

Addison Central School System
Addison, New York

2005 Building Conditions Surveys
January 15, 2006

Building Condition Survey Instrument - Questions 1 through 35
 * = Required Field

- Name of
1. School District * (dropdown)
- BEDS
2. District Code * (dropdown)
3. Building Name * (40 character limit)
- SED Control
4. Number (4 digits with no hyphen)
 (Bldg ID) * Survey
5. Inspection Date * (MM/DD/YY that the survey was completed)
- Use Building's 911 Address for Questions 6-8
6. Street * (50 character limit)
7. City * (30 character limit)
8. Zip Code (Plus Four) * -
- Certificate of
9. Occupancy Status * Annual Temporary None
- Certificate
10. Expiration Date * (MM/DD/YY)

Building Age and Gross Square Footage (GSF)

- Year of
11. Original Building * (YYYY, must be between 1800 and 2005)
12. GSF of Building * (7 digit limit, no commas)
 as Currently Configured
13. Number of Floors * (2 digit limit)

Building Ownership and Occupancy Status

14. Question deleted - space reserved.
15. Building Ownership * a. Owned and Used by District
 (Check one) 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? *

- a. Used for Student Instructional Purposes
- b. Used for District Administration
- c. Used for Other District Purpose(s). Describe below:

Storage Facility (40 character limit)
- d. Used by Other Organization(s)

17. How many students were registered to receive instruction in this building as of October 1, 2004? Do not include even!

0 (4 digit limit, no commas, if you enter zero go to Question 23)

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

a. Instructional Spaces (4 digit limit, no commas)

b. Instructional Spaces Attached to the Building (i.e. Portable or Demountable Classrooms)? (4 digit limit, no commas)

c. Instructional Spaces Used as Instructional Spaces? (4 digit limit, no commas)

- Cafeteria
- Gymnasium
- Administrative Space
- Library
- Lobby
- Stairwell
- Other (Describe below)

(20 character limit)

Instructional purposes on October 1, 2004? (Check all)

- that apply)
19. Grades Pre-K K 1 2
 (Check all that apply) 3 4 5 6
 7 8 9 10
 11 12 Ungraded Other

20. For how many instructional days during the 2004-05 school year (July 1 through June 30), was the building closed due to facilities failures, system malfunctions, structural problems, etc.)? (If none - enter 0, 3 digit limit, no commas)

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 twelve months? Yes No

Program Spaces

23. Number of General Purpose Classrooms * 0 (3 digit limit, no commas)

24. GSF of all General Purpose Classrooms (Combined) 0 (6 digit limit, no commas)

25. Other Space Provided * (Check all that apply)
- | | | | |
|--|---|--|--|
| <input type="checkbox"/> N/A (None) | <input type="checkbox"/> Administration | <input type="checkbox"/> Art | <input type="checkbox"/> Audio Visual |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Computer Room | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Health Suite | <input type="checkbox"/> Home & Careers | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Large Group Instruction | <input type="checkbox"/> Library | <input type="checkbox"/> Multipurpose Room | <input type="checkbox"/> Music |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Remedial Rooms | <input type="checkbox"/> Resource Rooms | <input type="checkbox"/> Science Labs |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Teacher Resources | <input type="checkbox"/> Technology/Shop |
| <input checked="" type="checkbox"/> Other - Describe: <input type="text"/> District Offices (20 character limit) | | | |

Space Adequacy

26. Space Adequacy *
 Rating of Space
 Good Fair Poor

27. Capital Construction Expenses Anticipated for this Building through the 2010-2011 School Year (Excluding Maintenance) *
 Estimated Construction
 \$1125282 (9 digit limit, no cents, no commas)

28. Building Overall Rating *
 Excellent Satisfactory Unsatisfactory Failing

29. Building Was overall (to be answered after the building inspection is complete)
 Yes No

29. Building rating *
 established after consultation with Health and Safety Committee?

Overall Building Rating

30. Firm Name *
 Cannon Design (40 character limit)

31. Firm Address:
 - Street *
 2170 Whitehaven Road (40 character limit)
 - City *
 Grand Island (30 character limit)
 - State and Zip Code *
 NY New York
 14072

32. Firm Phone Number *
 716-773-6800 (999-999-9999 format)

33. Firm E-mail *
 hkullerkupp@cannondesign.com (40 character limit)

34. Engineers' Name *
 Hans Kullerkupp (40 character limit)

35. Architect or Engineers *
 015932-1 (6 digits)

Architect, Engineer and Firm Information

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Submit Reset

Building Condition Survey Instrument - Questions 36 through 46

*** = Required Field**

Please see Note 1 and Note 2 before continuing.

BEDS District
Code *
SED Control
Number *

ADDISON CSD - 570101040000

1015 (Bldg ID - 4 digits with no hyphen)

Site Utilities

36. Water (H)

- a. Type of Service * Municipal or Utility Provided Well Other
- b. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
- c. Year of Last Major * Reconstruction and/or Replacement
- d. Expected Remaining * Useful Life
- e. Cost of Reconstruction and/or Replacement
- f. Comments

1982 (YYYY, must be between 1800 and 2005)

10 (in years, whole numbers, 2 digit limit, no ranges)

\$ (10 digit limit, no cents, no commas, no periods)

No backflow prevention. (65 character limit)

37. Site Sanitary (H)

- a. Type of Service * Municipal or Utility Sewer Site Septic Other
- b. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
- c. Year of Last Major * Reconstruction and/or Replacement
- d. Expected Remaining * Useful Life
- e. Cost of Reconstruction and/or Replacement
- f. Comments

1982 (YYYY, must be between 1800 and 2005)

5 (in years, whole numbers, 2 digit limit, no ranges)

\$8910 (10 digit limit, no cents, no commas, no periods)

Needs maintenance and cleaning. (65 character limit)

38. Site Gas (H)

- a. Does the building * Yes No (if you select "No" go to Question 39)
have gas service or use liquid petroleum gas?
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning

39. Site Fuel Oil (H)

a. Type of service * Fuel tanks None (if you select "None" go to Question 40) b. If the Building Has Fuel Tanks

Above Ground

- Number

(whole numbers, 2 digit limit)

- Capacity

(in gallons, 5 digit limit, no commas)

Below Ground

- Number

(whole numbers, 2 digit limit)

- Capacity

(in gallons, 5 digit limit, no commas)

c. Condition

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

e. Expected

(in years, whole numbers, 2 digit limit, no ranges)

f. Remaining Useful Life

(10 digit limit, no cents, no commas, no periods)

Cost of Reconstruction and/or Replacement

\$ (10 digit limit, no cents, no commas, no periods)

g. Comments

(65 character limit)

40. Site Storm Drainage

a. Quality of Drainage *

Good Fair Poor Unknown

b. Type of Drainage

Drains to Municipal Storm Sewer On-Site Containment and Retention

c. Condition *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major *

1982 (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

e. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)

Useful Life

f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

g. Comments (65 character limit)

41. Site Electrical, Including Exterior Distribution (H)

a.* Service Provider Utility Provided Self-Generated Other

(Check all that apply)

b. Type of Service * Above Ground Below Ground

c. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major * (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

e. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)

Useful Life

f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

g. Comments (65 character limit)

Other Site Features

42. Pavement (Roadways and Parking Lots)

a. Type * Concrete Asphalt Gravel Other

(Check all that apply)

None (if you select "None" go to Question 43)

b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

d. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)

Useful Life

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

Reconstruction and/or Replacement

f. Comments (65 character limit)

43. Sidewalks

a. Type * (Check all that apply)

