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Wednesday, July 8, 2015

Onondaga Central School

2015 Building Condition Survey
Progress Schedule

Completed to Date:

- Kick Off / Program Discussions with Staff and Administrators at all Schools
- Site Survey/Evaluations – Appel Osborne
- Facility Walk Through/Survey/Evaluations – Interiors
    - Rockwell
    - Wheeler
    - Jr/Sr High School
    - Industrial Arts Building
    - District Office
- Facility Walk Through/Survey/Evaluations – Mechanical/Electrical
    - All Facilities

To be completed:

- Facility Walk Through/Survey/Evaluations – Interiors
    - Bus garage: Week of 7/20
- Facility Walk Through/Survey/Evaluations – Exteriors/Roofs
    - All Facilities: Week of 7/20
- Facility Walk Through/Survey/Evaluations – Structural
    - All Facilities: Week of 7/20
- Compilation of Data: August
- DRAFT of Building condition Survey Form for Each Facility: August
- DRAFT of Long Range Plan and Five-Year Plan/Executive Summary: August
- Facilities Committee Review: September
    - Development of Next Steps
- Board of Education Presentation: October
- Upload to NYSED Database: January 2016*

* Pending NYSED has database operational

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2015 Building Condition Survey Instrument

1. **Name of School District** _____

2. **SED District Number** | | | | | | | | | |
District BEDS Code

3. **Building Name** _____

4. **SED Control Number** | | | | | | |

5. **Survey Inspection Date** _____

6. **Building 911 Address** _____

7. **City** _____ 8. **Zip Code** _____

9. **Certificate of Occupancy Status** _____ 10. **Certificate Expiration Date** _____

Building Age, Gross Square Footage and Maintenance Staff

11. **Year of Original Building** _____

12. **Gross square ft. of Building as currently configured** _____

13. **Number of Floors** _____

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

Full-time custodians: _____
Part-time custodians: _____

Building Ownership and Occupancy Status

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

☐ a. Owned and used by district

☐ b. Owned by District and leased to non-district entity

☐ c. Owned by District, part used by district, part leased to non-district entity

☐ d. Owned by non-district entity and leased to district

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

- ☐ a. Used for student instructional purposes
- ☐ b. Used for district administration
- ☐ c. Used for other district purposes Describe: _____
- ☐ d. Used by other organization(s)

Building Users

17. How many students were registered to receive instruction in this building as of October 1, 2014? (If none, enter "0") and skip to "Program Spaces" section. (Do not include evening class students) _____

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

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

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

c. Non-instructional spaces used as instructional spaces: _____

If the answer is greater than zero, which types of non-instructional spaces were being used for instructional purposes on October 1, 2014 (check all that apply)

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

19. Grades Housed: _____

20. For how many instructional days during the 2013-14 school year (July 1 through June 30, was the building closed due to facilities failures, system malfunctions, structural problems, fire, etc? (if none, enter "0") _____

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

22. Have there been renovations or construction in the building during the past 12 months? ☐ Yes ☐ No

23. Was major construction/renovation work since 2010 conducted when school was in session? ☐ Yes ☐ No

Program Spaces

24. Number of instructional classrooms: _____

25. Gross square footage of all instructional classrooms (combined): _____

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

- ☐ a. N/A (none)
- ☐ b. Administration
- ☐ c. Art
- ☐ d. Audio Visual
- ☐ e. Auditorium
- ☐ f. Cafeteria
- ☐ g. Computer room
- ☐ h. Guidance
- ☐ i. Gymnasium
- ☐ j. Health Office
- ☐ k. Home & Careers
- ☐ l. Kitchen
- ☐ m. Lg. Group Instruction
- ☐ n. Library
- ☐ o. Multipurpose rooms
- ☐ p. Music
- ☐ q. Pre-K
- ☐ r. Remedial rooms
- ☐ s. Resource rooms
- ☐ t. Science labs
- ☐ u. Special education
- ☐ v. Swimming pool
- ☐ w. Teacher resource
- ☐ x. Technology/Shop
- ☐ y. Other (describe) _____

Space Adequacy

27. Rating of space adequacy ☐ Good ☐ Fair ☐ Poor

Comments: _____

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

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

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Poor

30. Was overall building rating established after consultation with health and safety committee? ☐ Yes ☐ No

Overall Building Rating Definitions:

