



# Form Questions

## Form Questions Listing

[Create New](#)

### Building Information

1. Name of School District

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

2. Building Name

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

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

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

4. Building ID

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

5. Survey Inspection Date  

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

6. Building 911 Address

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

7. City

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

8. Zip Code (Plus Four)

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

9. Certificate of Occupancy Status

Annual

Temporary

None

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

10. Certificate Expiration Date  

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

### Building Age, Gross Square Footage and Maintenance Staff

11. Year of Original Building

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

12. Gross Square Ft. of Building as currently configured

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

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

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

#### Building Ownership and Occupancy Status

15. Building Ownership (choose one)

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

[View Edit Delete](#)

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

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

Describe 

- Used by Other Organization(s)

[View Edit Delete](#)

#### Building Users

17. How many students were registered to receive instruction in this building as of October 1, 2009? If none, enter "0" and skip to "Program Spaces" section. (Do not include evening students) [View Edit Delete](#)

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

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

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

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

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

Please describe

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

19. Grades Housed (check all that apply)

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

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

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

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

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

- Yes

No

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

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

Yes

No

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

### Program Spaces

23. Number of Instructional Classrooms

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

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

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

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

- N/A (none)
- Administration
- Art
- Audio Visual
- Auditorium
- Cafeteria
- Computer Room
- Guidance
- Gymnasium
- Health Suite
- Home & Careers
- Kitchen
- Lg.group instruction
- Library
- Multipurpose Rooms
- Music
- Pre-K
- Remedial Rooms
- Resource Room
- Science Lab
- Special Education
- Swimming Pool
- Teacher Resource

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

## Site Utilities

### 26. Water (H)

A. Does the facility have water service?

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

B. Type of service

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

C. Condition

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

### 27. Site Sanitary (H)

A. Does the facility have site sanitary?

 Yes

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

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

B. Type of Service

- Municipal or Utility sewer  
 Site Septic  
 Other

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

28. Site Gas (H)

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

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

29. Site Fuel Oil (H)

A. Does the facility have fuel oil tanks?

Yes

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

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

B. The number of above ground fuel tanks

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

C. Capacity of above ground tanks (gallons)

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

D. The number of below ground fuel tanks

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

E. Capacity of below ground tanks (gallons)

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

F. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

G. Year of Last Major Reconstruction/Replacement

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

H. Expected Remaining Useful Life (Years):

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

I. Cost to Reconstruct/Replace \$

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

J. Comments

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

30. Site Electrical, Including Exterior Distribution (H)

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

Yes

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

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

B. Service Provider (check all that apply):

Utility Provided

Self-Generated

Other

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

C. Type of Service

Above Ground

Below Ground

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

D. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

E. Year of Last Major Reconstruction/Replacement

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

F. Expected Remaining Useful Life (Years):

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

G. Cost to Reconstruct/Replace \$

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

H. Comments

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

31. Closed Drainage Pipe Stormwater Management System

A. Does the facility have a closed pipe system?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

32. Open Drainage Stormwater Management System

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

33. Catch Basins/Drop Inlets/Manholes

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

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

34. Culverts

A. Does the facility have culverts?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### 35. Outfalls

A. Does the facility have outfalls?

Yes

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

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

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

Municipal storm sewer system

Combined sewer system

Surface Water

On-site recharge

Other

Please Describe

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

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

Yes

No

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

D. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

E. Year of Last Major Reconstruction/Replacement

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

F. Expected Remaining Useful Life (Years):

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

G. Cost to Reconstruct/Replace \$

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

H. Comments

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

### 36. Infiltration basins/chambers

A. Does the facility have infiltration basins/chambers?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### 37. Retention Basins