- Concrete Asphalt Other

b. Condition *

- Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major *

2004 (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

d. Expected Remaining * Useful Life

5 (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction

\$4677 (10 digit limit, no cents, no commas, no periods)

f. Comments

Replace entry slab (150 SF). (65 character limit)

44. Playgrounds and Playground Equipment

a. Condition *

- Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

c. Expected Remaining Useful Life

(in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction

(10 digit limit, no cents, no commas, no periods)

e. Comments

(65 character limit)

45. Athletic Fields, Play Fields, and Related Structures

a. Condition *

- Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

(Such as Press Boxes, Stadiums, Exterior Bleachers, Dugouts, Climbing Walls, etc.)

b. Year of Last Major

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

c. Expected Remaining Useful Life

(in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction

(10 digit limit, no cents, no commas, no periods)

and/or Replacement

e. Comments (65 character limit)

Substructure

46. Foundation (S)

a. Type * Reinforced Concrete Masonry on Concrete Footing Other
 (Check all that apply)

b. Evidence of Structural Concerns

- Structural Cracks * Yes No

- Heaving/Jacking * Yes No

- Decay/Corrosion * Yes No

- Water Penetration * Yes No

- Unsupported Areas * Yes No

- Other * Yes No

c. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major * 1982 (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

e. Expected Remaining * 15 (in years, whole numbers, 2 digit limit, no ranges)
 Useful Life

f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

g. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 47 through 55
* = Required Field

BEDS District Code * ADDISON CSD - 570101040000
SED Control Number 1015 (Bldg ID - 4 digits with no hyphen)

Building Envelope

47. Structural Floor(s)

- a. Type *
 - Reinforced Concrete Slab on Grade
 - Concrete/Metal Deck/Metal Joists
 - Precast Concrete Structural System
 - Wood Deck on Wood Trusses
 - Wood Deck on Wood Joists
 - Concrete Deck on Wood Structure
- Other (Specify) (40 character limit)
- b. Evidence of Structural Concerns with Floor Support System (Beams/Joists/Trusses, etc.)
 - Structural Cracks * Yes No
 - Unsupported Ends * Yes No
 - Rot/Decay/Corrosion Yes No
 - Deflection * Yes No
 - Seriously Damaged Yes No
 - Missing or Missing Components * Yes No
 - Other Problems (50 character limit)

- c. Evidence of Structural Concerns with Structural Floor Deck
 - Cracks * Yes No
 - Deflection * Yes No
 - Rot/Decay/Corrosion Yes No

- d. Overall Condition
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Failure

e. Year of Last Major Reconstruction and/or Replacement * 1980 (YYYY, must be between 1800 and 2005)

f. Expected Remaining Useful Life * 20 (in years, whole numbers, 2 digit limit, no ranges)

g. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

h. Comments (65 character limit)

48. Exterior Walls/Columns (S)

a. Material * Concrete Masonry Steel Wood Other
(Check all that apply)

b. Evidence of Structural Concerns with Support System (Columns, Base Plates, Connections,

- Structural Cracks * Yes No

- Rot/Decay/Corrosion * Yes No

- Other Problems (50 character limit)
(Specify)

c. Evidence of Concerns with Exterior Cladding

- Cracks/Gaps * Yes No

- Inadequate Flashing * Yes No

- Efflorescence * Yes No

- Moisture Penetration * Yes No

- Rot/Decay/Corrosion * Yes No

- Other Problems (50 character limit)
(Specify)

d. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure
of Exterior Walls/Columns *

e. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

f. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

g. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

h. Comments (65 character limit)

49. Chimneys (S)

a. Construction Type * Concrete Masonry Metal Other
(Check all that apply) N/A (No chimneys; if you select "N/A" go to Question 50)

b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure
of Chimneys

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

52. Exterior Steps, Stairs, and Ramps (5)

a. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure

of Exterior Steps, N/A (No exterior steps, stairs or ramps; if you select "N/A" go to

h. Comments (65 character limit)

g. Reconstruction and/or Replacement Cost of \$ (10 digit limit, no cents, no commas, no periods)

f. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

e. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

d. Safety/Security Features are Adequate * Yes No Unable to determine

c. Do Any Doors Have Magnetic Locking Devices? * Yes No

b. Overall Condition of Exterior Door Units Excellent Satisfactory Unsatisfactory Non-Functioning Failure

a. Overall Condition of Exterior Door Hardware * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

51. Exterior Doors

f. Comments (65 character limit)

e. Reconstruction and/or Replacement Cost of \$ (10 digit limit, no cents, no commas, no periods)

d. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

c. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

b. Overall Condition of Parapets Excellent Satisfactory Unsatisfactory Non-Functioning Failure

a. Construction Type * N/A (No parapets; if you select "N/A" go to Question 51) Concrete Masonry Metal Other

50. Parapets (5)

f. Comments (65 character limit)

e. Reconstruction and/or Replacement Cost of \$ (10 digit limit, no cents, no commas, no periods)

Question 53)

- Stairs, and Ramps *
- b. Year of Last Major (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement
- c. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years)
- d. Cost of \$ (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- e. Comments (65 character limit)

53. Fire Escapes (S)

- a. Does the Building Yes No (If you select "No" go to Question 54)
Have One or More Fire Escapes? *
- b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning C
Failure
- c. Safety Features Yes No Unable to Determine
are Adequate
- d. Year of Last Major 1980 (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement
- e. Expected Remaining 1 (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years)
- f. Cost of \$320760 (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- g. Comments Replace exterior steel fire escape as second exit. (65 character limit)

54. Windows

- a. Types of Windows * Aluminum Steel Vinyl Solid Wood
(Check all that apply) Wood with Exterior Cladding System Other
- b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning C
Failure
- c. All Rescue Windows Yes No N/A
are Operable *
- d. Year of Last Major 1980 (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement *
- e. Expected Remaining 3 (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years) *
- f. Cost of \$35454 (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- g. Comments Replace 300 SF +/- of storefront. (65 character limit)

Roof and Skylights

55. (S)

a. Type of Roof Metal Deck on Metal Trusses/Joists

Wood/Tectum Deck on Wood Trusses/Joists Construction *

(Check all that apply) Wood/Tectum Deck on Metal Trusses/Joists

Concrete Deck on Metal Deck on Metal Trusses/Joists

Gypsum on Metal Trusses/Joists

Other

b. Type of Roofing

Single-ply Membrane

Built Up

Pre-formed Metal

IRMA

Slate

Other

c. Have ALL Roof

Yes No

d. Evidence of Structural Concerns with Support Systems (Beams/Joists/Trusses, etc.) been Visually Inspected? *

Yes No

- Unsupported Ends * Yes No

- Rot/Decay/Corrosion Yes No

- Deflection * Yes No

- Seriously Damaged Yes No

- Missing Components Yes No

* Other Problems

(50 character limit)

(Specify)

e. Evidence of Structural Concerns with Deck

- Cracks * Yes No

- Deflection * Yes No

- Rot/Decay/Corrosion Yes No

f. Does the Building Have Skylights? *

Yes No

g. If Yes, of What Material Are the Skylights Made?

