2020 Building Condition Survey Instrument

1. Name of School District: Greenburgh Central School District

2. Building Name: Teacher's Center

3. SED District Number: 6 6 0 4 0 7 0 6
   District BEDS Code

4. SED Control Number: 0 0 1 9

5. Survey Inspection Date: _____

6. Building 911 Address: 475 Hartsdale Avenue

7. City: Hartsdale 8. Zip Code: 10530

9. Certificate of Occupancy Status:

- [X] A – Annual
- [ ] T – Temporary
- [ ] N - None

10. Certificate of Occupancy Expiration Date: April 1, 2021

10a. Is this a manufactured building? (Relocatable, modular, portable)

[ ] Yes [X] No

11. Have there been renovations or construction in the building during the past 12 months?

[ ] Yes [X] No

12. Was major construction/renovation work since 2015 conducted when school was in session?

[ ] Yes [X] No

13. Estimated capital construction expenses estimated for the building through the 2024 calendar year excluding maintenance (to be answered after building inspection is complete)

$392,000

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

[ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Poor

15. Was overall building rating established after consultation with Health and Safety committee in accordance with Commissioner's Regulations 155.4(c)(1)?

[ ] Yes [X] No

16. A/E Firm Name: BBS Architects, Landscape Architects, & Engineers, P.C.

17. Firm Address: 244 E. Main Street, Patchogue, New York 11772

18. Phone/Fax Number: 631-475-0349/631-475-0361

19. E-mail: seeba@bbsarch.com

20. A/E Name: Frederick W. Seeba, P.E., LEED AP

21. A/E License number: 068018

Building Age and Gross Square Footage

22. Building Age

	Year
Original Construction	1907
Addition #1	
Addition #2	
Addition #3	
Addition #4	
Addition #5	
Addition #6	

23. Square feet of Construction

	Sq. Feet
Original Construction	1,500
Addition #1	
Addition #2	
Addition #3	
Addition #4	
Addition #5	
Addition #6	

24. Gross Square Footage building as currently configured: 1,500

25. Number of Floors: 2

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

	Count Employees
Full-time custodians:	0
Part-time custodians:	1
Totals:	**1**

Building Ownership and Occupancy Status

27. Building Ownership (check one):

[X] 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

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

[ ] Used for student instructional purposes

[ ] Used for district administration

[X] Used for other district purposes

[ ] Used by other organization(s)

28a. Describe for use for other district purposes:

Teacher Training/Meeting/IT Department

Building Users

29. How many students were registered to receive instruction in this building as of October 1, 2019? (If none, enter "0") and skip to "Program Spaces" section. (Do NOT include evening class students) 0

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

Permanent instructional spaces (i.e., regular classrooms) _____

Temporary instructional spaces (i.e., portable or demountable classrooms) attached to the building: _____

Non-instructional spaces used as instructional spaces: _____

31. 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, 2019? (check all that apply)

[ ] Cafeteria [ ] Library [ ] Storage Space

[ ] Gymnasium [ ] Lobby [ ] Other (please describe) _____

☐ Administrative Spaces ☐ Stairwell _____

31a. Describe other types of non-instructional spaces being used for instructional purposes:

_____

32. Grades Housed (check all that apply):

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

33. For how many instructional days during the 2018-19 school year (July 1 through June 30, was the building closed due to facilities failures, system malfunctions, structural problems, etc? (if none, enter "0") 0

34. Is the building used for instructional purposes in the summer? ☐ Yes ☐ No

Program Spaces

35. Number of instructional classrooms: _____

36. Gross square footage of all instruction classrooms (combined): _____

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

☐ N/A (none)	☐ Guidance	☐ Multipurpose Rooms	☐ Special Education
☐ Administration	☐ Gymnasium	☐ Music	☐ Swimming Pool
☐ Art	☐ Health Suite	☐ Pre-K	☐ Teacher Resource
☐ Audio Visual	☐ Home & Careers	☐ Remedial Rooms	☐ Technology/Shop
☐ Auditorium	☐ Kitchen	☐ Resource Room	☒ Other (describe)
☐ Cafeteria	☐ Large Group Instruction	☐ Science Lab	Offices
☐ Computer Room	☐ Library		

Space Adequacy

38. Rating of Space Adequacy

[X] Good [ ] Fair [ ] Poor

38a. Enter Comments: _____

Site Utilities

39. Water (H)

[X] Yes [ ] No

a. Type of Service:

[X] Municipal or Utility provided [ ] Well [ ] Other

b. Types of Water Service:

[ ] Iron

[ ] Galvanized

[X] Copper

[ ] Lead

[ ] PVC

[ ] Other

[ ] N/A (None)

c. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

d. Year of Last Major Reconstruction/Replacement: 1960

e. Expected Remaining Useful Life (Years): 5

f. Cost to Reconstruct/Replace: $100,000

g. Comments: Provide an RPZ type backflow preventor on the main water service to prevent back siphonage ($50k). Replace the problematic water main ($50k).