A. Does the facility have retention basins?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

38. Wetponds

A. Does the facility have wetponds?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

39. Manufactured stormwater proprietary units

A. Does the facility have proprietary units?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

Other Site Features

40. Pavement (Roadways and Parking Lots)

A. Does the facility have pavement?

Yes

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

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

B. Type (check all that apply)

- concrete
- asphalt
- gravel
- other
- none

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

C. Condition

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

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

41. Sidewalks

A. Does the facility have sidewalks?

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

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

B. Type (check all that apply)

- concrete
- asphalt
- other

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

C. Condition

- Excellent
- Satisfactory
- Unsatisfactory

Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

#### 42. Playgrounds and Playground Equipment

A. Does the facility have playgrounds?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

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

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

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Check if synthetic turf field is present

No

YES

Date Installed

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

G. Comments

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

#### Substructure

44. Foundation (S)

A. Type (check all that apply):

Reinforced Concrete

Masonry on Concrete Footing

other

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

## B. Evidence of Structural Concerns: Structural Cracks

- Yes  
 No

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

## C. Evidence of Structural Concerns: Heaving/Jacking

- Yes  
 No

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

## D. Evidence of Structural Concerns: Decay/Corrosion

- Yes  
 No

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

## E. Evidence of Structural Concerns: Water Penetration

- Yes  
 No

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

## F. Evidence of Structural Concerns: Unsupported Areas

- Yes  
 No

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

## G. Evidence of Structural Concerns: Other

- Yes  
 No

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

## H. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

## I. Year of Last Major Reconstruction/Replacement

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

## J. Expected Remaining Useful Life (Years):

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

## K. Cost to Reconstruct/Replace \$

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

L. Comments

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

## Interior Spaces

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

A. Does the facility have Interior bearing walls or fire walls?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### 46. Other Interior Walls

A. Does the facility have other interior walls?

Yes

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

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

B. Condition

Excellent

Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

#### 47. Ceilings (H)

A. Does the facility have a ceiling?

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

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

B. Condition

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

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

## 48. Lockers

A. Does the facility have lockers?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

## 49. Interior Doors

A. Does the facility have interior doors?

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

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

B. Overall condition of interior door units:

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Overall condition of interior door hardware:

- Excellent  
 Satisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

#### 50. Interior Stairs (S)

A. Does the facility have interior stairs?

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

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

B. Condition

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

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

51. Elevator, lifts and escalators (H)

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

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

52. Interior Electrical Distribution (H)

A. Does the facility have interior electrical distribution?

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

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

B. Interior electrical supply meets current needs:

- Yes  
 No

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

### 53. Lighting Fixtures

A. Does the facility have lighting fixtures?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### 54. Communications Systems (H)

A. Does the facility have communication systems?

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

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

B. Communication systems are adequate

- Yes  
 No

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

55. Swimming Pool and Swimming Pool Systems

A. Does the facility have a swimming pool?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### Interior Spaces - Floor Finishes

#### 56. Carpet

A. Does the facility have carpet?

Yes

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

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

B. Where located? (check all that apply)

Instructional space

Common area

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

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

57. Resilient tiles or sheet flooring

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

Yes

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

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

B. Where located? (check all that apply)

Instructional space

Common area

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

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

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

A. Does the facility have hard flooring?

Yes

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

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

B. Where located? (check all that apply)

Instructional space

Common area

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

59. Wood Flooring

A. Does the facility have wood flooring?

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

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

B. Where located? (check all that apply)

- Instructional space  
 Common area

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

[View](#) [Edit](#) [Delete](#)F. Cost to Reconstruct/Replace \$ [View](#) [Edit](#) [Delete](#)G. Comments [View](#) [Edit](#) [Delete](#)**Building Envelope**

## 60. Structural Floors (S)

A. Type (check all that apply):

- Reinforced Concrete Slab on Grade
- Concrete/Metal Deck/Metal Joists
- Precast Concrete Structural System
- Wood Deck on Wood Trusses
- Wood Deck on Wood Joists
- Concrete Deck on Wood Structure
- Other

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

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

- Yes
- No

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

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

- Yes
- No

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

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

- Yes
- No

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

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

Rot/Decay/Corrosion

Yes

No

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

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

Yes

No

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

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

Yes

No

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

H. Other Problems

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

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

Yes

No

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

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

Yes

No

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

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

Yes

No

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

L. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

M. Year of Last Major Reconstruction/Replacement

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

N. Fxpected Remaining Useful I ife (Years):

... Expected Remaining Useful Life (Years):