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

31.	**A/E Firm Name:**	_____	**32.**	**Firm Address**	_____
33.	**Phone Number**	_____			_____
34.	**E-mail:**	_____			_____
35.	**A/E Name**	_____	**36.**	**A/E License #**	_____

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

Building System Condition Ratings and Definitions:

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

Building System Type Definitions:

H Health and Safety
S Structural

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

Site Utilities

37. Water (H)

a. Type of service: ☐ Municipal or utility provided ☐ Well ☐ Other

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

38. Site Sanitary (H)

a. Type of service: ☐ Municipal or Utility sewer ☐ Site septic ☐ Other

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

39. Site Gas (H)

a. Does the building have gas service or use liquid petroleum gas? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

40. Site Fuel Oil (H)

a. Type of service: ☐ Fuel Tanks ☐ None (Skip to Next Section)

b. If the building has fuel tanks:
1. # Above Ground: _____ a. Capacity of above ground tanks (gallons) _____
2. # Below Ground: _____ a. Capacity of below ground tanks (gallons) _____

c Condition: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

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

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

41. Site Electrical, Including Exterior Distribution (H)

a. Service Provider (check all that apply): ☐ Utility Provided ☐ Self-Generated ☐ Other

b. Type of Service: ☐ Above Ground ☐ Below Ground

c Condition: ☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical failure

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

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

42. Closed Drainage Pipe Stormwater Management System

a. Does the facility have a closed pipe system? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

43. Open Drainage Stormwater Management System

a. Does the facility have a open stormwater system (ditch)? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

44. Catch Basins/Drop Inlets/Manholes

a. Does the facility have catch basins/drop inlets/manholes? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

45. Culverts

a. Does the facility have culverts? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

46. Outfalls

a. Does the facility have outfalls? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

47. Infiltration basins/chambers

a. Does the facility have infiltration basins/chambers? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

48. Retention basins:

a. Does the facility have retention basins? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

49. Wetponds

a. Does the facility have wetponds? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

50. Manufactured stormwater proprietary units

a. Does the facility have proprietary units? ☐ Yes ☐ No (skip to next section)

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

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

☐ Municipal storm sewer system ☐ Combined sewer system ☐ Surface Water

☐ On-site recharge ☐ Other (please describe) _____

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

Other Site Features

53. Pavement (Roadways and Parking Lots)

a. Type (check all that apply) ☐ concrete ☐ asphalt ☐ gravel ☐ other ☐ none

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

54. Sidewalks

a. Type (check all that apply) ☐ concrete ☐ asphalt ☐ other

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

55. Playgrounds and Playground Equipment

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

56. Athletic Fields and Play Fields

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

f. Does the facility have synthetic turf field(s)? ☐ Yes ☐ No

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

Expected useful life remaining? _____

Type of infill? _____

57. Exterior Bleachers / Stadiums

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

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

a. Condition:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Substructure

59. Foundation (S)

a. Type (check all that apply):

☐ Reinforced Concrete ☐ Masonry on Concrete Footing ☐ Other

b. Evidence of Structural Concerns:

1.	Structural Cracks	☐ Yes ☐ No	4.	Water Penetration	☐ Yes ☐ No
2.	Heaving/Jacking	☐ Yes ☐ No	5.	Unsupported Areas	☐ Yes ☐ No
3.	Decay/Corrosion	☐ Yes ☐ No	6.	Other	☐ Yes ☐ No

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

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

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

Building Envelope

60. Structural Floors (S)

a. Type (check all that apply):

☐ 1. Reinforced Concrete Slab on Grade
☐ 2. Concrete/Metal Deck/Metal Joists
☐ 3. Precast Concrete Structural System
☐ 4. Wood Deck on Wood Trusses
☐ 5. Wood Deck on Wood Joists
☐ 6. Concrete Deck on Wood Structure
☐ 7. Other _____

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

1. Structural Cracks ☐ Yes ☐ No
2. Unsupported Ends ☐ Yes ☐ No
3. Rot/Decay/Corrosion ☐ Yes ☐ No
4. Deflection ☐ Yes ☐ No
5. Seriously Damaged/Missing Components ☐ Yes ☐ No
6. Other Problems

c. Evidence of Structural Concerns with Structural Floor Deck:

1. Cracks ☐ Yes ☐ No
2. Deflection ☐ Yes ☐ No
3. Rot/Decay/Corrosion ☐ Yes ☐ No

d. Overall Condition of Structural Floors:

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

e. Year of Last Major Reconstruction/Replacement _____

f. Expected Remaining Useful Life (Years): _____

g. Cost to Reconstruct/Replace $ _____

h. Comments: _____

61. Exterior Walls/Columns (S)

a. Material (check all that apply: ☐ Concrete ☐ Masonry ☐ Steel ☐ Wood ☐ Other

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

1. Structural Cracks ☐ Yes ☐ No
2. Rot/Decay/Corrosion ☐ Yes ☐ No

3. Other Problems: _____

c. Evidence of Concerns with Exterior Cladding:

1. Cracks/Gaps ☐ Yes ☐ No
2. Inadequate Flashing ☐ Yes ☐ No
3. Efflorescence ☐ Yes ☐ No
4. Moisture Penetration ☐ Yes ☐ No
5. Rot/Decay/Corrosion ☐ Yes ☐ No
6. Other Problems _____

d. Overall Condition of Exterior Walls/Columns::

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

e. Year of Last Major Reconstruction/Replacement _____

f. Expected Remaining Useful Life (Years): _____

g. Cost to Reconstruct/Replace $ _____

h. Comments: _____

62. Chimneys (S)

a. Material (check all that apply): ☐ Masonry ☐ Concrete ☐ Metal ☐ Other ☐ N/A

b. Overall condition of chimneys:

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

63. Parapets (S)

a. Construction Type (check all that apply): ☐ Masonry ☐ Concrete ☐ Metal ☐ Other ☐ N/A

b. Overall condition of parapets:

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

64. Exterior Doors

a. Overall condition of exterior door units:

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

b. Overall condition of exterior door hardware:

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

c. Do any exit doors have magnetic locking devices? ☐ Yes ☐ No

d. Safety/Security features are adequate: ☐ Yes ☐ No

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

g. Cost to Reconstruct/Replace $ _____

h. Comments: _____

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

a. Overall condition of exterior steps, stairs, and ramps

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

66. Fire Escapes (S)

a. Does the building have one or more fire escapes? ☐ Yes ☐ No (skip to next question)

b. Overall condition of fire escapes:

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

c. Safety features are adequate ☐ Yes ☐ No

d. Year of Last Major Reconstruction/Replacement _____

e. Expected Remaining Useful Life (Years): _____

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

67. Windows

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

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

b. Overall condition of windows:

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

c. All rescue windows are operable: ☐ Yes ☐ No ☐ N/A

d. Year of Last Major Reconstruction/Replacement _____

e. Expected Remaining Useful Life (Years): _____

f. Cost to Reconstruct/Replace $ _____

g. Comments: _____

68. Roof and Skylights (S)

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

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

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

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

c. Evidence of structural concerns with support system (beams/joists/trusses, etc.):

1. Structural Cracks ☐ Yes ☐ No
2. Unsupported Ends ☐ Yes ☐ No
3. Rot/Decay/Corrosion ☐ Yes ☐ No
4. Deflection ☐ Yes ☐ No
5. Seriously Damaged/Missing Components ☐ Yes ☐ No
6. Other Problems _____

d. Evidence of structural concerns with structural floor deck:

1. Cracks ☐ Yes ☐ No
2. Deflection ☐ Yes ☐ No
3. Rot/Decay/Corrosion ☐ Yes ☐ No

e. Does the building have skylights? ☐ Yes ☐ No **If No,** go to (h)

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

g. Condition of skylights:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

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

1. Failures/Splits/Cracks ☐ Yes ☐ No
2. Rot/Decay/Corrosion ☐ Yes ☐ No
3. Inadequate flashing/curbs/pitch pockets ☐ Yes ☐ No
4. Inadequate or poorly functioning roof drains ☐ Yes ☐ No
5. Evidence of water penetration/active leaks ☐ Yes ☐ No

Other concerns (specify): _____

i. Overall Condition of roof:

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

j. Year of Last Major Reconstruction/Replacement _____

k. Expected Remaining Useful Life (Years): _____

l. Cost to Reconstruct/Replace (include costs for repairs): $ _____

m. Comments: _____

Interior Spaces

69. Interior bearing walls and fire walls (S)

a. Overall condition of interior walls:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