40. Site Sanitary (H)

[X] Yes [ ] No

a. Type of Service:

[ ] Municipal or Utility provided [X] Site Septic [ ] Other

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Year of Last Major Reconstruction/Replacement: 1960

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $50,000

f. Comments: Connect to municipal sewer along with the Transportation Facility and the ECP.

41. Site Gas (H)

[ ] Yes [X] No

a. Type of Gas Service:

[ ] Natural Gas [ ] Liquid Petroleum

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. Site Fuel Oil (H)

[X] Yes [ ] No

a. Number of above ground tanks 1

1. Capacity of above ground tanks (gallons) 275

b. The number of below ground tanks _____

Capacity of below ground tanks (gallons)

1. _____

c. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

d. Year of Last Major Reconstruction/Replacement 2005 e. Expected Remaining Useful Life (Years): 15

f. Cost to Reconstruct/Replace: $ _____

g. Comments: _____

43. Site Electrical, Including Exterior Distribution (H)

[X] Yes [ ] No

a. Service Provider:

[X] Municipal or utility provided

[ ] Self-Generated

[ ] Other

[ ] N/A

b. Type of Service:

[X] Above Ground

[ ] Below Ground

[ ] N/A

c. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

d. Year of Last Major Reconstruction/Replacement 1960

e. Expected Remaining Useful Life (Years): 10

f. Cost to Reconstruct/Replace: $

g. Comments:

Site Features

44. Closed Drainage Pipe Stormwater Management System

a. Does this facility have a closed drainage pipe stormwater management system?

[ ] Yes [X] No (If selecting No, skip to the next numbered question)

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. Open Drainage Pipe Stormwater Management System

a. Does this facility have an open stormwater system (ditch)?

[ ] Yes [X] No (If selecting No, skip to the next numbered question)

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. Catch Basins/Drop Inlets/Manholes

a. Does this facility have catch basins/drop inlets/manholes?

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

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. Culverts

a. Does this facility have culverts?

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

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. Infiltration basins/chambers

a. Does this facility have infiltration basins/chambers?

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

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. Retention basins

a. Does this facility have retention basins?

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

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

c. Year of Last Major _____ d. Expected Remaining Useful Life _____

Reconstruction/Replacement _____ (Years): _____

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

51. Wetponds

a. Does this facility have wetponds?

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

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: _____

52. Manufactured Stormwater Proprietary Units?

a. Does this facility have proprietary units?

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

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. Point of Outfall Discharge: (check all that apply)

☐ Municipal storm sewer system

☐ Combined sewer system

☒ Surface Water

☐ On-Site Recharge

☐ Other (describe)

☐ Not Applicable

54. Outfall Reconnaissance Inventory
Were all stormwater outfalls inspected during dry weather for signs of non-stormwater discharge?

[X] Yes

[ ] No

[ ] Not Applicable

Other Site Features

55. Pavement (Roadways and Parking Lots)

[X] Yes [ ] No

a. Type: (check all that apply)

[ ] Concrete

[X] Asphalt

[ ] Gravel

[ ] Other

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Year of Last Major Reconstruction/Replacement 2010

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $

f. Comments:

56. Sidewalks

[X] Yes [ ] No

a. Type: (check all that apply)

[X] Asphalt

[X] Concrete

[ ] Gravel

[ ] Paver

[ ] Other

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Year of Last Major

d. Expected Remaining Useful Life

Reconstruction/Replacement 1960 (Years): 5

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

57. Playgrounds and Playground Equipment

☐ Yes ☒ No

a. Condition ☐ 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: _____

58. Athletic Fields and Play Fields

☐ Yes ☒ No

a. Condition ☐ 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: _____

f. Does the facility have synthetic turf fields?