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

O. Cost to Reconstruct/Replace \$

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

P. Comments

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

61. Exterior Walls/Columns (S)

A. Material (check all that apply):

- Concrete
- Masonry
- Steel
- Wood
- Other

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

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

- Yes
- No

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

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

- Yes
- No

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

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

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

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

- Yes
- No

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

F. Evidence of Concerns with Exterior Cladding: Inadequate Flashing

- Yes
- No

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

G. Evidence of Concerns with Exterior Cladding: Efflorescence

G. Evidence of Concerns with Exterior Cladding: Emptiness

- Yes  
 No

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

H. Evidence of Concerns with Exterior Cladding: Moisture Penetration

- Yes  
 No

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

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

- Yes  
 No

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

J. Evidence of Concerns with Exterior Cladding: Other Problems

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

K. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

L. Year of Last Major Reconstruction/Replacement

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

M. Expected Remaining Useful Life (Years):

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

N. Cost to Reconstruct/Replace \$

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

O. Comments

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

62. Chimneys (S)

A. Does the facility have a chimney?

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

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

B. Construction Type (check all that apply):

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

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

C. Condition

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

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

63. Parapets (S)

A. Does the facility have parapets?

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

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

B. Construction Type (check all that apply):

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

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

C. Condition

- Fxcellent

- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

#### 64. Exterior Doors

A. Overall condition of exterior door units:

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

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

B. Overall condition of exterior door hardware:

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

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

C. Do any exit doors have magnetic locking devices?

- Yes
- No

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

D. Safety/Security features are adequate:

- Yes
- No

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

E. Year of Last Major Reconstruction/Replacement

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

F. Expected Remaining Useful Life (Years):

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

G. Cost to Reconstruct/Replace \$

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

H. Comments

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

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

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

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

66. Fire Escapes (S)

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

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Safety features are adequate

- Yes  
 No

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

67. Windows

A. Does the facility have windows?

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

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

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

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

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

## C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

## D. All rescue windows are operable

- Yes  
 No  
 N/A

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

## E. Year of Last Major Reconstruction/Replacement

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

## F. Expected Remaining Useful Life (Years):

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

## G. Cost to Reconstruct/Replace \$

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

## H. Comments

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

## 68. Roof (S)

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

- Metal deck on metal trusses/joists  
 Wood deck on wood trusses/joists  
 Wood deck on metal trusses/joists  
 Concrete on metal deck on metal trusses/joists  
 Other

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

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

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

Other[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

 Yes No[View Edit Delete](#)

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

- K. Evidence of Structural Concerns with Structural Roof Deck: Rot/Decay /Corrosion
- Yes
- No
- [View Edit Delete](#)
- L. Evidence of concerns with roofing, flashing, and drains: Failures/Splits/Cracks
- Yes
- No
- [View Edit Delete](#)
- M. Evidence of concerns with roofing, flashing, and drains: Rot/Decay/Corrosion
- Yes
- No
- [View Edit Delete](#)
- N. Evidence of concerns with roofing, flashing, and drains: Inadequate flashing/curbs/pitch pockets
- Yes
- No
- [View Edit Delete](#)
- O. Evidence of concerns with roofing, flashing, and drains: Inadequate or poorly functioning roof drains
- Yes
- No
- [View Edit Delete](#)
- P. Evidence of concerns with roofing, flashing, and drains: Evidence of water penetration/active leaks
- Yes
- No
- [View Edit Delete](#)
- Q. Evidence of concerns with roofing, flashing, and drains: Other concerns (specify):
- [View Edit Delete](#)
- R. Overall Condition of roof:
- Excellent
- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure
- [View Edit Delete](#)
- S. Year of Last Major Reconstruction/Replacement