Plastic Glass Other

(Check all that apply)

h. Condition of Skylights Excellent Satisfactory Unsatisfactory Non-Functioning Failure

i. Evidence of Concerns with Roofing, Skylights, Flashing, and Drains

- Failures/Splits/Cracks Yes No N/A

Rot/Decay/Corrosion * Yes No N/A

- Inadequate Flashing/ Curbs/Pitch Pockets * Yes No N/A

- Inadequate or Poorly Functioning Roof Drains * Yes No N/A

- Evidence of Water Penetration/Active Leaks * Yes No N/A

- Other Problems (50 character limit)

j. Overall Condition of Roof * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

k. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

l. Expected Remaining Useful Life of Oldest Section of Roof (Years) * (in years, whole numbers, 2 digit limit, no ranges)

m. Cost of Reconstruction and/or Replacement (Include Costs for Skylight Repairs, if Needed) \$ (10 digit limit, no cents, no commas, no periods)

n. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 56 through 67
* = Required Field

BEDS District Code * ADDISON CSD - 570101040000
SED Control Number * 1015 (Bldg ID - 4 digits with no hyphen)

Interior Spaces

56. Interior Bearing Walls and Fire Walls (S)

a. Overall Condition (Including Structural Integrity) of Interior Bearing Walls and Fire Walls *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last Major Reconstruction and/or Replacement *
1982 (YYYY, must be between 1800 and 2005)

c. Expected Remaining * Useful Life (Years)
20 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement *
\$ (10 digit limit, no cents, no commas, no periods)

e. Comments
limit (65 character)

57. Other Interior Walls (S)

a. Overall Condition of Other Interior Walls *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last Major Reconstruction and/or Replacement *
1980 (YYYY, must be between 1800 and 2005)

c. Expected Remaining * Useful Life (Years)
0 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement *
\$9269 (10 digit limit, no cents, no commas, no periods)

e. Comments
Mold in Second Floor interior partitions +/- 200 SF. (65 character limit)

58. Floor Finishes

a. Type(s) of Floor Carpet Resilient Tiles or Sheet Flooring Wood

Finishes in Instructional Spaces *
 (Check all that apply)

Hard Flooring (Concrete, Ceramic Tile, Stone, etc.)
 Other N/A (Building has no instructional spaces)

b. Type(s) of Floor Finishes in Common Areas
 (Check all that apply) *

Carpet Resilient Tiles or Sheet Flooring Wood
 Hard Flooring (Concrete, Ceramic Tile, Stone, etc.)
 Other N/A (Building has no common areas)

c. Overall Condition of Floor Finishes *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major Reconstruction and/or Replacement *

(YYYY, must be between 1800 and 2005)

e. Expected Remaining Useful Life (Years) *

(in years, whole numbers, 2 digit limit, no ranges)

f. Cost of Reconstruction and/or Replacement

\$ (10 digit limit, no cents, no commas, no periods)

g. Comments

(65 character limit)

59. Ceilings (H)

a. Overall Condition of Ceilings *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major Reconstruction and/or Replacement *

(YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) *

(in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement

\$ (10 digit limit, no cents, no commas, no periods)

e. Comments

(65 character limit)

60. Lockers

a. Overall Condition of Lockers *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

N/A (No lockers; if you select "N/A" go to Question 61)

61. Interior Doors

a. Overall Condition of Interior Door Units *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critic Failure

b. Overall Condition of Interior Door Units *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critic Failure

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Comments (65 character limit)

f. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods) \$

62. Interior Stairs (5)

a. Overall Condition of Interior Stairs *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critic Failure

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Comments (65 character limit)

e. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods) \$

a. Overall Condition of Interior Stairs *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critic Failure

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods) \$

and/or Replacement

e. Comments (65 character limit)

63. Elevators, Lifts, and Escalators

a. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

N/A (No elevator(s); if you select "N/A" go to Question 64)

of Elevators, Lifts and Escalators *

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments None exist 2nd Flr; not properly access'ble by phys. challenged. (65 character limit)

64. Interior Electrical Distribution (H)

a. Interior Electrical Yes No Supply Meets Current Needs *

b. Condition of Interior Electrical Distribution * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major Reconstruction and/or Replacement * 1982 (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) * 5 (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement \$ 98010 (10 digit limit, no cents, no commas, no periods)

f. Comments Rework existing panels, distribution, and branch circuits. (65 character limit)

65. Lighting Fixtures

a. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

of Lighting

b. Year of Last Major Fixtures * (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

d. Reconstruction and/or Replacement Cost of Useful Life (Years) * (10 digit limit, no cents, no commas, no periods)

e. Comments

(65 character limit)

66. Communications Systems (H)

a. Communications Systems * Yes No Unable to Determine

b. Condition of Systems Adequate * Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Year of Last Major Communications Systems (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction and/or Replacement Cost of Useful Life (Years) (10 digit limit, no cents, no commas, no periods)

f. Comments

(65 character limit)

67. Swimming Pool and Swimming Pool Systems

a. Overall Condition of Swimming Pool and Swimming Pool Systems * Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of

Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 68 through 84 * = Required Field

BEDS District
 SED Control Number * (Bldg ID - 4 digits with no hyphen)

Plumbing (Excluding HVAC Systems)

68. Water Distribution System (H)

a. Type of Pipes * Iron Galvanized Copper Lead PVC Other
 (Check all that apply) N/A (No water pipes; go to Question 69)

b. Overall Condition of Water Distribution System
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Major Year of Last Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction Cost of (Years) (\$) (10 digit limit, no cents, no commas, no periods)

69. Plumbing Drainage System (H)

a. Type of Pipes * Iron Galvanized Copper Lead PVC Other
 (Check all that apply) N/A (No drainage pipes; go to Question 70)

b. Overall Condition of Drainage System
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Major Year of Last Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction Cost of (Years) (\$) (10 digit limit, no cents, no commas, no periods)

f. Comments

Replacement

f. Comments

(65 character limit)

70. **Hot Water Heaters**

a. Type of Fuel * Oil Natural Gas Electricity Other

(Check all that apply)

N/A (No hot water heater(s); go to Question 71)

b. Condition of Hot Water Heaters Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

f. Comments

(65 character limit)

71. **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 and/or Replacement * (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments

(65 character limit)

HVAC Systems

72. **HVAC Systems Type**

a. Does this Building Have a Central HVAC System? * Yes No (go to Question 73)

75. Cooling/Air Conditioning Generating Systems

a. Overall Condition of Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

e. Comments (65 character limit)

d. Reconstruction and/or Replacement Cost of (10 digit limit, no cents, no commas, no periods)

c. Remaining Useful Life Expected (in years, whole numbers, 2 digit limit, no ranges)

b. Major Year of Last (YYYY, must be between 1800 and 2005)

a. Overall Condition of Heating Fuel/Energy Systems * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

74. Heating Fuel/Energy Systems (H)

f. Comments (65 character limit)

e. Reconstruction and/or Replacement Cost of (10 digit limit, no cents, no commas, no periods)

d. Remaining Useful Life Expected (in years, whole numbers, 2 digit limit, no ranges)

c. Major Year of Last (YYYY, must be between 1800 and 2005)

b. Heat Condition of Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

a. Generation Heat Boiler-Hot Water Boiler-Steam Furnace-Forced Air Other

73. Heat Generating Systems (H)

b. Type of Constant Volume (CV) Variable Air Volume (VAV)

Does it Use? Dual-Duct or Multi-Zone Other

(Check all that apply)

Cooling/Air Conditioning N/A (No Cooling System; go to Question 76)

Generating Systems *

b. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

76. 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

N/A (No air handling or ventilation equipment; go to Question 77)

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

77. 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 (No piped heating and cooling distribution system; go to Question 78)

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

Useful Life (Years) Cost of Reconstruction and/or Replacement

d. Reconstruction Cost of (Years) Useful Life

\$ [] (10 digit limit, no cents, no commas, no periods)

e. Comments

[] (65 character limit)

78. Ducted Heating and Cooling Distribution Systems: Ductwork, Control Dampers, Dampers, VAVs, Insulation, etc. (H)

Please read note 3 prior to answering this question.

a. Overall Condition of Ducted Heating and Cooling Distribution Systems *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical

N/A (No ducted system; go to Question 79)

b. Year of Last Major Reconstruction and/or Replacement

[2000] (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) Cost of Reconstruction

[15] (in years, whole numbers, 2 digit limit, no ranges)

d. Reconstruction Cost of (Years) Useful Life

\$ [] (10 digit limit, no cents, no commas, no periods)

e. Comments

[] (65 character limit)

79. HVAC Control Systems (H)

a. Overall Condition of Control Systems *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last Major Reconstruction and/or Replacement

[2000] (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) Cost of Reconstruction

[10] (in years, whole numbers, 2 digit limit, no ranges)

d. Reconstruction Cost of (Years) Useful Life

\$ [] (10 digit limit, no cents, no commas, no periods)

e. Comments

[] (65 character limit)

Replace with programmable thermostats.

