

## 2020 Building Condition Survey Instrument

1. Name of School District Greenburgh Central School District
2. Building Name Transportation Garage
3. SED District Number 

6	6	0	4	0	7	0	6
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District BEDS Code
4. SED Control Number 

5	0	0	3
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5. Survey Inspection Date \_\_\_\_\_
6. Building 911 Address 475 Hartsdale Avenue
7. City Hartsdale 8. Zip Code 10530
9. Certificate of Occupancy Status:
- |                                     |               |
|-------------------------------------|---------------|
| <input checked="" type="checkbox"/> | A – Annual    |
| <input type="checkbox"/>            | T – Temporary |
| <input type="checkbox"/>            | N – None      |
10. Certificate of Occupancy Expiration Date: April 1, 2021
- 10a. Is this a manufactured building? (Relocatable, modular, portable)
- ☐ Yes ☒ No
11. Have there been renovations or construction in the building during the past 12 months?
- ☐ Yes ☒ No
12. Was major construction/renovation work since 2015 conducted when school was in session?
- ☐ Yes ☒ 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)
- \$2,163,000**
14. Overall building rating (to be answered after the building inspection is complete)
- ☐ Excellent ☒ 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 ☒ 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](mailto: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	<u>1983</u>
Addition #1	<u></u>
Addition #2	<u></u>
Addition #3	<u></u>
Addition #4	<u></u>
Addition #5	<u></u>
Addition #6	<u></u>

### 23. Square feet of Construction

	Sq. Feet
Original Construction	<u>6,000</u>
Addition #1	<u></u>
Addition #2	<u></u>
Addition #3	<u></u>
Addition #4	<u></u>
Addition #5	<u></u>
Addition #6	<u></u>

24. Gross Square Footage building as currently configured: 6,000

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:	<u>0</u>
Part-time custodians:	<u>0</u>
<b>Totals:</b>	<b><u>0</u></b>

**Building Ownership and Occupancy Status**

**27. Building Ownership (check one):**

- ☐ Owned and used by district
- ☒ Owned by District and leased to non-district entity
- ☐ Owned by district, part used by district, part leased to non-district entity
- ☐ Owned by non-district entity and leased to district

**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
- ☐ Used for other district purposes
- ☒ Used by other organization(s)

**28a. Describe for use for other district purposes:**

\_\_\_\_\_

**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)**

- |                                    |                                  |  |
|------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Library | <input type="checkbox"/> Storage Space           |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Lobby   | <input type="checkbox"/> 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):**

<input type="checkbox"/> Pre-K	<input type="checkbox"/> 7
<input type="checkbox"/> K	<input type="checkbox"/> 8
<input type="checkbox"/> 1	<input type="checkbox"/> 9
<input type="checkbox"/> 2	<input type="checkbox"/> 10
<input type="checkbox"/> 3	<input type="checkbox"/> 11
<input type="checkbox"/> 4	<input type="checkbox"/> 12
<input type="checkbox"/> 5	<input type="checkbox"/> Ungraded
<input type="checkbox"/> 6	<input checked="" type="checkbox"/> 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")**

\_\_\_\_\_

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

## Program Spaces

**35. Number of Instructional classrooms:**    \_\_\_\_\_ 0

**36. Gross square footage of all instruction classrooms (combined):**    \_\_\_\_\_ 0

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

<input type="checkbox"/> N/A (none)	<input type="checkbox"/> Guidance	<input type="checkbox"/> Multipurpose Rooms	<input type="checkbox"/> Special Education
<input type="checkbox"/> Administration	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Music	<input type="checkbox"/> Swimming Pool
<input type="checkbox"/> Art	<input type="checkbox"/> Health Suite	<input type="checkbox"/> Pre-K	<input type="checkbox"/> Teacher Resource
<input type="checkbox"/> Audio Visual	<input type="checkbox"/> Home & Careers	<input type="checkbox"/> Remedial Rooms	<input type="checkbox"/> Technology/Shop
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Kitchen	<input type="checkbox"/> Resource Room	<input checked="" type="checkbox"/> Other (describe)
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Large Group Instruction	<input type="checkbox"/> Science Lab	Garage _____
<input type="checkbox"/> Computer Room	<input type="checkbox"/> Library		

