

2009 Visual Assessment Survey County of Marin

Instructions: This survey is a mid-range assessment and record of the current conditions of a premise. The surveyor will not lift carpet, shift furniture, test drains, wiring or water supply (but may comment on their condition). Surveyor will not inspect areas that are difficult to access, but may use a ladder to inspect roofs up to 9 feet in height. Please note that ADA items will not be surveyed because County of Marin has a Disability Access Manager to cover this scope of work.

1. Building Name	Fire Lookout at Mt. Barnabe		
2. Survey Inspection Date	12/7/09		
3. Building Address	P.O. Box 251 (near Samuel P. Taylor State Park)		
4. City	Lagunitas, CA	5. Zip Code	94938
6. Contact Person:	Rich Lopez & Shelly Nelson	7. Phone:	415-499-6717

Building Age and Gross Square Footage

8. Year of Original Building	1935,	9. Gross Sq. Ft. of Building as	??
	rebuilt in	Currently Configured	
	1975		
10. Number of Floors	2	11. Construction Type:	Wood and Steel frame over masonry

Building Ownership and Occupancy Status

12. Marin County Departments Located in Building & contact information:

- a. Marin County Fire Department
- b. Department of Public Works Radio Shop - MERA
- c.
- d.
- e.
- f.
- g.
- h.
- i.

13. Building Ownership (check one):

- | | |
|-------------------------------------|-------------------------------------------------------------|
| <input checked="" type="checkbox"/> | a. Owned and used by county |
| <input type="checkbox"/> | b. Owned by county, but leased to other private entity |
| <input type="checkbox"/> | c. Owned, but partially leased and partially used by county |
| <input type="checkbox"/> | d. County leases building or part of building |

Building Uses

14. What is the facility's primary use(s)?

- | | | |
|----------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 1. Administrative Offices | <input type="checkbox"/> 7. Equipment shop | <input type="checkbox"/> 13. Storage Space |
| <input type="checkbox"/> 2. Fire Station or FS HQ | <input type="checkbox"/> 8. Warehouse | <input type="checkbox"/> 14. Performance Arts |
| <input type="checkbox"/> 3. Garage/car repair | <input type="checkbox"/> 9. Health/lab./clinical | <input checked="" type="checkbox"/> 15. Other (describe)
Fire Lookout
MERA microwave towers,
Dishes, antennas
Radio equipment racks |
| <input type="checkbox"/> 4. Restaurant/food | <input type="checkbox"/> 10. School/Teaching | |
| <input type="checkbox"/> 5. Housing | <input type="checkbox"/> 11. Equipment storage | |
| <input type="checkbox"/> 6. Library | <input type="checkbox"/> 12. Jail/detention | |

15. Program Notes

One fire staff/volunteer works 12 hour shift in search of fires in the surrounding area. Mapping

equipment is located in the middle of the room.

Maintenance Information

16. Who maintains the facility? MCFD/DPW

17. Have there been renovations or construction on the building in the past 5 years? Yes No

If yes, please describe?

Program Spaces

18. Approximate number of general purpose rooms: _____

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

- | | | | |
|--------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> a. N/A (none) | <input type="checkbox"/> h. Counseling | <input type="checkbox"/> o. Multipurpose Rooms | <input type="checkbox"/> v. Classrooms |
| <input checked="" type="checkbox"/> b. Office(s) | <input type="checkbox"/> i. Gymnasium | <input type="checkbox"/> p. Music | <input type="checkbox"/> w. laboratory |
| <input type="checkbox"/> c. Art studios | <input type="checkbox"/> j. Health Suite | <input type="checkbox"/> q. Pre-school/play area | <input type="checkbox"/> x. Teacher Resource |
| <input type="checkbox"/> d. equipment repair | <input type="checkbox"/> k. conference rooms | <input type="checkbox"/> r. Remedial Rooms | <input type="checkbox"/> y. Technology/Shop |
| <input type="checkbox"/> e. Auditorium | <input checked="" type="checkbox"/> l. Kitchen/lounge | <input type="checkbox"/> s. Resource Rooms | <input checked="" type="checkbox"/> z. Other (describe)
Mapping equipment
Home appliances
Radio equipment |
| <input type="checkbox"/> f. Cafeteria | <input checked="" type="checkbox"/> m. sleeping area | <input type="checkbox"/> t. Science Labs | |
| <input type="checkbox"/> g. Computer Room | <input type="checkbox"/> n. Library/book storage | <input type="checkbox"/> u. Waiting Area | |

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 needed repairs/replacement or some or all components is needed. |

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."