☐ Yes ☒ No

1. If **yes**, how many synthetic turf fields? _____

2. Expected Remaining Useful Life of Synthetic Turf Field(s): _____

3. Type of synthetic turf infill: _____

59. Exterior Bleachers/Stadiums

☐ Yes ☒ No

a. Condition ☐ 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: _____

f. Seating Capacity _____

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

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

a. Condition ☐ 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: _____

Building Structure

61. Foundation (S)

a. Type (check all that apply):

☐ Reinforced Concrete

☐ Masonry on Concrete Footing

☒ Other (Specify): Stone masonry

b. Evidence of structural concerns: (check all that apply)

☐ Structural Cracks

☐ Heaving/Jacking

☐ Decay/Corrosion

☐ Water Penetration

☐ Unsupported Ends

☐ Other

☒ None

c. Condition ☐ Excellent ☒ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

d. Year of Last Major Reconstruction/Replacement 1907 e. Expected Remaining Useful Life (Years): 15

f. Cost to Reconstruct/Replace: $ _____

g. Comments: _____

62. Piers (S)

☐ Yes ☒ No

a. Type (check all that apply):

☐ Concrete

☐ Masonry

☐ Steel

☐ Stone

☐ Wood

☐ Other (Specify): _____

☐ N/A (none)

b. Evidence of structural concerns: (check all that apply)

☐ Structural Cracks

☐ Heaving/Jacking

☐ Decay/Corrosion

☐ Water Penetration

☐ Unsupported Ends

☐ Other

☐ None

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: _____

63. Columns (S)

Type (check all that apply):

☐ Concrete

☐ Masonry

☐ Steel

☐ Stone

☐ Wood

☐ Other (Specify): _____

☒ N/A (none)

a. Evidence of structural concerns: (check all that apply)

- [ ] Structural Cracks
- [ ] Heaving/Jacking
- [ ] Decay/Corrosion
- [ ] Water Penetration
- [ ] Unsupported Ends
- [ ] Other
- [X] 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: _____

64. Footings (S)

Type (check all that apply):

- [ ] Concrete
- [X] Other (Specify): Stone masonry

a. Evidence of structural concerns: (check all that apply)

- [ ] Structural Cracks
- [ ] Heaving/Jacking
- [ ] Decay/Corrosion
- [ ] Water Penetration
- [ ] Unsupported Ends
- [ ] Other
- [X] None

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Year of Last Major Reconstruction/Replacement 1907 d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

65. Structural Floors (S)

a. Type (check all that apply):

- [ ] Concrete Deck on Wood Structure
- [ ] Concrete/Metal Deck/Metal Joists
- [ ] Cast-in-Place Concrete Structural System
- [ ] Precast Concrete Structural System
- [ ] Reinforced Concrete Slab on Grade
- [ ] Wood Deck on Wood Trusses
- [X] Wood Deck on Wood Joists
- [ ] Other (Specify): _____

b. Evidence of Structural Concerns with Floor Support System (Beams/Joists/Trusses, etc.) (check all that apply):

- [ ] Structural Cracks
- [ ] Unsupported Ends
- [ ] Rot/Decay/Corrosion
- [ ] Deflection
- [ ] Seriously Damaged/Missing Components
- [ ] Other Problems
- [X] None

c. Evidence of Structural Concerns with Structural Floor Deck (check all that apply):

- [ ] Cracks
- [ ] Deflection
- [ ] Rot/Decay/Corrosion
- [X] None

d. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

e. Year of Last Major Reconstruction/Replacement 1907

f. Expected Remaining Useful Life (Years): 15

g. Cost to Reconstruct/Replace: $ _____

h. Comments: _____

Building Envelope

66. Exterior Walls/Columns (S)

a. Type (check all that apply):

- [ ] Aluminum/Glass Curtain Wall
- [X] Brick
- [ ] Concrete
- [ ] Composite Insulated Panels
- [ ] Masonry
- [ ] Steel
- [X] Wood
- [ ] Other (Specify): _____

b. Evidence of structural concerns with Support System (columns, base plates, connections, etc.) (check all that apply):

- [ ] Structural Cracks
- [ ] Rot/Decay/Corrosion
- [ ] Other Problems
- [X] None

c. Evidence of Concerns with Exterior Cladding (check all that apply):

- [ ] Cracks/Gaps
- [ ] Inadequate flashing
- [ ] Efflorescence
- [ ] Moisture Penetration
- [X] Rot/Decay/Corrosion
- [ ] Other Problems
- [ ] None

d. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

e. Year of Last Major Reconstruction/Replacement 1907

f. Expected Remaining Useful Life (Years): 15

g. Cost to Reconstruct/Replace: $12,000

h. Comments: Allowance to paint rakes & false half-timbers. Patch wood at exhaust vent west side.

67. Chimneys (S)

[X] Yes [ ] No

a. Type (check all that apply):

[X] Masonry

[ ] Concrete

[ ] Metal

[ ] Wood

[ ] Other (Specify): _____

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Year of Last Major Reconstruction/Replacement: 1960

d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $

f. Comments: _____

68. Parapets (S)

[ ] Yes [X] No

a. Construction Type (check all that apply):

[ ] Masonry

[ ] Concrete

[ ] Metal

[ ] Wood

[ ] Other (Specify): _____

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: _____

69. Exterior Doors

a. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

b. Do any exterior doors have magnetic locking devices?