## Space Adequacy

**38. Rating of Space Adequacy**

☒ Good    ☐ Fair    ☐ Poor

38a. Enter Comments: \_\_\_\_\_

## Site Utilities

### 39. Water (H)

☒ Yes    ☐ No

a. Type of Service:

☒ Municipal or Utility provided    ☐ Well    ☐ Other

b. Types of Water Service:

☐ Iron

☐ Galvanized

☒ Copper

☐ Lead

☐ PVC

☐ Other

☐ N/A (None)

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

d. Year of Last Major  
Reconstruction/Replacement 1983

e. Expected Remaining Useful Life  
(Years): 5

f. Cost to Reconstruct/Replace: \$50,000

g. Comments: Provide an RPZ type backflow prevention device on the main water service to prevent back siphonage.

### 40. Site Sanitary (H)

☒ Yes    ☐ No

a. Type of Service:

☐ Municipal or Utility provided    ☒ Site Septic    ☐ Other

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

c. Year of Last Major  
Reconstruction/Replacement 1983

d. Expected Remaining Useful Life  
(Years): 5

e. Cost to Reconstruct/Replace: \$150,000

f. Comments: Connect to municipal sewer. This system also handles the ECP & Techer's Center.

#### 41. Site Gas (H)

☐ Yes ☒ 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: \$200,000

f. Comments: Provide a natural gas service this building for dual fuel firing.

#### 42. Site Fuel Oil (H)

☒ Yes ☐ No

a. Number of above ground tanks 1

1. Capacity of above ground tanks (gallons) 3,000

b. The number of below ground tanks \_\_\_\_\_

1. Capacity of below ground tanks (gallons) \_\_\_\_\_

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

d. Year of Last Major  
Reconstruction/Replacement 2004

e. Expected Remaining Useful Life  
(Years): 24

f. Cost to Reconstruct/Replace: \$150,000

g. Comments: Provide a supplemental tank to provide for adequate fuel oil supply during extreme cold periods.

#### 43. Site Electrical, Including Exterior Distribution (H)

☒ Yes ☐ No

a. Service Provider:

☒ Municipal or utility provided

☐ Self-Generated

\_\_\_\_\_

☐ Other

☐ N/A

b. Type of Service:

☒ Above Ground

☐ Below Ground

☐ N/A

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

d. Year of Last Major Reconstruction/Replacement 1983

e. Expected Remaining Useful Life (Years): 5

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

☐ 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 1983

d. Expected Remaining Useful Life (Years): 10

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

☒ 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 1983 d. Expected Remaining Useful Life (Years): 10

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 Reconstruction/Replacement \_\_\_\_\_ d. Expected Remaining Useful Life (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?

☒ Yes

☐ No

☐ Not Applicable

## Other Site Features

### 55. Pavement (Roadways and Parking Lots)

☒ Yes ☐ No

a. Type: (check all that apply)

☐ Concrete

☒ Asphalt

☐ Gravel

☐ Other

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

c. Year of Last Major  
Reconstruction/Replacement 2010

d. Expected Remaining Useful Life  
(Years): 0

e. Cost to Reconstruct/Replace: \$900,000

f. Comments: Repave all. Replace 100 ft. of stockade fence.

### 56. Sidewalks

☒ Yes ☐ No

a. Type: (check all that apply)

☐ Asphalt

☒ Concrete

☐ Gravel

☐ Paver

☐ Other

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

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

Reconstruction/Replacement 1983 (Years): 10

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 (\$)**

a. Type (check all that apply):

☒ Reinforced Concrete

☐ Masonry on Concrete Footing

☐ Other (Specify): \_\_\_\_\_

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 \_\_\_\_\_ 1983

e. Expected Remaining Useful Life (Years): \_\_\_\_\_ 25

f. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

**62. Piers (\$)**

☐ 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 (\$)

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
- ☒ None

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

c. Year of Last Major  
Reconstruction/Replacement 1983

d. Expected Remaining Useful Life  
(Years): 25

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

#### 64. Footings (S)

Type (check all that apply):

- ☒ Concrete
- ☐ Other (Specify): \_\_\_\_\_

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

- ☐ Structural Cracks
- ☐ Heaving/Jacking
- ☐ Decay/Corrosion
- ☐ Water Penetration
- ☐ Unsupported Ends
- ☐ Other
- ☒ None