70. Other Interior Walls

a. Overall condition of interior walls:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Floor Finishes

71. Carpet

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition:

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

72. Resilient tiles or sheet flooring

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition:

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

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

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition:

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

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

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

74. Wood

a. Where located? (check all that apply) ☐ Instructional space ☐ Common area

b Condition:

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

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

75. Ceilings (H)

a. Overall condition of ceilings:

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

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

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

76. Lockers

a. Overall condition of lockers:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

77. Interior Doors

a. Overall condition of interior door units:

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

b. Overall condition of interior door hardware:

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f.. Comments: _____

78. Interior Stairs (S)

a. Overall condition of interior stairs:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

79. Elevator, lifts and escalators (H)

a. Overall condition of elevators, lifts and escalators

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

80. Interior Electrical Distribution (H)

a. Interior electrical supply meets current needs: ☐ Yes ☐ No

b. Condition of interior electrical distribution:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e.. Cost to Reconstruct/Replace $ _____

f. Comments: _____

81. Lighting Fixtures

a. Condition of interior lighting fixtures:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

82. Communications Systems (H)

a. Communication systems are adequate ☐ Yes ☐ No

b. Condition of communications system:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

83. Swimming Pool and Swimming Pool Systems

a. Overall condition of swimming pool and pool systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Plumbing (Excluding HVAC Systems)

84. Water Distribution System (H)

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

☐ Iron ☐ Galvanized ☐ Copper ☐ Lead ☐ PVC ☐ Other ☐ N/A

b. Overall condition of water distribution system:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

85. Plumbing Drainage System (H)

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

☐ Iron ☐ Galvanized ☐ Copper ☐ Lead ☐ PVC ☐ Other ☐ N/A

b. Overall condition of drainage system:

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

86. Hot Water Heaters (H)

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

☐ Oil ☐ Natural Gas ☐ Electricity ☐ Other ☐ N/A

b. Overall condition of water heaters:

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

87. Plumbing Fixtures

a. Overall condition of plumbing fixtures (including toilets, urinals, lavatories, etc.):

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

HVAC Systems

88. HVAC Systems Type

a. Does this building have a central HVAC system? ☐ Yes ☐ No (skip to next section)

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

☐ Constant volume (CV) ☐ Variable air volume (VAV) ☐ Dual-duct or multi-zone ☐ Other

89. Heat Generating Systems (H)

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

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

☐ Geothermal ☐ Biomass ☐ Other _____

b. Overall condition of heat generating systems:

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments: _____

90. Heating Fuel/Energy Systems (H)

a. Overall condition of heating fuel/energy systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

91. Cooling/Air Conditioning Generating Systems

a. Overall condition of cooling/air conditioning generating systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

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

a. Overall condition of air handling and ventilation systems:

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

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

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

a. Overall condition of piped heating and cooling distribution systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

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

a. Overall condition of ducted heating and cooling distribution systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

95. HVAC Control Systems (H)

a. Overall condition of control systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

Fire Safety Systems

96. Fire Alarm Systems (H)

a. Overall condition of fire alarms:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

97. Smoke Detection Systems (H)

a. Overall condition of smoke detection systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

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

a. Overall condition of fire suppression systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

99. Emergency/Exit Lighting Systems (H)

a. Overall condition of emergency/exit lighting systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Cost to Reconstruct/Replace $ _____

e. Comments: _____

100. Emergency/Standby Power Systems (H)

a. Does the building have an emergency or standby power system? ☐ Yes ☐ No (skip to next section)

b. Overall condition of emergency/standby power systems:

☐ Excellent ☐ Satisfactory ☐ Unsatisfactory ☐ Non-Functioning ☐ Critical Failure ☐ N/A

