

# BUILDING ASSESSMENT

Parish/School: \_\_\_\_\_ No: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

## I GENERAL INFORMATION

Year Constructed \_\_\_\_\_ Overall Condition: G \_\_\_ F \_\_\_ P \_\_\_  
Overall Building Size: Length \_\_\_\_\_ Width \_\_\_\_\_ # of Floors \_\_\_\_\_  
Basement: Full \_\_\_ Partial \_\_\_ Finished \_\_\_ Unfinished \_\_\_

## II BUILDING EXTERIOR

### A. SITE

Paving: G \_\_\_ F \_\_\_ P \_\_\_ Walks & Steps: G \_\_\_ F \_\_\_ P \_\_\_  
Fences: G \_\_\_ F \_\_\_ P \_\_\_ Walls: G \_\_\_ F \_\_\_ P \_\_\_  
Handicapped Provisions: G \_\_\_ F \_\_\_ P \_\_\_  
Site Lighting: G \_\_\_ F \_\_\_ P \_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

### B. ROOF

Age (Last replaced:) \_\_\_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_  
Slope: High \_\_\_ Low \_\_\_ Flat \_\_\_  
Structure: Wood \_\_\_ Steel \_\_\_ Concrete \_\_\_  
Cover: Shingles \_\_\_ Slate \_\_\_ Tile \_\_\_ Tar (chip) \_\_\_ Metal \_\_\_  
Gutters & Downspouts: Aluminum \_\_\_ Copper \_\_\_ Galvanized \_\_\_  
Concealed: Yes \_\_\_ No \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Lightning Protection: Yes \_\_\_ No \_\_\_  
Condition: G \_\_\_ F \_\_\_ P \_\_\_ Needs Repair \_\_\_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

**C. WALLS**

(Indicate %) Brick \_\_\_ Stone \_\_\_ Wood \_\_\_ Metal \_\_\_  
Condition: G \_\_\_ F \_\_\_ P \_\_\_  
Painting: G \_\_\_ F \_\_\_ P \_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

**D. DOORS**

Condition: G \_\_\_ F \_\_\_ P \_\_\_ Weathertight: Yes \_\_\_ No \_\_\_  
Hardware: G \_\_\_ F \_\_\_ P \_\_\_ Panic Devices: Yes \_\_\_ No \_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

**E. WINDOWS**

Ordinary Glass \_\_\_ Stained \_\_\_ Protective \_\_\_ Storm \_\_\_  
Thermal \_\_\_ Screens \_\_\_ Glazing: G \_\_\_ F \_\_\_ P \_\_\_  
Condition: G \_\_\_ F \_\_\_ P \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$\_\_\_\_\_

**F. PAINTING**

Condition: G \_\_\_ F \_\_\_ P \_\_\_

Work Needed

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$\_\_\_\_\_

**III. BUILDING INTERIOR**

**A. FLOOR STRUCTURE**

	Steel	Wood	Concrete	Condition		
				G	F	P
Basement						
First						
Second						
Third						
Fourth						

Work Needed

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$ \_\_\_\_\_

**B. Finishes**

	Floors			Ceilings			Walls			Painting-Interior		
	G	F	P	G	F	P	G	F	P	G	F	P
Basement												
First												
Second												
Third												
Fourth												

Work Needed

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$ \_\_\_\_\_

**C. DOORS**

Condition: G \_\_\_ F \_\_\_ P \_\_\_ Proper Rating: Yes \_\_\_ No \_\_\_

Transoms or Louvers: Yes \_\_\_ No \_\_\_

Hardware Condition: G \_\_\_ F \_\_\_ P \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$ \_\_\_\_\_

**D. PLUMBING**

Water Piping: Copper \_\_\_ Galvanized \_\_\_ PVC \_\_\_

Condition: G \_\_\_ F \_\_\_ P \_\_\_ Water Tested for Lead? Yes \_\_\_ No \_\_\_

Restrooms:

Level	Basins	Showers	Toilets	Urinals	Overall Condition			Handicapped Access
					G	F	P	
Basement								

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$ \_\_\_\_\_

**E. KITCHEN/FOOD SERVICE**

Cooking Equipment: Electric \_\_\_ Gas \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Hood: Yes \_\_\_ No \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Auto. Exiting Sys.: Yes \_\_\_ No \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$ \_\_\_\_\_

**F. HVAC**

Age: Years \_\_\_\_\_

Heat: Steam \_\_\_ Hot Water \_\_\_ Hot Air \_\_\_ Fuel \_\_\_

Fuel: Oil \_\_\_ Gas \_\_\_ Electric \_\_\_

Equipment located in this building: Yes \_\_\_ No \_\_\_ (if not, where \_\_\_\_\_)

Service Contract: Yes \_\_\_ No \_\_\_ Last Serviced: \_\_\_\_\_

Oil Tank: Size (gallons) \_\_\_\_\_ Underground: Yes \_\_\_ No \_\_\_  
Hot Water Heater: Size (gallons) \_\_\_\_\_ Gas \_\_\_ Electric \_\_\_ Steam \_\_\_  
Air Conditioning: Central \_\_\_ Window \_\_\_ (# of units \_\_\_\_\_)  
Service Contract: Yes \_\_\_ No \_\_\_  
Ceiling Fans: Yes \_\_\_ No \_\_\_  
Locations: \_\_\_\_\_  
Restroom Ventilation: G \_\_\_ F \_\_\_ P \_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

### **G. ELECTRICAL**

Lighting: G \_\_\_ F \_\_\_ P \_\_\_ Energy Efficient: Yes \_\_\_ No \_\_\_  
Wiring/Circuits: G \_\_\_ F \_\_\_ P \_\_\_ Fuses: Yes \_\_\_ No \_\_\_  
Overload Problems: Yes \_\_\_ No \_\_\_ Grounded: Yes \_\_\_ No \_\_\_  
Service Size: \_\_\_\_\_  
Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_ Cost: \$ \_\_\_\_\_

### **H. SAFETY SECURITY**

Automatic Sprinklers (% of Building) \_\_\_\_\_ Service Contract: Yes \_\_\_ No \_\_\_  
Smoke Detectors: Yes \_\_\_ No \_\_\_ # \_\_\_\_\_  
Fire Alarm: Yes \_\_\_ No \_\_\_  
Rings on Building: \_\_\_\_\_ Rings to Fire Department: Yes \_\_\_ No \_\_\_  
Last Tested: \_\_\_\_\_ Pull Stations Adequate: Yes \_\_\_ No \_\_\_  
Fire Extinguishers: Yes \_\_\_ No \_\_\_ Last Serviced \_\_\_\_\_  
Burglar Alarm: Yes \_\_\_ No \_\_\_  
Sounds Where? \_\_\_\_\_  
Stairways Enclosed: Yes \_\_\_ No \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$\_\_\_\_\_

**I. ENVIRONMENTAL**

Asbestos: G \_\_\_ F \_\_\_ P \_\_\_ Randon Test: Yes \_\_\_ No \_\_\_

Lead Paint: Yes \_\_\_ No \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$\_\_\_\_\_

**J. MISCELLANEOUS**

Elevator: Yes \_\_\_ No \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Handicapped Access: Yes \_\_\_ No \_\_\_ Condition: G \_\_\_ F \_\_\_ P \_\_\_

Work Needed:

Timing: ASAP \_\_\_ Years \_\_\_

Cost: \$\_\_\_\_\_

**SUMMARY**

Total Estimated Cost: \$ \_\_\_\_\_