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

T. Expected Remaining Useful Life (Years):

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

U. Cost to Reconstruct/Replace \$

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

V. Comments

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

#### 69. Skylights

A. Does the building have skylights?

Yes

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

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

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

Plastic

Glass

Other

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

C. Condition of skylights:

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

## Plumbing (Excluding HVAC Systems)

## 70. Water Distribution System (H)

A. Does the facility have a water distribution system?

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

B. Types of pipes (check all that apply)

 Iron Galvanized Copper Lead PVC Other N/A[View](#) [Edit](#) [Delete](#)

C. Condition

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

## 71. Plumbing Drainage System (H)

A. Does the facility have a plumbing drainage system?

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

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

B. Types of pipes (check all that apply)

- Iron  
 Galvanized  
 Copper  
 Lead  
 PVC  
 Other  
 N/A

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

C. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

72. Hot Water Heaters (H)

A. Does the facility have hot water heaters?

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

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

B. Type of fuel (check all that apply)

- Oil  
 Natural Gas  
 ...

Electricity

Other

N/A

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

C. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

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

A. Does the facility have plumbing fixtures?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

## HVAC Systems

### 74. HVAC Systems Type

A. Does this building have a central HVAC system?

Yes

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

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

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

Constant volume (CV)

Variable air volume (VAV)

Dual-duct or multi-zone

Other

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

### 75. Heat Generating Systems (H)

A. Does the facility have a heat generating system?

Yes

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

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

B. Heat generation source (check all that apply)

Boiler / hot water

Boiler / Steam

Furnace / forced air

Geothermal

Biomass with box

Other

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

C. Condition

Excellent

Satisfactory

Unsatisfactory

- Unsatisfactory
- Non-Functioning
- Critical Failure

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

D. Year of Last Major Reconstruction/Replacement

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

E. Expected Remaining Useful Life (Years):

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

F. Cost to Reconstruct/Replace \$

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

G. Comments

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

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

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

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

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

B. Condition

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

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

## 77. Cooling / Air Conditioning Generating Systems

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

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

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

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

B. Condition

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

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

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

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

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

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

Yes

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

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

81. HVAC Control Systems (H)

A. Does the facility have a HVAC control system?

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

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

B. Condition

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Non-Functioning  
 Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

## Fire Safety Systems

### 82. Fire Alarm Systems (H)

A. Does the facility have a fire alarm system?

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

### 83. Smoke Detection Systems (H)

A. Does the facility have a smoke detection system?

Yes

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

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

B. Condition

Excellent

- Satisfactory
- Unsatisfactory
- Non-Functioning
- Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

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

A. Does the facility have a fire suppression system?

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

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

B. Condition

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

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

F. Comments

F. Comments

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

85. Emergency/Exit Lighting Systems (H)

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

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

D. Expected Remaining Useful Life (Years):

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

E. Cost to Reconstruct/Replace \$

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

F. Comments

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

86. Emergency/Standby Power Systems (H)

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

Yes

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

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

B. Condition

Excellent

Satisfactory

Unsatisfactory

Non-Functioning

Critical Failure

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

C. Year of Last Major Reconstruction/Replacement

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

[View](#) [Edit](#) [Delete](#)D. Expected Remaining Useful Life (Years): [View](#) [Edit](#) [Delete](#)E. Cost to Reconstruct/Replace \$ [View](#) [Edit](#) [Delete](#)F. Comments [View](#) [Edit](#) [Delete](#)

### Accessibility

#### 87. Exterior Route (H)

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

 Yes No[View](#) [Edit](#) [Delete](#)

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

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

 Yes No[View](#) [Edit](#) [Delete](#)

#### 89. Additional Information on Accessibility

A. If the building lacks accessible interior or exterior routes: Cost of improvements needed to provide accessible exterior and interior routes as specified above. \$