[ ] Yes

[X] No

c. Safety/Security features are adequate?

[X] Yes

[ ] No

d. Year of Last Major Reconstruction/Replacement 1990

e. Expected Remaining Useful Life (Years): 10

f. Cost to Reconstruct/Replace: $

g. Comments:

70. Exterior Steps, Stairs, Ramps (S)

[X] Yes [ ] No

a. Construction Type (check all that apply):

[X] Concrete

[ ] Paver

[ ] Steel

[ ] Wood

[ ] Other (Specify):

c. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

d. Year of Last Major Reconstruction/Replacement 1960

e. Expected Remaining Useful Life (Years): 5

f. Cost to Reconstruct/Replace: $

g. Comments: See item #112 exterior accessibility

71. Fire Escapes (S)

a. Does this facility one or more fire escapes?

[ ] Yes [X] No

b. Condition [ ] Excellent [ ] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. Safety features adequate

[ ] Yes [ ]

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

f. Cost to Reconstruct/Replace: $ _____

g. Comments: _____

72. Windows

a. Window Material: (check all that apply):

[ ] Aluminum

[ ] Steel

[ ] Vinyl

[X] Solid Wood

[ ] Wood w/External Cladding System

[ ] Other (Specify): _____

b. Condition [ ] Excellent [X] Satisfactory [ ] Unsatisfactory [ ] Non-Functioning [ ] Critical failure

c. All rescue windows are operable:

[ ] Yes [ ] No [X] N/A

d. Year of Last Major Reconstruction/Replacement 1960 e. Expected Remaining Useful Life (Years): 5

f. Cost to Reconstruct/Replace: $ _____

g. Comments: _____

73. Roof & Skylights (S)

[X] Yes [ ] No

a. Type of Roof Construction (check all that apply):

[ ] Concrete on metal deck on metal trusses/joists

[ ] Concrete (poured or plank) on concrete beams

[ ] Gypsum (poured or plank) on metal trusses/joists

[ ] Metal deck on metal trusses/joists

[X] Wood deck on wood trusses/joists

[ ] Wood deck on metal trusses/joists

- [ ] Tectum on metal trusses/joists
- [ ] Other (Specify): _____

b. Type of Roofing Material (check all that apply):

- [ ] Single-ply membrane
- [ ] Built-Up
- [ ] Asphalt shingle
- [ ] Pre-formed metal
- [ ] IRMA
- [X] Slate
- [ ] Fluid applied seamless surfacing
- [ ] Other (Specify): _____

c. Evidence of Structural Concerns with Roof System (Beams/Joists/Trusses, etc.) (check all that apply):

- [ ] Structural Cracks
- [ ] Unsupported Ends
- [ ] Rot/Decay/Corrosion
- [ ] Deflection
- [ ] Seriously Damaged/Missing Components
- [ ] Other Problems
- [X] None

d. Evidence of Structural Concerns with Structural Roof Deck (check all that apply):

- [ ] Cracks
- [ ] Deflection
- [ ] Rot/Decay/Corrosion
- [X] None

e. Does this facility have skylights?

- [ ] Yes
- [X] No

f. Skylight Material (check all that apply):

- [ ] Plastic
- [ ] Glass
- [ ] Other
- [ ] N/A

g. Overall condition of skylights?

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

h. Evidence of Structural Concerns with Roofing, Skylights, Flashings & Drains (check all that apply):

- [ ] Failures/Splits/Cracks
- [ ] Rot/Decay/Corrosion
- [ ] Inadequate flashings/curbs/pitch pockets
- [ ] Inadequate or poorly functioning floor drains
- [ ] Evidence of water penetrations/active leaks
- [ ] Other (Specify): _____
- [X] None

i. Overall condition of Roof & Skylights?

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

j. Year of Last Major Reconstruction/Replacement 1907

k. Expected Remaining Useful Life (Years): 10

l. Cost to Reconstruct/Replace: $ _____

m. Comments: _____

Building Interior

74. Interior Bearing Walls & Fire Walls (S)

[X] Yes [ ] No

a. Overall condition of interior bearing walls & fire walls:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1907

c. Expected Remaining Useful Life (Years): 15

d. Cost to Reconstruct/Replace: $ _____

e. Comments: _____

75. Other Interior Walls

[X] Yes [ ] No

a. Overall condition of interior bearing walls & fire walls:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1907

c. Expected Remaining Useful Life (Years): 15

d. Cost to Reconstruct/Replace: $ _____

e. Comments: _____

76. Carpet

[X] Yes [ ] No

a. Where located (check all that apply):