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

c. Year of Last Major  
Reconstruction/Replacement 1983

d. Expected Remaining Useful Life  
(Years): 25

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

**65. Structural Floors (\$)**

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

☒ 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

☒ None

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

☐ Cracks

☐ Deflection

☐ Rot/Decay/Corrosion

☒ None

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

e. Year of Last Major  
Reconstruction/Replacement 1983

f. Expected Remaining Useful Life  
(Years): 25

g. Cost to Reconstruct/Replace: \$1,500

- h. Comments: Wooden loft appears to be deflecting. Add post mid-span, and re-secure wooden railing.
- 

## Building Envelope

### 66. Exterior Walls/Columns (S)

- a. Type (check all that apply):

☐ Aluminum/Glass Curtain Wall

☐ Brick

☐ Concrete

☒ Composite Insulated Panels

☐ Masonry

☐ Steel

☐ 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

☒ None

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

☐ Cracks/Gaps

☐ Inadequate flashing

☐ Efflorescence

☐ Moisture Penetration

☒ Rot/Decay/Corrosion

☐ Other Problems

☐ None

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

- e. Year of Last Major Reconstruction/Replacement 1983

- f. Expected Remaining Useful Life (Years): 10



- g. Cost to Reconstruct/Replace: \$5,000
- h. Comments: At ground floor north side install sheet metal strip to help slow rusting of panel bottoms at grade.

**67. Chimneys (\$)**

☒ Yes ☐ No

- a. 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 1983

d. Expected Remaining Useful Life (Years): 10

e. Cost to Reconstruct/Replace: \$

f. Comments: \_\_\_\_\_

**68. Parapets (\$)**

☐ Yes ☒ 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 ☒ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

b. Do any exterior doors have magnetic locking devices?

☐ Yes

☒ No

c. Safety/Security features are adequate?

☒ Yes

☐ No

d. Year of Last Major Reconstruction/Replacement 1983

e. Expected Remaining Useful Life (Years): 0

f. Cost to Reconstruct/Replace: \$12,000

g. Comments: Replace 3 exterior steel doors

## 70. Exterior Steps, Stairs, Ramps (\$)

☒ Yes

☐ No

a. Construction Type (check all that apply):

☒ Concrete

☐ Paver

☐ Steel

☐ Wood

☐ Other (Specify): \_\_\_\_\_

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

d. Year of Last Major Reconstruction/Replacement 1983

e. Expected Remaining Useful Life (Years): 10

f. Cost to Reconstruct/Replace: \$

g. Comments: \_\_\_\_\_

## 71. Fire Escapes (\$)

a. Does this facility one or more fire escapes?

☐ Yes

☒ 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

☐ Solid Wood

☐ Wood w/External Cladding System

☐ Other (Specify): \_\_\_\_\_

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

c. All rescue windows are operable:

☐ Yes

☐ No

☒ N/A

d. Year of Last Major  
Reconstruction/Replacement 1983

e. Expected Remaining Useful Life  
(Years): 10

f. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

## 73. Roof & Skylights (\$)

☒ 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

☐ Wood deck on wood trusses/joists

☐ Wood deck on metal trusses/joists

☐ Tectum on metal trusses/joists

☒ Other (Specify): Structural standing seam on pre-engineered steel frame

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

☐ Single-ply membrane

☐ Built-Up

☐ Asphalt shingle

☒ Pre-formed metal

☐ IRMA

☐ 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

☒ None

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

☐ Cracks

☐ Deflection

☐ Rot/Decay/Corrosion

☒ None

e. Does this facility have skylights?

☐ Yes

\_\_\_\_\_

☒ 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): \_\_\_\_\_

☒ None

i. Overall condition of Roof & Skylights?

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

j. Year of Last Major \_\_\_\_\_

k. Expected Remaining Useful Life \_\_\_\_\_

Reconstruction/Replacement 1983 (Years): 10

l. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

m. Comments: \_\_\_\_\_

## Building Interior

### 74. Interior Bearing Walls & Fire Walls (\$)

☐ 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: \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

### 75. Other Interior Walls

☒ 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 1983

c. Expected Remaining Useful Life  
(Years): 15

d. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

e. Comments: \_\_\_\_\_

### 76. Carpet

☒ Yes

☐ No

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 1983

d. Expected Remaining Useful Life  
(Years): 5

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

## 77. Resilient tiles or sheet flooring

☒ 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.)