Fire Safety Systems

80. Fire Alarm Systems (H)

- a. Overall Condition of Fire Alarm Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical
 Failure
- b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)
- d. Cost of Reconstruction and/or Replacement
 \$ (10 digit limit, no cents, no commas, no periods)
- e. Comments
 (65 character limit)

81. Smoke Detection Systems (H)

- a. Overall Condition of Smoke Detection Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical
 Failure
- b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)
- d. Cost of Reconstruction and/or Replacement
 \$ (10 digit limit, no cents, no commas, no periods)
- e. Comments
 (65 character limit)

82. 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 (No fire suppression systems; go to Question 83)
- b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

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84. Emergency/Standby Power Systems (H)

a. Does the Building Have an Emergency or Standby Power System? *
 Yes No (go to Submit)

b. Overall Condition of Emergency/Standby Power Systems
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement
 (10 digit limit, no cents, no commas, no periods)

e. Comments
 (65 character limit)

83. Emergency/Exit Lighting Systems (H)

a. Overall Condition of Emergency Exit Lighting *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last Major Reconstruction and/or Replacement
 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement
 (10 digit limit, no cents, no commas, no periods)

e. Comments
 (65 character limit)

a. Building
 Yes No (go to Submit)

b. Overall Condition of Emergency/Standby Power Systems
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Year of Last Major Reconstruction and/or Replacement
 (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement
 (10 digit limit, no cents, no commas, no periods)

f. Comments
 (65 character limit)

Submit | Reset

Building Condition Survey Instrument - Questions 85 through 96
* = Required Field

BEDS District Code *

SED Control Number *

ADDISON CSD - 570101040000

1015 (Bldg ID - 4 digits with no hyphen)

Accessibility

85. Exterior Route (H)

a. Note 4? *
Is there an accessible exterior route as specified in Note 4? *
 Yes No

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

a. facilities
Does the building provide an accessible interior route and access to goods, services, and

as specified in Note 5? *

Yes No

b. If the building is multi-story, are all levels of the structure accessible by elevator? *

Yes No
N/A (Building is one story)

87. Additional Information on Accessibility

If the building lacks accessible interior or exterior routes:
Cost of Improvements Needed to Provide Accessible Exterior and Interior Routes as Specified in Note 4? *

\$(10 digit limit, no cents, no commas, no periods)

b. Comments [Add elevator; add site improvements for ADA compliance.] (65 character limit)

Environment/Comfort/Health

88. General Appearance

a. Overall Rating Good Fair Poor

b. Comments

(65 character limit)

89. Cleanliness

a. Overall Rating Good Fair Poor

b. Comments

(65 character limit)

90. Acoustics

a. Overall Rating Good Fair Poor

b. Comments

(65 character limit)

91. Lighting Quality

a. Type of Lighting in General Purpose Classrooms *
 Daylight Fluorescent Incandescent

(Check all that apply)

Other Fair Good

N/A (No general purpose classrooms) Incandescent

b. Rating of Overall Lighting Quality in

Good Fair Poor

Building *

c. Comments (65 character limit)

92. 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

e. Comments (65 character limit)

Indoor Air Quality (IAQ)

93. Mold

a. Is Mold Visible in or around any of the Following Areas...?

- 1) Classrooms * Yes No NA
- 2) Common Areas * Yes No NA
- 3) Supply/Return Grilles * Yes No NA
- 4) Other Areas * Yes No NA - Specify Areas Below

Second Floor Storage Area. (50 character limit)

b. Estimated Cost of Necessary Improvements \$ (10 digit limit; no cents, commas or periods)

c. Comments Remove 300 SF GWB partitions by abatement. (65 character limit)

94. Humidity/Moisture

Are Any of the Following Found in or around the Following Areas...?

a. In Classrooms

- 1) Visible Water Damage * Yes No
- 2) Active Leak(s) in Roof * Yes No Unable to Determine
- 3) Active Leak(s) in Plumbing * Yes No Unable to Determine
- 4) Moisture Condensation * Yes No Unable to Determine

b. In Other Areas

- 1) Visible Water Damage * Yes No
- 2) Active Leak(s) in Roof * Yes No Unable to Determine
- 3) Active Leak(s) in Plumbing * Yes No Unable to Determine
- 4) Moisture Condensation * Yes No Unable to Determine

c. Rating of Humidity/Moisture Condition in Building * Good Fair Poor

95. Ventilation: Fresh Air Intake Locations, Air Filters, etc.

a. Are Fresh Air Intakes Located Near the Following...?

- 1) Near the Bus Loading Area * Yes No NA
- 2) Near Truck Delivery Area * Yes No NA
- 3) Near Garage Yes No NA

*** Storage/Disposal Areas**

b. Is there Accumulated Dirt, Dust, or Debris around Fresh Air Intakes? *
 Yes No NA

c. Are Fresh Air Intakes Free of Blockages? *
 Yes No NA

d. Is Accumulated Dirt, Dust, or Debris Visible in Ductwork? *
 Yes No NA

e. Are Dampers Functioning as Designed? *
 Yes No NA

f. Condition of Filters *
 Good Fair Poor NA

g. Outside Air is Adequate for Occupant Load *
 Yes No Unable to Determine

h. Rating of Ventilation/Indoor Air Quality *
 Good Fair Poor Unable to Determine

i. Comments [No mechanical outside air ventilation in building. (65 character limit)]

96. Indoor Air Quality (IAQ) Management Plan

a. Does the School District use EPA's "Tools for Schools" IAQ program? *
 Yes No

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

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Building Condition Survey Instrument - Questions 1 through 35
*** = Required Field**

Name of
 1. School District *

BEDS
 2. District Code *

Building
 3. Name * (40 character limit)

SED Control
 4. Number (Bldg ID) * (4 digits with no hyphen)

Survey
 5. Inspection Date * (MM/DD/YY that the survey was completed)

Use Building's 911 Address for Questions 6-8

6. Street * (50 character limit)

7. City * (30 character limit)

8. Zip Code (Plus Four) * -

Certificate of
 9. Occupancy Status * Annual Temporary None

Certificate
 10. Expiration Date * (MM/DD/YY)

Building Age and Gross Square Footage (GSF)

Year of
 11. Original Building * (YYYY, must be between 1800 and 2005)

GSF of
 12. Building * (7 digit limit, no commas)

as Currently
Configured
 13. Number of Floors * (2 digit limit)

Building Ownership and Occupancy Status

14. Question deleted - space reserved.

15. Building Ownership * a. Owned and Used by District
 (Check one) 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? *

- a. Used for Student Instructional Purposes
- b. Used for District Administration
- c. Used for Other District Purpose(s). Describe below:

Bus Maintenance (40 character limit)

d. Used by Other Organization(s)

Building Users

How many

17. students were registered to receive instruction in this building as of October 1, 2004? Do not include even students. *

(4 digit limit, no commas, if you enter zero go to Question 23)

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

Permanent Instructional Spaces (i.e., Regular Classroom)?

b. Instructional Spaces Attached to the Building (i.e. Portable or Demountable Classrooms)?

c. Instructional Spaces Used as Instructional Spaces?

a. Instructional Spaces (4 digit limit, no commas)

b. Instructional Spaces (4 digit limit, no commas)

Non-Attached to the Building (i.e. Portable or Demountable Classrooms)?