- [ ] Classrooms
- [X] Corridors
- [X] Offices
- [ ] Assembly Spaces (auditorium, gym, playroom, etc.)
- [ ] Other Areas (Specify): _____

b. Overall condition:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

c. Year of Last Major Reconstruction/Replacement: 2009

d. Expected Remaining Useful Life (Years): 10

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

77. Resilient tiles or sheet flooring

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

a. Where located (check all that apply):

- [ ] Classrooms
- [ ] Corridors
- [ ] Offices
- [ ] Assembly Spaces (auditorium, gym, playroom, etc.)
- [ ] Other Areas (Specify): _____

b. Overall 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: _____

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

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

a. Where located (check all that apply):

☐ Classrooms

☐ Corridors

☐ Offices

☐ Assembly Spaces (auditorium, gym, playroom, etc.)

☐ Kitchen

☒ Locker Rooms/Toilet Rooms

☐ Other Areas (Specify): _____

b. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement 1996

d. Expected Remaining Useful Life (Years): 10

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

79. Wood Flooring

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

a. Where located (check all that apply):

- [ ] Classrooms
- [X] Corridors
- [X] Offices
- [ ] Assembly Spaces (auditorium, gym, playroom, etc.)
- [ ] Other Areas (Specify): _____

b. Overall condition:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

c. Year of Last Major Reconstruction/Replacement: 1907

d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

80. Ceilings (H)

[X] Yes [ ] No

a. Overall condition:

- [ ] Excellent
- [X] 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: _____

81. Lockers

☐ Yes ☒ No

a. Overall condition:

☐ 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: _____

82. Interior Doors

☒ Yes ☐ No

a. Overall condition of 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: 2009

d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $

f. Comments:

83. Interior Stairs (H)

[X] Yes [ ] No

a. Overall condition:

[ ] Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

b. Stair Material:

[ ] Concrete

[ ] Steel

[X] Wood

[ ] Other

c. Year of Last Major Reconstruction/Replacement: 1907

d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $

f. Comments:

84. Elevator, Lift & Escalators (H)

[ ] Yes [X] No

a. Overall condition of interior bearing walls & fire 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: _____

85. Swimming Pool & Swimming Pool Systems (H)

☐ Yes ☒ No

a. Overall condition of interior bearing walls & fire 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: $ _____

Comments: _____

86. Interior Bleachers

☐ Yes ☒ No

a. Overall condition of interior bleachers:

☐ 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

87. Heat Generating Systems (H)

[X] Yes [ ] No

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

- [ ] Biomass
- [X] Boiler/Hot Water
- [ ] Boiler/Steam
- [ ] Cogeneration Plant
- [ ] Electric
- [ ] Furnace/Forced Air
- [ ] Geothermal
- [ ] Heat Pump
- [ ] Unit Ventilation
- [ ] Other

b. Overall condition of interior bearing walls & fire walls:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

c. Year of Last Major Reconstruction/Replacement: 2009

d. Expected Remaining Useful Life (Years): 15

e. Cost to Reconstruct/Replace: $

f. Comments:

88. Ventilation System (exhaust fans, etc.) (H)

[ ] Yes [X] No

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

- [ ] Natural Ventilation
- [ ] Heat Pump
- [ ] Central System
- [ ] Split System/Variable Refrigerant
- [ ] Energy Recovery Ventilator
- [ ] Powered Relief Air System
- [ ] Rooftop Units
- [ ] Gravity/Barometric Relief
- [ ] Unitary (UV's, FC/BC, PTAC)
- [ ] Other (specify) _____
- [ ] Forced Air Furnace

b. Overall condition of ventilation 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: _____

89. Mechanical Cooling/Air Conditioning Systems

- [X] Yes
- [ ] No

a. Types of Mechanical Cooling (check all that apply):

- [ ] Chiller/Chilled Water
- [ ] Geothermal
- [ ] Air Cooled
- [ ] Water Cooled
- [X] DX/Split System
- [ ] Other

b. Overall condition:

- [ ] Excellent
- [X] Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement: 2005

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $

f. Comments:

90. Piped Heating & Cooling Distribution System: Piping, Pumps, Radiators, Convectors, Traps, Insulation, etc. (H)

☒ Yes ☐ No

a. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1994

c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $15,000

e. Comments: Replace the removed 2nd floor bathroom cast iron radiator.

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

☐ Yes ☒ No

a. Overall condition:

☐ Excellent

☐ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

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

d. Cost to Reconstruct/Replace: $ _____

e. Comments: _____

92. HVAC Control Systems (H)

[X] Yes [ ] No

a. Types of Mechanical Cooling (check all that apply):

[ ] Pneumatic

[X] Electric

[ ] Digital Direct Control (DDC)

[ ] Web Based DDC

b. Overall condition:

[ ] Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

c. Year of Last Major Reconstruction/Replacement 1994 d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $5,000

f. Comments: Provide programmable thermostats for improved control.