☐ Other Areas (Specify): \_\_\_\_\_

b. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement 1983

d. Expected Remaining Useful Life (Years): 5

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

**X** Locker Rooms/Toilet Rooms

☒ Other Areas (Specify): Garage

b. Overall condition:

☐ Excellent

**X** Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c.	Year of Last Major Reconstruction/Replacement	1983
----	--	------

d. Expected Remaining Useful Life (Years): 25

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

☐ 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: \_\_\_\_\_

## 80. Ceilings (H)

☒ Yes

☐ No

a. Overall condition:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

b. Year of Last Major Reconstruction/Replacement 1983

c. Expected Remaining Useful Life (Years): 5

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 1983 d. Expected Remaining Useful Life (Years): 10
- e. Cost to Reconstruct/Replace: \$5,000
- f. Comments: Replace short doors at D.O.T. office.

**83. Interior Stairs (H)**

☒ Yes ☐ No

- a. Overall condition:

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

- b. Stair Material:

- ☐ Concrete
- ☒ Steel
- ☐ Wood
- ☐ Other

- c. Year of Last Major Reconstruction/Replacement 1983 d. Expected Remaining Useful Life (Years): 10
- e. Cost to Reconstruct/Replace: \$
- f. Comments: \_\_\_\_\_

**84. Elevator, Lift & Escalators (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: \$ \_\_\_\_\_
- 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)

☒ Yes ☐ No

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

- ☐ Biomass  
☒ 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  
☒ Satisfactory  
☐ Unsatisfactory  
☐ Non-Functioning  
☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement 2019

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: \$200,000

f. Comments: Replace original boiler.

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

☒ Yes ☐ No

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

- |  |   |
|--|---|
| <input type="checkbox"/> Natural Ventilation         | <input type="checkbox"/> Heat Pump                            |
| <input type="checkbox"/> Central System              | <input type="checkbox"/> Split System/Variable Refrigerant    |
| <input type="checkbox"/> Energy Recovery Ventilator  | <input checked="" type="checkbox"/> Powered Relief Air System |
| <input type="checkbox"/> Rooftop Units               | <input type="checkbox"/> Gravity/Barometric Relief            |
| <input type="checkbox"/> Unitary (UV's, FC/BC, PTAC) | <input type="checkbox"/> Other (specify) _____                |
| <input type="checkbox"/> Forced Air Furnace          |   |

b. Overall condition of ventilation system:

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

c. Year of Last Major Reconstruction/Replacement 1983

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

## 89. Mechanical Cooling/Air Conditioning Systems

☒ Yes ☐ No

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

- ☐ Chiller/Chilled Water
- ☐ Geothermal
- ☐ Air Cooled
- ☐ Water Cooled
- ☒ DX/Split System
- ☐ Other

b. Overall condition:

- ☐ Excellent
- ☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement 1998

d. Expected Remaining Useful Life (Years): 5

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

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

☒ Yes☐ No

a. Overall condition:

☐ Excellent

**X** Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

b. Year of Last Major Reconstruction/Replacement	1983
--	------

c. Expected Remaining Useful Life (Years): 10

d. Cost to Reconstruct/Replace: \$

e. Comments:

**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)

☒ Yes ☐ No

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

- ☒ Pneumatic
- ☒ Electric
- ☐ Digital Direct Control (DDC)
- ☐ Web Based DDC

- b. Overall condition:

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

- c. Year of Last Major Reconstruction/Replacement 1983 d. Expected Remaining Useful Life (Years): 5
- e. Cost to Reconstruct/Replace: \$100,000
- f. Comments: Upgrade all controls to DDC for better control and monitoring.

## Plumbing

### 93. Water Supply System (H)

☒ Yes ☐ No

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

- ☐ Asbestos/transite
- ☒ Copper
- ☐ 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 1983

d. Expected Remaining Useful Life (Years): 10

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
- ☒ Septic Tank
- ☐ Waste Water Treatment Plant

c. Overall condition:

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

d. Year of Last Major Reconstruction/Replacement 1983

e. Expected Remaining Useful Life (Years): 10

f. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

g. Comments: \_\_\_\_\_

#### 95. Storm Water Drainage System (H)

☒ Yes ☐ 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 1983

d. Expected Remaining Useful Life (Years): 10

e. Cost to Reconstruct/Replace: \$ \_\_\_\_\_

f. Comments: \_\_\_\_\_

## 96. Hot Water Heaters (H)

☒ Yes☐ No

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

☒ Oil

☐ Natural Gas

☐ Electricity

Propane

☐ Other (Specify): \_\_\_\_\_

b. Overall condition:

☐ Excellent

**X** Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

c. Year of Last Major Reconstruction/Replacement	1983
--	------

d. Expected Remaining Useful Life (Years):	2
--	---

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

f. Comments: Replace water heater.