Instructional Spaces (4 digit limit, no commas)

- Cafeteria
- Gymnasium
- Administrative Space
- Library
- Lobby
- Stairwell
- Storage
- Other (Describe below)

(20 character limit)

for instructional purposes on October 1, 2004? (Check all)

- that apply)
19. Grades Housed (Check all that apply)
- | | | | |
|--------------------------------|-----------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> K | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | <input type="checkbox"/> Ungraded | <input type="checkbox"/> Other |

For how many instructional days during the 2004-05 school year (July 1 through June 30), was the building closed due to facilities failures, system malfunctions, structural problems, etc.)?

20. (If none - enter 0, 3 digit limit, no commas)

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 twelve months?

Yes No

Program Spaces

23. Number of General Purpose Classrooms

(3 digit limit, no commas)

24. GSF of all General Purpose Classrooms (Combined)

(6 digit limit, no commas)

25. Other Space Provided * (Check all that apply)
- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> N/A (None) | <input type="checkbox"/> Administration | <input type="checkbox"/> Art | <input type="checkbox"/> Audio Visual |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Computer Room | <input type="checkbox"/> Guidance |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Health Suite | <input type="checkbox"/> Home & Careers | <input type="checkbox"/> Kitchen |
| <input type="checkbox"/> Large Group Instruction | <input type="checkbox"/> Library | <input type="checkbox"/> Multipurpose Room | <input type="checkbox"/> Music |
| <input type="checkbox"/> Pre-K | <input type="checkbox"/> Remedial Rooms | <input type="checkbox"/> Resource Rooms | <input type="checkbox"/> Science Labs |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Teacher Resources | <input type="checkbox"/> Technology/Shop |
| <input type="checkbox"/> Other - Describe: <input type="text"/> (20 character limit) | | | |

Space Adequacy

35. Architect or Engineer's *
 Name * [Hans Kullerkupp] (40 character limit)
 State New York
 License Number [015932-1] (6 digits)

34. Architect or Engineer's *
 Name * [Hans Kullerkupp] (40 character limit)
 State New York
 License Number [015932-1] (6 digits)

33. Firm E-mail *
 [hkullerkupp@cannondesign.com] (40 character limit)

32. Firm Phone Number *
 [716-773-6800] (999-999-9999 format)

31. Firm Address:
 - Street * [2170 Whitehaven Road] (40 character limit)
 - City * [Grand Island] (30 character limit)
 - State and Zip Code * [NY New York] [14072]

30. Firm Name *
 [Cannon Design] (40 character limit)

29. Building * rating *
 Was overall (to be answered after the building inspection is complete)
 Yes No

28. Building * Overall Rating *
 Excellent Satisfactory Unsatisfactory Falling

27. Capital Construction Expenses Anticipated for this Building through the 2010-2011 School Year (Excluding Maintenance) *
 Estimated [743987] (9 digit limit, no cents, no commas)

26. Space Adequacy *
 Rating of Good Fair Poor

Comments [] (40 character limit)

Architect, Engineer and Firm Information

established after consultation with Health and Safety Committee?

Overall Building Rating

Expected Future Capital Construction Expenses

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Building Condition Survey Instrument - Questions 36 through 46

*** = Required Field**

Please see Note 1 and Note 2 before continuing.

BEDS District Code *

ADDISON CSD - 570101040000

SED Control Number *

5001 (Bldg ID - 4 digits with no hyphen)

Site Utilities

36. Water (H)

a. Type of Service * Municipal or Utility Provided Well Other

b. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major * (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

d. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)

Useful Life

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

37. Site Sanitary (H)

a. Type of Service * Municipal or Utility Sewer Site Septic Other

b. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major * (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

d. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)

Useful Life

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

38. Site Gas (H)

a. Does the building * Yes No (if you select "No" go to Question 39)
have gas service or use liquid petroleum gas?

b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning

39. Site Fuel Oil (H)

a. Type of service * Fuel tanks None (if you select "None" go to Question 40)
 b. If the Building Has Fuel Tanks
 - Number (whole numbers, 2 digit limit)
 - Capacity (in gallons, 5 digit limit, no commas)
 - Number (whole numbers, 2 digit limit)
 - Capacity (in gallons, 5 digit limit, no commas)
 - Number (whole numbers, 2 digit limit)
 - Capacity (in gallons, 5 digit limit, no commas)
 - Number (whole numbers, 2 digit limit)
 - Capacity (in gallons, 5 digit limit, no commas)
 c. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
 d. Year of Last Major Reconstruction and/or Replacement 1992 (YYYY, must be between 1800 and 2005)
 e. Expected Remaining Useful Life 10 (in years, whole numbers, 2 digit limit, no ranges)
 f. Cost of Reconstruction and/or Replacement \$89100 (10 digit limit, no cents, no commas, no periods)
 g. Comments (65 character limit)

40. Site Storm Drainage

a. Quality of Drainage * Good Fair Poor Unknown
 b. Type of Drainage Drains to Municipal Storm Sewer On-Site Containment and Retention
 c. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
 d. Year of Last Major Reconstruction and/or Replacement 1992 (YYYY, must be between 1800 and 2005)
 e. Expected Remaining Useful Life 10 (in years, whole numbers, 2 digit limit, no ranges)
 f. Cost of Reconstruction and/or Replacement \$89100 (10 digit limit, no cents, no commas, no periods)
 g. Comments (65 character limit)

Reconstruction and/or Replacement

- e. Expected Remaining * Useful Life (in years, whole numbers, 2 digit limit, no ranges)
- f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)
- g. Comments (65 character limit)

41. Site Electrical, Including Exterior Distribution (H)

- a.* Service Provider Utility Provided Self-Generated Other
(Check all that apply)
- b. Type of Service * Above Ground Below Ground
- c. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
- d. Year of Last Major * Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)
- e. Expected Remaining * Useful Life (in years, whole numbers, 2 digit limit, no ranges)
- f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)
- g. Comments (65 character limit)

Other Site Features

42. Pavement (Roadways and Parking Lots)

- a. Type * Concrete Asphalt Gravel Other
(Check all that apply) None (if you select "None" go to Question 43)
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
- c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)
- d. Expected Remaining Useful Life (in years, whole numbers, 2 digit limit, no ranges)
- e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)
- f. Comments (65 character limit)

43 Sidewalks

a. Type *
(Check all that apply)

Concrete Asphalt Other

b. Condition *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major *

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

d. Expected Remaining * Useful Life

(in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction Cost of

(10 digit limit, no cents, no commas, no periods)

and/or Replacement

f. Comments

(65 character limit)

44. Playgrounds and Playground Equipment

a. Condition *

Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major

N/A (No playground; if you select "N/A" go to Question 45)

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

c. Expected Remaining Useful Life

(in years, whole numbers, 2 digit limit, no ranges)

d. Reconstruction Cost of

(10 digit limit, no cents, no commas, no periods)

and/or Replacement

e. Comments

(65 character limit)

45. Athletic Fields, Play Fields, and Related Structures

a. Condition *

(Such as Press Boxes, Stadiums, Exterior Bleachers, Dugouts, Climbing Walls, etc.)
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major

go to Question 46)