Plumbing

93. Water Supply System (H)

[X] Yes [ ] No

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

[ ] Asbestos/transite

[X] Copper

[X] Galvanized

☐ Iron

☐ Lead

☐ PVC/CPVC/PEX/Plastic

☐ Other (Specify): _____

b. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement: 1960

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

94. Sanitary System (H)

☒ Yes ☐ No

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

☐ Asbestos/transite

☐ Copper

☐ Galvanized

☒ Iron

☐ Lead

☐ PVC/CPVC/PEX/Plastic

☐ Other (Specify): _____

a. Types of Special Sanitary Systems (check all that apply):

☐ Acid Waste & Vent

- [ ] Grease Interceptor
- [ ] Oil Separator
- [ ] Pumping Station
- [ ] Sediment Trap
- [X] Septic Tank
- [ ] Waste Water Treatment Plant

c. Overall condition:

- [ ] Excellent
- [X] 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: _____

95. Storm Water Drainage System (H)

- [ ] Yes
- [X] No

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

- [ ] Iron
- [ ] Galvanized
- [ ] Copper
- [ ] Lead
- [ ] Plastic
- [ ] Other (Specify): _____

b. Overall condition:

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

c. Year of Last Major Reconstruction/Replacement: 1960

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $

f. Comments:

96. Hot Water Heaters (H)

- [X] Yes
- [ ] No

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

- [ ] Oil
- [ ] Natural Gas
- [X] Electricity
- [ ] Propane
- [ ] Other (Specify):

b. Overall condition:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

c. Year of Last Major Reconstruction/Replacement: 2016

d. Expected Remaining Useful Life (Years): 11

e. Cost to Reconstruct/Replace: $

f. Comments:

97. Plumbing Fixtures (H)

[X] Yes [ ] No

a. Overall condition:

[ ] Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1960

c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $

e. Comments:

98. Water Outlets/Taps for Drinking/Cooking Purposes (H)

[X] Yes [ ] No

a. Overall condition of water outlets/taps (drinking fountains, bubblers, bottle fillers, kitchen prep, ice machines, etc.):

[ ] Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1960

c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $

e. Comments:

Fire Suppression Systems

99. Fire Suppression Systems (H)

[ ] Yes [X] No

a. Types of fire suppression system (check all that apply):

[ ] Wet Sprinkler System

☐ Dry Sprinkler System

☐ Standpipes

☐ Hose Cabinets

☐ Kitchen Hood Fire Suppression

☐ Data Special Agent Suppression

☐ Limited Area Sprinkler System

☐ Dust Collector Spark Arrestor

☐ Paint Booth Fire Suppression

☐ Other (Specify): _____

b. Overall 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: _____

100. Kitchen Hoods (H)

☐ Yes ☒ No

a. Type of Hood:

☐ Yes – Type 1 Grease & Smoke

☐ Yes – Type 2 Heat & Condensation

b. Is kitchen exhaust system appropriate for all current appliances it serves?

☐ Yes

☐ No

c. Overall 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: _____

Electrical Systems

101. Electrical Power Distribution System (H)

☒ Yes ☐ No

a. Electrical Supply meets current needs:

☒ Yes

☐ No

b. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement 1995

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: $40,000

f. Comments: Replace the older type electrical panels.

102. Lighting Fixtures (H)

☒ Yes ☐ No

a. Condition of Lighting Fixtures:

☐ Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 1995

c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $15,000

e. Comments: Upgrade all lighting to LED including occupancy sensors.

103. Emergency/Exit Lighting Systems (H)

[X] Yes [ ] No

a. Condition of Emergency/Exit Lighting Systems:

[ ] Excellent

[X] Satisfactory

[ ] Unsatisfactory

[ ] Non-Functioning

[ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement: 2005

c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $

e. Comments:

104. Emergency/Standby Power System (H)

[ ] Yes [X] No

a. Types of Back-Up Power System (check all that apply):

[ ] Generator Fuel Gas/Propane

[ ] Generator Diesel/Fuel Oil

[ ] Receptacle for Mobile Generator Connection

[ ] Central Battery Inverter

[ ] Integral Fixture/Battery Equipment

[ ] Other (Specify):

b. Overall 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: _____

105. Fire Alarm Systems (manual, automatic fire detection, and notification appliances) (H)

[X] Yes [ ] No

a. Overall condition of Fire Alarm Systems:

- [ ] Excellent
- [X] Satisfactory
- [ ] Unsatisfactory
- [ ] Non-Functioning
- [ ] Critical Failure

b. Year of Last Major Reconstruction/Replacement 2005 c. Expected Remaining Useful Life (Years): 5

d. Cost to Reconstruct/Replace: $75,000

e. Comments: Install a fully code compliant ADA hardwired fire alarm system to replace the battery smoke & carbon monoxide detection.