## 97. Plumbing Fixtures (H)

☒ Yes☐ No

a. Overall condition:

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

- b. Year of Last Major Reconstruction/Replacement 1983 c. Expected Remaining Useful Life (Years): 10
- d. Cost to Reconstruct/Replace: \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

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

- ☒ Yes ☐ No

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

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

- b. Year of Last Major Reconstruction/Replacement 1983 c. Expected Remaining Useful Life (Years): 10
- d. Cost to Reconstruct/Replace: \$ \_\_\_\_\_
- e. Comments: \_\_\_\_\_

## Fire Suppression Systems

### 99. Fire Suppression Systems (H)

- ☐ Yes ☒ 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 1983 d. Expected Remaining Useful Life (Years): 5
- e. Cost to Reconstruct/Replace: \$80,000
- f. Comments: Replace original electrical panels.

### 102. Lighting Fixtures (H)

☒ Yes ☐ No

- a. Condition of Lighting Fixtures:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

b. Year of Last Major  
Reconstruction/Replacement 1983

c. Expected Remaining Useful Life  
(Years): 5

d. Cost to Reconstruct/Replace: \$75,500

e. Comments: Upgrade all lighting to LED including occupancy sensors (\$75k). Replace the missing light fixture in the office area (\$500k).

### 103. Emergency/Exit Lighting Systems (H)

☒ Yes

☐ No

a. Condition of Emergency/Exit Lighting Systems:

☐ Excellent

☒ Satisfactory

☐ Unsatisfactory

☐ Non-Functioning

☐ Critical Failure

b. Year of Last Major  
Reconstruction/Replacement 1983

c. Expected Remaining Useful Life  
(Years): 5

d. Cost to Reconstruct/Replace: \$

e. Comments: \_\_\_\_\_

### 104. Emergency/Standby Power System (H)

☐ Yes

☒ 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)

☒ Yes ☐ No

- a. Overall condition of Fire Alarm Systems:

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

- b. Year of Last Major Reconstruction/Replacement 1983
- c. Expected Remaining Useful Life (Years): 5
- d. Cost to Reconstruct/Replace: \$100,000
- e. Comments: Update the older Simplex fire alarm system with a new ADA compliant fire/smoke detection system.

### 106. Carbon Monoxide Alarm System (H)

☒ Yes ☐ No

- a. Type of Alarm System:

- ☒ 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: \$20,000

f. Comments: Replace battery CO detectors with hard wired CO detectors tied into the fire alarm panel.

#### 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): 17
- 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 1995 c. Expected Remaining Useful Life (Years): 10

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 2010

c. Expected Remaining Useful Life  
(Years): 20

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:

\$ \_\_\_\_\_

d. Comments: \_\_\_\_\_

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

**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:

\$64,000

b. Comments: Expand/reconstruct office toilet room for ADA. Requires modification of adjacent spaces in order to accomplish. Replace all existing doorknobs with levers.

**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

☒ None

## Indoor Air Quality

### 123. Mold (H)

a. Is there visible mold or moldy odors?

☐ Yes

☒ 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?

☒ Paper-faced or gypsum products

☒ Cellulose products (typically ceiling tiles)

c. Is there evidence of water intrusion?

☐ Yes

☒ No

### 124. Humidity/Moisture (H)

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

☐ Good

☒ 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

☒ 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

☒ 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

☒ No

b. Is there accumulate 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 adequate for occupant load:

☒ Yes

☐ No

h. Rating of ventilation/indoor air quality:

☐ Good

☒ Fair

☐ Poor

i. Comments: \_\_\_\_\_

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

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

☐ Yes

☒ No

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

☐ Yes

☒ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

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

☒ Yes

☐ No

c. Is there a certified pesticide applicator on staff?

☐ Yes

☒ No

d. Are pesticides used in the buildings?

☐ Yes

☒ No

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