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

c. Expected Remaining Useful Life

(in years, whole numbers, 2 digit limit, no ranges)

d. Reconstruction Cost of

(10 digit limit, no cents, no commas, no periods)

and/or
Replacement

e. Comments

(65 character limit)

Substructure

46. Foundation (S)

a. Type * Reinforced Concrete Masonry on Concrete Footing Other
(Check all that apply)

b. Evidence of Structural Concerns

- Structural Cracks * Yes No

- Heaving/Jacking * Yes No

- Decay/Corrosion * Yes No

- Water Penetration * Yes No

- Unsupported Areas * Yes No

- Other * Yes No

c. Condition * Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

d. Year of Last Major * (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement

e. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)
Useful Life

f. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

g. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 47 through 55

* = Required Field

BEDS District Code * ADDISON CSD - 570101040000

SED Control Number

5001

(Bldg ID - 4 digits with no hyphen)

Building Envelope

47. (S) Structural Floor(s)

a. Type *

- Reinforced Concrete Slab on Grade
- Concrete/Metal Deck/Metal Joists
- Precast Concrete Structural System
- Wood Deck on Wood Trusses
- Wood Deck on Wood Joists
- Concrete Deck on Wood Structure

(Check all that apply)

Other (Specify) _____

(40 character limit)

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

- Structural Cracks * Yes No
- Unsupported Ends * Yes No

Rot/Decay/Corrosion Yes No

- Deflection * Yes No

- Seriously Damaged Yes No

or Missing Components *

- Other Problems

_____ (50 character limit)

c. Evidence of Structural Concerns with Structural Floor Deck

- Cracks * Yes No

- Deflection * Yes No

Rot/Decay/Corrosion Yes No

d. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure

e. Year of Last Major Reconstruction and/or Replacement *

1957

(YYYY, must be between 1800 and 2005)

f. Expected Remaining Useful Life *

20

(in years, whole numbers, 2 digit limit, no ranges)

g. Cost of Reconstruction and/or Replacement

(10 digit limit, no cents, no commas, no periods)

h. Comments (65 character limit)

48. Exterior Walls/Columns (S)

a. Material * Concrete Masonry Steel Wood Other
(Check all that apply)

b. Evidence of Structural Concerns with Support System (Columns, Base Plates, Connections,

- Structural Cracks * Yes No

- Rot/Decay/Corrosion Yes No

- Other Problems (50 character limit)
(Specify)

c. Evidence of Concerns with Exterior Cladding

- Cracks/Gaps * Yes No

- Inadequate Flashing * Yes No

- Efflorescence * Yes No

- Moisture Penetration * Yes No

- Rot/Decay/Corrosion Yes No

- Other Problems (50 character limit)
(Specify)

d. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure
of Exterior Walls/Columns *

e. Year of Last Major (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement *

f. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years) *

g. Cost of (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement

h. Comments (65 character limit)

49. Chimneys (S)

a. Construction Type * Concrete Masonry Metal Other
(Check all that apply) N/A (No chimneys; if you select "N/A" go to Question 50)

b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure
of Chimneys

c. Year of Last Major (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement

d. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years)

50. Parapets (S)

a. Construction Type * Concrete Masonry Metal Other N/A (No parapets; if you select "N/A" go to Question 51)

b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Failure

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

51. Exterior Doors

a. Overall Condition of Exterior Door Units * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

b. Overall Condition of Exterior Door Hardware * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

c. Do Any Doors Have Magnetic Locking Devices? * Yes No

d. Safety/Security Features are Adequate * Yes No Unable to determine

e. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

f. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

g. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

h. Comments (65 character limit)

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

a. Overall Condition of Exterior Steps, Excellent Satisfactory Unsatisfactory Non-Functioning Failure

b. Overall Condition of Exterior Door Units * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

c. Do Any Doors Have Magnetic Locking Devices? * Yes No

d. Safety/Security Features are Adequate * Yes No Unable to determine

e. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

f. Expected Remaining Useful Life (Years) * (in years, whole numbers, 2 digit limit, no ranges)

g. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

h. Comments (65 character limit)

⊙ N/A (No exterior steps, stairs or ramps; if you select "N/A" go to Failure)

Question 53)

Stairs, and Ramps *

- b. Year of Last Major (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement
- c. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years)
- d. Cost of \$ (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- e. Comments (65 character limit)

53. Fire Escapes (S)

- a. Does the Building Yes No (If you select "No" go to Question 54)
Have One or More Fire Escapes? *
- b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning C
Failure
- c. Safety Features Yes No Unable to Determine
are Adequate
- d. Year of Last Major (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement
- e. Expected Remaining (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years)
- f. Cost of \$ (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- g. Comments (65 character limit)

54. Windows

- a. Types of Windows * Aluminum Steel Vinyl Solid Wood
(Check all that apply) Wood with Exterior Cladding System Other
- b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning C
Failure
- c. All Rescue Windows Yes No N/A
are Operable *
- d. Year of Last Major 1957 (YYYY, must be between 1800 and 2005)
Reconstruction and/or Replacement *
- e. Expected Remaining 3 (in years, whole numbers, 2 digit limit, no ranges)
Useful Life (Years) *
- f. Cost of \$46334 (10 digit limit, no cents, no commas, no periods)
Reconstruction and/or Replacement
- g. Comments Replace all steel single-pane windows w/new energy efficient system (65 character limit)

Roof and Skylights

55 (S)

- a. Type of Roof Construction * (Check all that apply)
 - Metal Deck on Wood Trusses/Joists
 - Wood/Tectum Deck on Metal Trusses/Joists
 - Concrete Deck on Metal Trusses/Joists
 - Gypsum on Metal Trusses/Joists
 - Other
- b. Type of Roofing Material * (Check all that apply)
 - Single-ply Membrane
 - Built Up
 - Asphalt Shingle
 - Pre-formed Metal
 - IRMA
 - Slate
 - Other
- c. Have ALL Roof Support Systems (Beams/Joists/Trusses, etc.) been Visually Inspected? *
 - Yes
 - No
- d. Evidence of Structural Concerns with Support Systems (Beams/Joists/Trusses, etc.)
 - Structural Cracks * Yes No
 - Unsupported Ends * Yes No
 - Rot/Decay/Corrosion Yes No
 - Deflection * Yes No
 - Seriously Damaged Yes No
 - Missing Components Yes No
- e. Evidence of Structural Concerns with Deck (Specify)
 - Cracks * Yes No
 - Deflection * Yes No
 - Rot/Decay/Corrosion Yes No
 - Does the Building Have Skylights? * Yes No
- f. Material Are the Skylights Made? (Check all that apply)
 - Plastic
 - Glass
 - Other
- g. Condition of Skylights Failure
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Failure
- h. Evidence of Concerns with Roofing, Skylights, Flashing, and Drains
 - Failures/Splits/Cracks
 - Yes
 - No
 - N/A

(50 character limit)

[Empty text box for other problems]

- Other Problems

- Evidence of Structural Concerns with Deck (Specify)

- Condition of Skylights Failure

- Evidence of Concerns with Roofing, Skylights, Flashing, and Drains

- Failures/Splits/Cracks

-

Rot/Decay/Corrosion * Yes No N/A

- Inadequate Flashing/ Yes No N/A

Curbs/Pitch Pockets *
- Inadequate or Poorly Yes No N/A

Functioning Roof Drains *

- Evidence of Water Penetration/Active Leaks * Yes No N/A

- Other Problems (50 character limit)

j. Overall Condition of Roof * Excellent Satisfactory Unsatisfactory Non-Functioning Failure

k. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

l. Expected Remaining Useful Life of Oldest Section of Roof (Years) * (in years, whole numbers, 2 digit limit, no ranges)

m. Cost of Reconstruction and/or Replacement (Include Costs for Skylight Repairs, if Needed) \$ (10 digit limit, no cents, no commas, no periods)

n. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 56 through 67
* = Required Field

