

## 2010 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, 2009? (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, 2009 (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 2008-09 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

### **Program Spaces**

**23. Number of instructional classrooms:** \_\_\_\_\_

**24. Gross square footage of all instructional 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 2015-2016 school year excluding maintenance (to be answered after the building inspection is complete)** \$ \_\_\_\_\_

- 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.

<b>30. A/E Firm Name:</b>	<b>31. Firm Address</b>
_____	_____
<b>32. Phone Number</b>	
_____	
<b>33. E-mail:</b>	
_____	
<b>34. A/E Name</b>	<b>35. A/E License #</b>
_____	_____

**NOTE:**

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

**Building System Condition Ratings and Definitions:**

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

**Building System Type Definitions:**

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

**NOTE:**

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

**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 (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: \_\_\_\_\_

**40. 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: \_\_\_\_\_

**41. 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: \_\_\_\_\_

#### 42. Open Drainage Stormwater Management System

- a. Does the facility have a 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: \_\_\_\_\_

#### 43. 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: \_\_\_\_\_

#### 44. 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: \_\_\_\_\_

#### 45. 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: \_\_\_\_\_

#### 46. 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: \_\_\_\_\_

#### 47. 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: \_\_\_\_\_

#### 48. 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: \_\_\_\_\_

#### 49. 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: \_\_\_\_\_

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

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

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

**Other Site Features**

**52. 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: \_\_\_\_\_

**53. 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: \_\_\_\_\_

**54. 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: \_\_\_\_\_



**55. Athletic Fields, Play Fields, and Related Structures**  
(such as press boxes, stadiums, exterior bleachers, 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: \_\_\_\_\_

f. Check if synthetic turf field is present: ☐ Yes ☐ No  
Date installed: \_\_\_\_\_

**Substructure**

**56. 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**

**57. 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 (specify) _____
<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   | <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                       | _____  |

c. 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 |

d. Overall Condition of Structural Floors:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

- |   |       |   |       |
|---|-------|---|-------|
| e. Year of Last Major<br>Reconstruction/Replacement | _____ | f. Expected Remaining Useful Life<br>(Years): | _____ |
|---|-------|---|-------|

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

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

**58. 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   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Rot/Decay/Corrosion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Other Problems:     | _____  |

c. Evidence of Concerns with Exterior Cladding:

- |                        |  |                         |  |
|------------------------|--|-------------------------|--|
| 1. Cracks/Gaps         | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Moisture Penetration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Inadequate Flashing | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Rot/Decay/Corrosion  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Efflorescence       | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Other Problems       | _____  |

d. Overall Condition of Exterior Walls/Columns::

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

- |   |       |   |       |
|---|-------|---|-------|
| e. Year of Last Major<br>Reconstruction/Replacement | _____ | f. Expected Remaining Useful Life<br>(Years): | _____ |
|---|-------|---|-------|

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

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

**59. 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: \_\_\_\_\_

**60. 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: \_\_\_\_\_

**61. 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: \_\_\_\_\_

## 62. 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: \_\_\_\_\_

## 63. 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: \_\_\_\_\_

## 64. 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: \_\_\_\_\_

**65. 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

### 66. 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: \_\_\_\_\_

### 67. 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

### 68. 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: \_\_\_\_\_

**69. 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: \_\_\_\_\_

**70. 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: \_\_\_\_\_

**71. 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: \_\_\_\_\_

**72. 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: \_\_\_\_\_

### 73. 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: \_\_\_\_\_

### 74. 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: \_\_\_\_\_

### 75. 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: \_\_\_\_\_

### 76. 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: \_\_\_\_\_



**77. 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: \_\_\_\_\_

**78. 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: \_\_\_\_\_

**79. 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: \_\_\_\_\_

**80. 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)

### 81. 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: \_\_\_\_\_

### 82. 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: \_\_\_\_\_

### 83. 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: \_\_\_\_\_

#### 84. 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

#### 85. 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

#### 86. Heat Generating Systems (H)

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

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

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: \_\_\_\_\_

#### 87. 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: \_\_\_\_\_

**88. 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: \_\_\_\_\_

**89. 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: \_\_\_\_\_

**90. 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: \_\_\_\_\_

**91. 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: \_\_\_\_\_

## 92. 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

### 93. 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: \_\_\_\_\_

### 94. 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: \_\_\_\_\_

### 95. 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: \_\_\_\_\_

**96. 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: \_\_\_\_\_

**97. 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**

**98. 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

**99. 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

**100. 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

### 101. General Appearance

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

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

### 102. Cleanliness

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

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

103. Are there walk off matts; grills in entryway? ☐ Yes ☐ No

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

### 104. Acoustics

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

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

### 105. 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: \_\_\_\_\_

### 106. 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

### 107. Mold

- a. Are there visible stains, mold or water damage? ☐ Yes ☐ No

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

☐ Classrooms ☐ Hallways ☐ Supply return grille ☐ Other places \_\_\_\_\_

- b. Are there any noticeable moldy odors? ☐ Yes ☐ No

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

☐ Classrooms ☐ Hallways ☐ Supply return grille ☐ Other places \_\_\_\_\_

- c. Are interior surfaces constructed of any of the following materials?

Paper-faced or gypsum products? ☐ Yes ☐ No

Cellulose products (typical ceiling tiles) ☐ Yes ☐ No

- d. Estimated cost of necessary improvements: \$ \_\_\_\_\_

- e. Comments \_\_\_\_\_

### 108. Humidity/Moisture

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

a. In classrooms

1. Active leaks in roof ☐ Yes ☐ No

2. Active leaks in plumbing ☐ Yes ☐ No

3. Moisture condensation ☐ Yes ☐ No

b. In other areas

☐ Yes ☐ No

☐ Yes ☐ N

☐ Yes ☐ No

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



**109. 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
2. Near truck delivery areas ☐ Yes ☐ No
3. Near 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 \_\_\_\_\_

**110. 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

**111. Does the school practice IPM?** ☐ Yes ☐ No

a. Is vegetation kept 1 ft. from away from the building? ☐ Yes ☐ No

b. Are crevices and holes in walls, floors and pavement sealed or eliminated? ☐ Yes ☐ No

c. Are pesticides used in the buildings and on grounds? ☐ Yes ☐ No

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

☐ Spot treatment ☐ Area wide treatments

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

113. Has this facility been tested for the presence of Radon? ☐ Yes ☐ No

If yes:

a. Has a passive mitigation system been installed? ☐ Yes ☐ No

b. Has an active mitigation system been installed? ☐ Yes ☐ No

c. Is Radon test data available? ☐ Yes ☐ No

#### 114. 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