106. Carbon Monoxide Alarm System (H)

[X] Yes [ ] No

a. Type of Alarm System:

- [X] 10-year battery stand alone alarm
- [ ] Hardwired/interconnected detection & alarm

☐ Gas detection (et NG/CO)

☐ Other (Specify): _____

b. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement: 2017

d. Expected Remaining Useful Life (Years): 7

e. Cost to Reconstruct/Replace: $ _____

f. Comments: _____

107. Communication System (H)

☒ Yes ☐ No

a. Type of Communication System (check all that apply):

☐ Public Address

☒ Phones (VOIP)

☐ Phones (Cellular)

☐ Phones (Other

☐ Mass Notification

☐ Emergency Voice Communication Fire Alarm System

☐ Lockdown Notification System

☐ Other (eg. Radio) (describe): _____

b. Communication systems are adequate:

☒ Yes

☐ No

c. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

d. Year of Last Major Reconstruction/Replacement 2017

d. Expected Remaining Useful Life (Years): 12

e. Cost to Reconstruct/Replace: $

f. Comments:

109. Does this facility have a fuel dispensing system?

☐ Yes ☒ No

a. Overall condition:

☐ 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:

110. Does this facility have vehicle lifts?

☐ Yes ☒ No

a. Overall condition:

☐ 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: _____

111. Does this facility have a bus wash system?

☐ Yes ☒ No

a. Overall condition:

☐ 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: _____

Accessibility

112. Exterior Accessible Route to Building (H)

People with disabilities should be able to arrive on site, approach the building, and enter 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.

a. Is there an accessible exterior route as specified above?

☐ Yes

☒ No

b. Features provided for exterior accessible route (check all that apply):

☐ Curb ramps

☐ Exterior ramps

☐ Handicap parking

c. Cost of improvements needed to provide exterior accessible route to building:

$35,000

d. Comments: Rebuild front stop with ramp to the east side.

113. Is there an accessible route to recreational facilities?

☐ Yes ☐ No

a. Cost of improvements needed to provide exterior accessible route to building:

$ _____

b. Comments: _____

114. Exterior recreational facilities that are on an accessible route & meet accessibility standard (check all that apply):

☐ Playground and play equipment

☐ Playfield(s)

☐ Athletic Field(s)

☐ Exterior Bleachers

☐ Bathroom Facilities

☐ Concession Stand

a. Cost of improvements to needed to provide exterior accessible route to recreational facilities:

$ _____

b. Comments: _____

115. Interior Accessible Route, Access to Goods & Services, & 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 including drinking fountains, telephones, and other amenities.

Is there an accessible interior route as specified above?

☐ Yes

☒ No

a. Cost of improvements to needed to provide inter accessible route(s) as specified above:

$ _____

b. Comments: Second floor is inaccessible

116. Does this facility have interior spaces that meet accessibility standards (check all that apply):

- ☐ Classrooms
- ☐ Labs (science, art, technology, etc.)
- ☐ Shops
- ☐ Main Office
- ☐ Health Office
- ☐ Gymnasium
- ☐ Cafeteria
- ☐ Auditorium
- ☐ Stage
- ☐ Restrooms on each floor

a. Cost of improvements to needed to provide interior spaces that meet accessibility standards:

$45,000

b. Comments: Reconstruct first floor toilet room & its doorway for ADA accessibility.

Environment/Comfort/Health

117. General Appearance

a. Overall Rating:

- ☒ Good
- ☐ Fair
- ☐ Poor

b. Comments: _____

118. Cleanliness (H)

a. Overall Rating:

- ☒ Good

☐ Fair

☐ Poor

b. Comments: _____

119. Are there walk off mats; grills in the entryway?

☒ Yes

☐ No

a. If Yes: At least 6 ft. long?

☐ Yes ☒ No

120. Is there noise in classrooms from HVAC units, traffic, etc. that may impact education? (H)

☐ Yes

☒ No

121. Lighting Quality (H)

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

☒ Daylight

☒ Not full spectrum

☐ Full Spectrum

☐ LED

☒ Fluorescent

☐ Other (describe): _____

b. Are there blinds in the classrooms to prevent glare?