BEDS District ADDISON CSD - 57010104000
SED Control Number * 5001 (Bldg ID - 4 digits with no hyphen)

Interior Spaces

56. Interior Bearing Walls and Fire Walls (S)

a. Overall Condition (Including Structural Integrity) of Interior Bearing Walls and Fire Walls *
Failure
b. Year of Last Major Reconstruction and/or Replacement *
1957 (YYYY, must be between 1800 and 2005)
c. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)
20
d. Cost of Reconstruction and/or Replacement *
\$ (10 digit limit, no cents, no commas, no periods)
e. Comments (65 character limit)

57. Other Interior Walls (S)

a. Overall Condition of Other Interior Walls *
Failure
b. Year of Last Major Reconstruction and/or Replacement *
1957 (YYYY, must be between 1800 and 2005)
c. Expected Remaining * (in years, whole numbers, 2 digit limit, no ranges)
20
d. Cost of Reconstruction and/or Replacement *
\$ (10 digit limit, no cents, no commas, no periods)
e. Comments (65 character limit)

58. Floor Finishes

a. Type(s) of Floor Carpet Resilient Tiles or Sheet Flooring Wood

- Finishes in Instructional Spaces * (Check all that apply)
 - Hard Flooring (Concrete, Ceramic Tile, Stone, etc.)
 - Other N/A (Building has no instructional spaces)
- b. Type(s) of Floor Finishes in Common Areas (Check all that apply) *
 - Carpet Resilient Tiles or Sheet Flooring Wood
 - Hard Flooring (Concrete, Ceramic Tile, Stone, etc.)
 - Other N/A (Building has no common areas)
- c. Overall Condition of Floor Finishes
 - Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

- d. Year of Last Major Reconstruction and/or Replacement *
 - (YYYY, must be between 1800 and 2005)
- e. Expected Remaining Useful Life (Years) *
 - (in years, whole numbers, 2 digit limit, no ranges)
- f. Cost of Reconstruction and/or Replacement
 - \$ (10 digit limit, no cents, no commas, no periods)
- g. Comments
 - (65 character limit)

59. Ceilings (H)

- a. Overall Condition of Ceilings *
 - Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
- b. Year of Last Major Reconstruction and/or Replacement *
 - (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 - (in years, whole numbers, 2 digit limit, no ranges)
- d. Cost of Reconstruction and/or Replacement
 - \$ (10 digit limit, no cents, no commas, no periods)
- e. Comments
 - (65 character limit)

60. Lockers

- a. Overall Condition of Lockers *
 - Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
 - N/A (No lockers; if you select "N/A" go to Question 61)

62. Interior Stairs (\$)

a. Overall Condition of Interior Stairs *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction \$ (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

e. Reconstruction and/or Replacement Cost of (Years) * \$ (10 digit limit, no cents, no commas, no periods)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

c. Year of Last Major Reconstruction and/or Replacement * (YYYY, must be between 1800 and 2005)

b. Overall Condition of Interior Door Hardware *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

a. Overall Condition of Interior Door Units *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

61. Interior Doors

e. Comments (65 character limit)

d. Reconstruction and/or Replacement Cost of (Years) * \$ (10 digit limit, no cents, no commas, no periods)

c. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

b. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

a. Overall Condition of Interior Door Units *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

and/or Replacement
 e. Comments (65 character limit)

63. Elevators, Lifts, and Escalators

a. Overall Condition of Elevators, Lifts and Escalators *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure
 N/A (No elevator(s); if you select "N/A" go to Question 64)

b. Year of Last Major Reconstruction and/or Replacement
 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years)
 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement
 \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

64. 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

c. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement
 \$ (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

65. Lighting Fixtures

a. Overall Condition of Lighting
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

Fixtures *

b. Year of Last Major

1992 (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement *

3 (in years, whole numbers, 2 digit limit, no ranges)

c. Expected Remaining Useful Life (Years) *

d. Cost of Reconstruction and/or Replacement

\$71280 (10 digit limit, no cents, no commas, no periods)

e. Comments

Replace T12 lamps, fixtures, controls. (65 character limit)

66. Communications Systems (H)

a. Communications * Yes No Unable to Determine

N/A (No communication system needed; if you select "N/A" go to Question 67)

b. Condition of Systems Adequate * Excellent Satisfactory Unsatisfactory Non-Functioning Critical

Failure

Communications Systems

c. Year of Last Major

1992 (YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

5 (in years, whole numbers, 2 digit limit, no ranges)

d. Expected Remaining Useful Life (Years)

e. Cost of Reconstruction and/or Replacement

\$44550 (10 digit limit, no cents, no commas, no periods)

f. Comments

Upgrade tele / data systems. (65 character limit)

67. Swimming Pool and Swimming Pool Systems

a. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical

Failure

of Swimming Pool and

N/A (No pool)

Swimming Pool Systems *

b. Year of Last Major

(YYYY, must be between 1800 and 2005)

Reconstruction and/or Replacement

(in years, whole numbers, 2 digit limit, no ranges)

c. Remaining Useful Life (Years)

d. Cost of

Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

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Building Condition Survey Instrument - Questions 68 through 84
* = Required Field

BEDS District Code *
 SED Control Number * (Bldg ID - 4 digits with no hyphen)

Plumbing (Excluding HVAC Systems)

68. Water Distribution System (H)

a. Type of Pipes * Iron Galvanized Copper Lead PVC Other
 (Check all that apply) N/A (No water pipes; go to Question 69)

b. Overall Condition of Water Distribution System
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction Cost of (Years) (\$) (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

69. Plumbing Drainage System (H)

a. Type of Pipes * Iron Galvanized Copper Lead PVC Other
 (Check all that apply) N/A (No drainage pipes; go to Question 70)

b. Overall Condition of Drainage System
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Year of Last Major Reconstruction and/or Replacement (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Reconstruction Cost of (Years) (\$) (10 digit limit, no cents, no commas, no periods)

Replacement

f. Comments

Oil separator installed 1990. (65 character limit)

70. Hot Water Heaters

a. Type of Fuel * Oil Natural Gas Electricity Other

(Check all that apply) N/A (No hot water heater(s); go to Question 71)

b. Condition of Hot Water Heaters Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

c. Year of Last Major Reconstruction and/or Replacement

1972 (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

f. Comments

Unit working, but advanced in age. (65 character limit)

71. 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 and/or Replacement *

1972 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) *

6 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments

No ADA fixtures. (65 character limit)

HVAC Systems

72. HVAC Systems Type

a. Does this Building Have a Central HVAC System? * Yes No (go to Question 73)

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

73. Heat Generating Systems (H)

a. Generation Source * (Check all that apply)

Heat a. Generation Source * (Check all that apply)

b. Condition of Heat Generating Systems * (Excellent Satisfactory Unsatisfactory Non-Functioning Critical)

c. Year of Last Major Reconstruction and/or Replacement * (1972) (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (Years) * (2) (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement (62370) (\$10 digit limit, no cents, no commas, no periods)

f. Comments (Replace unit heaters and boiler. (65 character limit))

74. Heating Fuel/Energy Systems (H)

a. Condition of Heating Fuel/Energy Systems * (Excellent Satisfactory Unsatisfactory Non-Functioning Critical)

b. Year of Last Major Reconstruction and/or Replacement * (1972) (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) * (10) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods)

e. Comments (Separate fuel dispensing for buses. (65 character limit))

