repairs, if needed): _____

f. Comments: _____

67. 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)

68 Water Distribution System

.

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

1. Iron 2. Galvanized 3. Copper 4. Lead 5. PVC 6. Other 7. 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: _____

69 Plumbing Drainage System

.

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

1. Iron 2. Galvanized 3. Copper 4. Lead 5. PVC 6. Other 7. 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: _____

70 Hot Water Heaters

.

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

1. Oil 2. Natural Gas 3. Electricity 4. Other 5. 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: _____

71 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

72 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):

1. Constant volume (CV) 2. Variable Air Volume (VAV) 3. Dual-Duct or Multi-Zone 4. Other

73 Heat Generating Systems

.

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

1. Boiler/ Hot Water 2. Boiler/Steam 3. Furnace/Forced Air 4. 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: _____

74 Heating Fuel/Energy Systems

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: _____

75. 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: _____

76. Air Handling and Ventilation Equipment: Supply Units, Exhaust Units, Relief/Return Units, etc.

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: _____

77. Piped Heating and Cooling Distribution Systems: Piping, Pumps, Radiators, Convectors, traps, Insulation, etc.

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: _____

78. Ducted Heating and Cooling Distribution Systems: Ductwork, Control Dampers, Fire/Smoke Dampers, VAVs, Insulation, etc.

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: _____

79. HVAC Control Systems

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

80. Fire Alarm Systems

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: _____

81 Smoke Detection Systems

.

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: _____

82 Fire Suppression Systems: Sprinklers, Standpipes, Kitchen Hoods, etc.

.

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: _____

83 Emergency/Exit Lighting Systems

.

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: _____

84 Emergency/Standby Power Systems

.

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

85 Exterior Route

.

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

86 Interior Route, Access to Goods and Services, and Restroom Facilities

.

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.

87 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

88 General Appearance

.

a. Overall rating: Good Fair Poor

b. Comments: _____

89 Cleanliness

.

a. Overall rating: Good Fair Poor

b. Comments: _____

90 Acoustics

.

a. Overall rating: Good Fair Poor

b. Comments: _____

91 Lighting Quality

.

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

1. Daylight Fluorescent-NOT full spectrum 3. Fluorescent Full Spectrum

4. Incandescent 5. Other 6. N/A

b. Overall rating: Good Fair Poor

c. Comments: _____

92 Evidence of Vermin

.

Is there evidence of active infestations of ...?

a. Rodents Yes No

b. Wood-boring or wood-eating insects

c. Cockroaches

d. Other vermin

Indoor Air Quality

93 Mold

.

a. Is mold visible in or around any of the following areas?

1. Classrooms Yes No N/A

2. Common areas No N/A

3. Supply/return grilles No N/A

4. Other Areas No Specify _____

b. Estimated cost of necessary improvements: \$ _____

c. Comments: _____

94 Humidity/moisture

.

Are any of the following found in our around the following areas?

- a. In classrooms
- b. In other areas
1. Visible water damage Yes No Unable to determine Yes No Unable to determine
2. Active leaks in roof Yes No Unable to determine Yes No Unable to determine
3. Active leaks in plumbing Yes No Unable to determine Yes No Unable to determine
4. Moisture Condensation Yes No Unable to determine Yes No Unable to determine
- c. Rating of humidity/moisture condition in building: Good Fair Poor

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

a. Are there fresh air intakes near the following?

1. Near the bus loading area Yes No N/A
2. Near truck delivery areas No N/A
3. Near garbage storage/disposal areas No N/A
- b. Is there accumulated dirt, dust, or debris around fresh air intakes? Yes No N/A
- c. Are fresh air intakes free of blockage? Yes No N/A
- d. Is accumulated dirt, dust, or debris in ductwork? Yes No N/A
- e. Are dampers functioning as designed? Yes No N/A
- f. Condition of air filters: Good Fair Poor N/A
- g. Outside air is adequate for occupant load: Yes No Unable to determine
- h. Rating of Ventilation/Indoor air quality: Good Fair Poor Unable to determine

i. Comments _____

96 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