☐ Yes ☐ No

c. Overall Rating:

☐ Good ☐ Fair ☐ Poor

d. Comments: _____

122. Evidence of Vermin (H)

a. Is there evidence of active infestations of…..(check all that apply):

☐ Rodents

☐ Wood-boring or Wood-eating insects

[ ] Cockroaches

[ ] Other Vermin

[X] None

Indoor Air Quality

123. Mold (H)

a. Is there visible mold or moldy odors?

[ ] Yes [X] No

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

[ ] Classrooms [ ] Locker rooms

[ ] Hallways [ ] Labs

[ ] Ventilation System [ ] Workshops

[ ] Toilet Rooms [ ] Offices

[ ] Cafeteria [ ] Storage

[ ] Kitchen [ ] Crawlspace

[ ] Auditorium [ ] Attic

[ ] Gymnasium [ ] Other places (describe): _____

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

[X] Paper-faced or gypsum products

[ ] Cellulose products (typically ceiling tiles)

c. Is there evidence of water intrusion?

[ ] Yes

[X] No

124. Humidity/Moisture (H)

a. Overall rating of humidity/moisture condition in building:

[ ] Good

[X] Fair

[ ] Poor

b. Are any of the following found in/or around classroom areas? (check all that apply):

- [ ] Active leaks in roof
- [ ] Active leaks in plumbing
- [ ] Moisture condensation
- [ ] Visible stains or water damage
- [X] None

c. Are any of the following found in/or around other areas? (check all that apply):

- [ ] Active leaks in roof
- [ ] Active leaks in plumbing
- [ ] Moisture condensation
- [ ] Visible stains or water damage
- [X] None

125. Ventilation: fresh air intake locations, air filters, etc. (H)

a. Are there fresh air intakes near the bus loading, truck delivery, or garbage storage/disposal areas?

- [ ] Yes
- [X] No

b. Is there accumulate dirt, dust or debris around fresh air intakes?

- [ ] Yes
- [X] No

c. Are fresh air intakes free of blockage?

- [X] Yes
- [ ] No

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

- [ ] Yes
- [X] No

e. Are dampers functioning as designed?

- [X] Yes
- [ ] No

f. Condition of air filters:

- [ ] Good
- [X] Fair
- [ ] Poor

g. Outside air adequate for occupant load:

- [X] Yes
- [ ] No

h. Rating of ventilation/indoor air quality:

- [ ] Good
- [X] Fair
- [ ] Poor

I. Comments: _____

126. Indoor Air Quality (IAQ) Plan (H)

a. Does the School District use EPA's Tools for Schools Program?

[ ] Yes [X] No

b. If no, is some other IAQ management plan used?

[ ] Yes [X] No

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

[X] Yes [ ] No

127. Does the school practice Integrated Pest Management (IPM)? (H)

[X] Yes [ ] No

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

[X] Yes [ ] No

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

[ ] Yes [X] No

c. Is there a certified pesticide applicator on staff?

[ ] Yes [X] No

d. Are pesticides used in the buildings?

☐ Yes ☒ No

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

☐ Spot Treatment ☐ Area wide treatments

e. Are pesticides used on the grounds?

☐ Yes ☒ No

If **yes**, was an emergency exemption granted by the Board of Education?

☐ Yes ☐ No

128. Does the school have a passive radon mitigation system installed (was built with radon resistant features?) (H)

☐ Yes

☒ No

a. Has the facility been tested for the presence of Radon?

☐ Yes ☐ No

b. Were any of the results of the test greater than or equal to 4 picocuries per liter (pCi/L)?

☐ Yes ☐ No

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

☐ Yes, active mitigation system installed

☐ Yes, passive mitigation system active

☐ Yes, ventilation controls (HVAC) adjusted

☐ Yes, other: _____

☐ No action taken

Emergency Shelter

129. Does this building serve as an emergency shelter?

☐ Yes ☒ No

a. Is there a written agreement with 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

c. If yes, what systems are connected to the emergency generator? (check all that apply)

☐ Communication system

☐ Fire alarm system

☐ Security system

☐ Lighting

☐ HVAC

☐ Sump pump

☐ Other (specify) _____

d. Does this facility have a cooking/food preparation kitchen?

☐ Yes ☒ No

If yes, is the area outfitted for:

☐ Full preparation ☐ Warming capability only

e. What items in the cooking/food preparation kitchen are powered by the emergency generator? (check all that apply)

☐ Warming/cooking equipment

☐ Refrigeration equipment

☐ Other kitchen equipment

f. Potable water:

☒ Provided by municipal system

☐ Provided by on-site wells – not connected to the emergency generator

☐ Provide by on-site wells – connected to the emergency generator

g. Sanitary:

☒ Gravity discharge

☐ Force main pump station – not connected to the emergency generator

☐ Force main pumping station – connected to the emergency generator