75. Cooling/Air Conditioning Generating Systems

a. Condition of Overall Cooling/Air Conditioning Generating Systems (Excellent Satisfactory Unsatisfactory Non-Functioning Critical)

Cooling/Air Conditioning Generating Systems *
 N/A (No Cooling System; go to Question 76)

b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years) *
 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

76. **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

N/A (No air handling or ventilation equipment; go to Question 77)

b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years)
 (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$ (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

77. **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 (No piped heating and cooling distribution system; go to Question 78)

b. Year of Last Major Reconstruction and/or Replacement *
 (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (Years)
 (in years, whole numbers, 2 digit limit, no ranges)

Useful Life (Years) Cost of Reconstruction and/or Replacement

d. Cost of Reconstruction and/or Replacement \$ [] (10 digit limit, no cents, no commas, no periods) (65 character limit)

e. Comments

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

Please read note 3 prior to answering this question.

a. Overall Condition of Ducted Heating and Cooling Distribution Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major Reconstruction and/or Replacement (1972) (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (5) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$21384 (10 digit limit, no cents, no commas, no periods)

Overall Condition of Control Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

a. Condition of Control Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major Reconstruction and/or Replacement (1972) (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (0) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$167508 (10 digit limit, no cents, no commas, no periods)

e. Comments

79. HVAC Control Systems (H)

New duct work required for ventilation system. (65 character limit)

Overall Condition of Control Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

a. Condition of Control Systems *
 Excellent Satisfactory Unsatisfactory Non-Functioning Critical Failure

b. Year of Last Major Reconstruction and/or Replacement (1972) (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life (0) (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement \$167508 (10 digit limit, no cents, no commas, no periods)

e. Comments

Need connections to Building Automation System. (65 character limit)

Fire Safety Systems

80. Fire Alarm Systems (H)

- a. Overall Condition of Fire Alarm Systems *
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- b. Year of Last Major Reconstruction and/or Replacement *
 - 1972 (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 - 2 (in years, whole numbers, 2 digit limit, no ranges)
- d. Cost of Reconstruction and/or Replacement
 - \$71280 (10 digit limit, no cents, no commas, no periods)
- e. Comments
 - Replace Simplex F/A system. (65 character limit)

81. Smoke Detection Systems (H)

- a. Overall Condition of Smoke Detection Systems *
 - Excellent
 - Satisfactory
 - Unsatisfactory
 - Non-Functioning
 - Critical Failure
- b. Year of Last Major Reconstruction and/or Replacement *
 - 1972 (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 - 2 (in years, whole numbers, 2 digit limit, no ranges)
- d. Cost of Reconstruction and/or Replacement
 - \$26730 (10 digit limit, no cents, no commas, no periods)
- e. Comments
 - Replace detectors. (65 character limit)

82. 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 (No fire suppression systems; go to Question 83)
- b. Year of Last Major Reconstruction and/or Replacement *
 - [] (YYYY, must be between 1800 and 2005)
- c. Expected Remaining Useful Life (Years) *
 - [] (in years, whole numbers, 2 digit limit, no ranges)

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83. Emergency/Exit Lighting Systems (H)

a. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical

b. Year of Last of Emergency Exit Lighting * (YYYY, must be between 1800 and 2005)

c. Expected Remaining Useful Life * (in years, whole numbers, 2 digit limit, no ranges)

d. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods)

e. Comments (65 character limit)

84. Emergency/Standby Power Systems (H)

a. Does the Building Have an Emergency or Standby Power System? * Yes No (go to Submit)

b. Overall Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical

c. Year of Last of Emergency/Standby Power Systems (YYYY, must be between 1800 and 2005)

d. Expected Remaining Useful Life (in years, whole numbers, 2 digit limit, no ranges)

e. Cost of Reconstruction and/or Replacement (10 digit limit, no cents, no commas, no periods)

f. Comments (65 character limit)

Submit Reset

QUESTION 68
Correct
8/1/2006

Building Condition Survey Instrument - Questions 85 through 96

* = Required Field

ADDISON CSD - 57010104000

BEDS District Code * SED Control Number *

5001 (Bldg ID - 4 digits with no hyphen)

Accessibility

85. Exterior Route (H)

a. Is there an accessible exterior route as specified in Note 4? Yes No

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

a. Does the building provide an accessible interior route and access to goods, services, and facilities as specified in Note 5? *

b. If the building is multi-story, are all levels of the structure accessible by elevator? * Yes No N/A (Building is one story)

87. Additional Information on Accessibility

If the building lacks accessible interior or exterior routes: Cost of Improvements Needed to Provide Accessible Exterior and Interior Routes as Specified in Note 4?

\$ (10 digit limit, no cents, no commas, no periods)

b. Comments (65 character limit)

Environment/Comfort/Health

88. General Appearance

a. Overall Rating Good Fair Poor

b. Comments (65 character limit)

89. Cleanliness

a. Overall Rating Good Fair Poor

b. Comments (65 character limit)

90. Acoustics

a. Overall Rating Good Fair Poor

b. Comments (65 character limit)

91. Lighting Quality

a. Type of Lighting in General Purpose Classrooms * Daylight Fluorescent Incandescent

(Check all that apply)

b. Rating of Overall Lighting Quality in Classrooms * Good Fair Poor

Building *

c. Comments (65 character limit)

92. 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

e. Comments (65 character limit)

Indoor Air Quality (IAQ)

93. Mold

a. Is Mold Visible in or around any of the Following Areas...?

- 1) Classrooms * Yes No NA
- 2) Common Areas * Yes No NA
- 3) Supply/Return Grilles * Yes No NA
- 4) Other Areas * Yes No NA - Specify Areas Below

(50 character limit)

b. Estimated Cost of Necessary Improvements \$ (10 digit limit; no cents, commas or periods)

c. Comments (65 character limit)

94. Humidity/Moisture

Are Any of the Following Found in or around the Following Areas...?

a. In Classrooms

- 1) Visible Water Damage * Yes No
- 2) Active Leak(s) in Roof * Yes No Unable to Determine
- 3) Active Leak(s) in Plumbing * Yes No Unable to Determine
- 4) Moisture Condensation * Yes No Unable to Determine

b. In Other Areas

- 1) Visible Water Damage * Yes No
- 2) Active Leak(s) in Roof * Yes No Unable to Determine
- 3) Active Leak(s) in Plumbing * Yes No Unable to Determine
- 4) Moisture Condensation * Yes No Unable to Determine

c. Rating of Humidity/Moisture Condition in Building * Good Fair Poor

95. Ventilation: Fresh Air Intake Locations, Air Filters, etc.

a. Are Fresh Air Intakes Located Near the Following...?

- 1) Near the Bus Loading Area * Yes No NA
- 2) Near Truck Delivery Area * Yes No NA
- 3) Near Garage Yes No NA

*** Storage/Disposal Areas**

b. Is there Accumulated Dirt, Dust, or Debris around Fresh Air Intakes? * Yes No NA

c. of Are Fresh Air Intakes Free of Blockages? * Yes No NA

d. or Is Accumulated Dirt, Dust, Debris Visible in Ductwork? * Yes No NA

e. as Are Dampers Functioning as Designed? * Yes No NA

f. Condition of Filters * Good Fair Poor NA

g. for Outside Air is Adequate Occupant Load * Yes No Unable to Determine

h. Rating of Ventilation/Indoor Air Quality * Good Fair Poor Unable to Determine

i. Comments [No fresh air ventilation in building. (65 character limit)]

96. Indoor Air Quality (IAQ) Management Plan

a. use Does the School District use EPA's "Tools for Schools" IAQ program? * Yes No

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

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