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

B. Comments

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

## Environment/Comfort/Health

### 90. General Appearance

A. Overall rating:

Good

Fair

Poor

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

B. Comments

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

### 91. Cleanliness

A. Overall rating:

Good

Fair

Poor

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

B. Comments

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

### 92. Mats/Grills

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

Yes

No

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

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

Yes

No

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

93. Acoustics

A. Overall rating:

- Good  
 Fair  
 Poor

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

B. Comments

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

94. Lighting Quality

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

- Daylight  
 Fluorescent-not full spectrum  
 Fluorescent  
 Incandescent  
 Other  
 N/A

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

B. Overall rating:

- Good  
 Fair  
 Poor

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

C. Comments

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

95. Evidence of Vermin

A. Is there evidence of active infestations of Rodents

- Yes  
 No

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

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

Yes

No

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

C. Is there evidence of active infestations of Cockroaches

Yes

No

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

D. Is there evidence of active infestations of Other vermin

Yes

No

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

96. Rifle Range

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

Yes

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

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

B. is the range active or inactive?

Active

Inactive

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

## Indoor Air Quality

97. Mold

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

Yes

No

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

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

Classrooms

Hallways

Supply return grille

Other

Places

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

C. Are there any noticeable moldy odors?

Yes

No

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

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

- Classrooms  
 Hallways  
 Supply return grille  
 Other

Places

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

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

- Yes  
 No

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

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

- Yes  
 No

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

G. Estimated cost of necessary improvements: \$

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

H. Comments

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

98. Humidity/Moisture

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

- Yes  
 No

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

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

- Yes  
 No

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

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

- Yes  
 No

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

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

...the home rooms in the primary rooms in other areas.

- Yes  
 No

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

E. Is Moisture condensation found in the classroom?

- Yes  
 No

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

F. Is Moisture condensation found in other areas?

- Yes  
 No

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

G. Rating of humidity/moisture condition in building

- Good  
 Fair  
 Poor

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

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

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

- Yes  
 No

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

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

- Yes  
 No

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

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

- Yes  
 No

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

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

- Yes  
 No

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

E. Are fresh air intakes free of blockage?

- Yes  
 No

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

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

Yes

No

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

G. Are dampers functioning as designed?

Yes

No

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

H. Condition of air filters:

Good

Fair

Poor

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

I. Outside air is adequate for occupant load:

Yes

No

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

J. Rating of ventilation/indoor air quality:

Good

Fair

Poor

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

K. Comments

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

100. Indoor air quality (IAQ) plan

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

Yes

No

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

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

Yes

No

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

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

Yes

No

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

101. Integrated Pest Management (IPM)

A. Does the school practice IPM?

Yes

No

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

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

Yes

No

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

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

Yes

No

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

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

Yes

No

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

E. If yes, how are they typically applied?

Spot treatment

Area Wide treatments

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

102. Noise

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

Yes

No

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

103. Radon

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

Yes

No

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

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

Yes

No

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

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

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

Yes

No

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

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

Yes

No

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

#### American Red Cross

##### 104. American Red Cross

A. Is there a written agreement with the American Red Cross for the use of this building as an emergency shelter?

Yes

No

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

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

Yes

No

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

C. If yes, Check all systems powered by the emergency generator.

Communication system

Kitchen Equipment

HVAC

Cooking Equipment

Fire alarm system

Refrigeration equipment

Sump pump

Security system

Lighting

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

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

Full preparation

Warming capability only

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

E. If this facility has on-site wells for potable water are the well pumps and equipment connected to the emergency generator power supply?

- Yes  
 No

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

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

- Yes  
 No

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

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

- Yes  
 No

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

#### Space Adequacy

105. Rating of Space Adequacy

- Good  
 Fair  
 Poor

Comments

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

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

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

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

- Excellent  
 Satisfactory  
 Unsatisfactory  
 Poor

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

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

Yes

No

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

109. A\_E Firm Name

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

110. Firm Address

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

111. Phone Number

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

112. E-mail

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

113. A\_E Name

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

114. A\_E License number

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

115. You have now completed the building condition survey. By continuing with the button below, you will be submitting your data to the data base. Once submitted, it can only be changed by re-entering the entire survey. Please enter I ACCEPT in the text box below.

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