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Cost to Reconstruct/Replace $ _____

f. Comments _____

Accessibility

101. Exterior Route (H)

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

Is there an accessible exterior route as specified above? ☐ Yes ☐ No

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

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

Is there an accessible interior route as specified above? ☐ Yes ☐ No

103. Additional Information on Accessibility

If the building lacks accessible interior or exterior routes:

a. Cost of improvements needed to provide accessible exterior and interior routes as specified above. $ _____

b. Comments: _____

Environment/Comfort/Health

104. General Appearance

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

b. Comments: _____

105. Cleanliness

a. Overall rating: ☐ Good ☐ Fair ☐ Poor

b. Comments: _____

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

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

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

108. Lighting Quality

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

☐ 1. Daylight ☐ 2. Fluorescent-not full spectrum ☐ 3. Fluorescent-full spectrum

☐ 4. Incandescent ☐ 5. Other _____

b. Are there blinds in the classroom to prevent glare? ☐ Yes ☐ No

c. Overall rating: ☐ Good ☐ Fair ☐ Poor

d. Comments: _____

109. Evidence of Vermin

Is there evidence of active infestations of ...?

a. Rodents ☐ Yes ☐ No

b. Wood-boring or wood-eating insects ☐ Yes ☐ No

c. Cockroaches ☐ Yes ☐ No

d. Other vermin ☐ Yes ☐ No

Indoor Air Quality

110. Mold

a. Is there visible mold or moldy odors? ☐ Yes ☐ No

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

☐ Classrooms ☐ Hallways ☐ Ventilation system ☐ Other places _____

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

Paper-faced or gypsum products? ☐ Yes ☐ No

Cellulose products (typical ceiling tiles) ☐ Yes ☐ No

c. Estimated cost of necessary improvements: $ _____

d. Comments _____

111. Humidity/Moisture

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

	a. In classrooms	b. In other areas
1. Active leaks in roof	☐ Yes ☐ No	☐ Yes ☐ No
2. Active leaks in plumbing	☐ Yes ☐ No	☐ Yes ☐ No
3.Moisture condensation	☐ Yes ☐ No	☐ Yes ☐ No
4.Visible stains or water damage	☐ Yes ☐ No	☐ Yes ☐ No

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

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

a. Are fresh air intakes near the bus loading, truck delivery, or garbage storage/disposal areas? ☐ Yes ☐ No

b. Is there accumulated dirt, dust, or debris around fresh air intakes? ☐ Yes ☐ No

c. Are fresh air intakes free of blockage? ☐ Yes ☐ No

d. Is accumulated dirt, dust, or debris in ductwork? ☐ Yes ☐ No

e. Are dampers functioning as designed? ☐ Yes ☐ No

f. Condition of air filters: ☐ Good ☐ Fair ☐ Poor

g. Outside air is adequate for occupant load: ☐ Yes ☐ No

h. Rating of ventilation/indoor air quality: ☐ Good ☐ Fair ☐ Poor

i. Comments: _____

113. Indoor air quality (IAQ) plan

a. Does the school district use EPA's *Tools for Schools* program? ☐ Yes ☐ No

b. If not, is some other IAQ management plan used? ☐ Yes ☐ No

c. Has the District assigned IAQ responsibilities to a designated individual? ☐ Yes ☐ No

If **yes**, what is their job title? _____

114. Does the school practice IPM? ☐ Yes ☐ No

a. Is vegetation kept one foot 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

115. Does the school have a passive radon mitigation system installed (was built with radon resistant features)? ☐ 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, ventilation controls (HVAC) adjusted

☐ Yes, passive system made active

☐ Yes, other: _____

☐ No action taken

116. American Red Cross

a. Is there a written agreement with the the American Red Cross for the use of this building as an emergency shelter? ☐ Yes ☐ No

b. Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)? ☐ Yes ☐ No

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

☐ Communication system ☐ Fire alarm system ☐ Security system ☐ Lighting

☐ HVAC ☐ Sump pump

c. Does this facility have a cooking /food preparation kitchen? ☐ Yes ☐ No

If **yes**, is the area outfitted for:

☐ Full preparation ☐ Warming capability only

d. Check items powered by emergency generator:

☐ Kitchen equipment ☐ Cooking equipment ☐ Refrigeration equipment

e. Potable water:

Provided by municipal system? ☐ Yes ☐ No

On-site wells? ☐ Yes ☐ No

If on site wells are present, are the wells connected to emergency generator? ☐ Yes ☐ No

f. Sanitary:

Gravity discharge? ☐ Yes ☐ No

Force main pumping station? ☐ Yes ☐ No

If pumping station exists, are they connected to emergency generator? ☐ Yes ☐ No