Other Notes:

Site Utilities

20. Water

- a. Type of service: ?? Municipal or Utility provided Other
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- c. Year of last major reconstruction/replacement _____ d. Expected Remaining Useful life (years) _____
- e. Comments Water Storage tanks are cracked and leaking

21. Site Sanitary

- a. Type of service: Municipal or Utility sewer Site septic Other
- b. Condition Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- c. Comments Unknown location of septic tank

22. Site Storm Drainage

- a. Quality of Drainage: Good Fair Poor Unknown
- b. Comments All down hill

23. Site Gas

- 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. Comments _____

24. Site Fuel Oil

- 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. Comments _____

Site Utilities

25. Site Electrical, Including Exterior Distribution

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): _____

e. Comments: Power lines above ground to lookout, below ground to ancillary spaces

Other Site Features

26. 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): _____

f. Comments: Asphalt road to lookout needs some patchwork, but overall functional

27. 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): _____

d. Comments: none

Foundation

28. Type (check all that apply):

Reinforced Concrete Masonry on Concrete Footing Other

b. Evidence of Structural Concerns:

- | | | | | | |
|----------------------|------------------------------|----------------------------------------|----------------------|-----------------------------------------|----------------------------------------|
| 1. Structural Cracks | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 4. Water Penetration | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Heaving/Jacking | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 5. Unsupported Areas | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Decay/Corrosion | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | 6. Other | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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

d. Year of Last Major Reconstruction/Replacement _____

e. Expected Remaining Useful Life (Years): _____

e. Comments: At remote Radio Equipment storage shed next to Lookout, steel beams between foundation and wall system are corroding with rusted steel flaking off.

Building Envelope

29. Structural Floor

a. Type (check all that apply):

- | | | |
|--------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------|
| <input checked="" type="checkbox"/> 1. Reinforced Concrete slab on Grade | <input type="checkbox"/> 4. Wood Deck on Wood Trusses | <input type="checkbox"/> 7. Other (specify) _____ |
| <input type="checkbox"/> 2. Concrete/Metal Deck/Metal Joists | <input type="checkbox"/> 5. Wood Deck on Wood Joists | |
| <input type="checkbox"/> 3. Precast Concrete Structural System | <input type="checkbox"/> 6. Concrete Deck on Wood Structure | |

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

- | | | | | | |
|----------------------|------------------------------|-----------------------------|-----------------------------------------|------------------------------|-----------------------------|
| 1. Structural Cracks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 4. Deflection | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Unsupported Ends | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 5. Seriously Damaged/Missing Components | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Decay/Corrosion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | 6. Other Problems | _____ | |

c. Overall Condition of Structural Floors:

Condition: Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

d. Year of Last Major Reconstruction/Replacement _____

f. Expected Remaining Useful Life (Years): _____

e. Comments: _____

30. Exterior Walls/Columns

- a. Material (check all that apply): Concrete Masonry Steel Wood Other
- b. Evidence of Structural Concerns with Support System (columns, base plates, connections, etc):
- c. Evidence of Concerns with Exterior Cladding:
- | | | | |
|------------------------|---------------------------------------------------------------------|-------------------------|----------------------------------------------------------|
| 1. Cracks/Gaps | <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Moisture Penetration | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Inadequate Flashing | <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Decay/Corrosion | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Efflorescence | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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. Comments: On CMU walls at lookout, efflorescence is throughout.

31. Pitched Overhangs

- a. Construction Type (check all that apply): Masonry Concrete Metal Wood 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. Comments: _____

32. 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 Unable to Determine
- e. Year of Last Major Reconstruction/Replacement _____ f. Expected Remaining Useful Life (Years): _____
- g. Comments: _____

33. Exterior Steps, Stairs, and Ramps

- a. Overall condition of exterior steps, stairs, and ramps
- Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life (Years): _____
- d. Comments: Exterior stair in good condition

34. 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. Comments: Windows are boarded up for winter, but seem operational.

35. Roof and Skylights

- a. Type of roof construction (check all that apply):
1. Metal deck on metal trusses/joists 4. Concrete on metal deck on metal trusses/joists
2. Wood deck on wood trusses/joists 5. Other
3. Wood deck on metal

trusses/joists

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

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

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

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

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

g. Condition of skylights:

Condition: Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

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

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. Comments: Unable to access roof due to extreme weather conditions. Existing roof hatch seems adequate. Some water marks due to leakage at soffit area next to windows.

Interior Spaces

36. Interior bearing walls and fire 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. Comments: _____

37. 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. Comments: _____

38. Floor Finishes

a. Types of floor finishes in instructional spaces (check all that apply):

1. Carpet 2. Resilient tiles or sheet flooring 3. Wood
 4. Hard flooring (concrete, ceramic tile, stone, etc.) 5. Other 6. N/A

b. Types of floor finishes in common areas (check all that apply):

1. Carpet 2. Resilient tiles or sheet flooring 3. Wood
 4. Hard flooring (concrete, ceramic tile, stone, etc.) 5. Other 6. N/A

c. Overall Condition of floor finishes:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

d. Year of Last Major Reconstruction/Replacement _____

e. Expected Remaining Useful Life (Years): _____

f. Comments: Ground floor exposed concrete in radio area, carpet in lookout areas.

39. Ceilings

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. Comments: As noted above, some water marks on soffit.

40. 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. Comments: _____

41. Interior Stairs

a. Overall condition of interior stairs:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: _____

42. Elevators, lifts and escalators

a. Overall condition of elevators, lifts and escalators(if none exist, skip to next section):

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

Reconstruction/Replacement _____ (Years): _____

d. Comments: none

43. Interior Electrical Distribution

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/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Comments: unknown

44. Lighting Fixtures

a. Condition of interior lighting fixtures:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: _____

45. Communications Systems

a. Communication systems are adequate Yes No Unable to determine N/A

b. Condition of communications system:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Comments: Connects to fire dispatch and MERA

Plumbing (Excluding HVAC Systems)

46. Water Distribution System

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

1. Iron 2. Galvanized 3. Copper 4. Lead 5. PVC 6. Other 7. N/A

b. Overall condition of water distribution system:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Comments: Gyp. Bd. Walled in, unable to determine in lookout area. However, radio area shows existing copper water pipes.

47. Plumbing Drainage System

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

1. Iron 2. Galvanized 3. Copper 4. Lead 5. PVC 6. Other 7. 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. Comments: Gyp. Bd. Walled in, unable to determine in lookout area. However, radio area shows existing galvanized drainage pipes.

48. Hot Water Heaters

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

1. Oil 2. Natural Gas 3. Electricity 4. Other 5. 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. Comments: Seems operational

49. 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. Comments: Fixtures are operational

HVAC Systems

50. 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):
1. Constant volume (CV) 2. Variable Air Volume (VAV) 3. Dual-Duct or Multi-Zone 4. Other

51. Heat Generating Systems

- a. Heat generation source (check all that apply):
1. Boiler/ Hot Water 2. Boiler/Steam 3. Furnace/Forced Air 4. 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. Comments: _____

52. Heating Fuel/Energy Systems

- 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. Comments: _____

53. 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. Comments: Existing fan unit on main lookout floor.

54. Air Handling and Ventilation Equipment: Supply Units, Exhaust Units, Relief/Return Units, etc.

- 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. Comments: _____

55. Piped Heating and Cooling Distribution Systems: Piping, Pumps, Radiators, Convector, traps, Insulation, etc.

- a. Overall condition of piped heating and cooling distribution systems:
- Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life (Years): _____
- d. Comments: none

56. Ducted Heating and Cooling Distribution Systems: Ductwork, Control Dampers, Fire/Smoke Dampers, VAVs, Insulation, etc.

- a. Overall condition of ducted heating and cooling distribution systems:
- Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life (Years): _____
- d. Comments: Washer and dryer exhaust directly to the exterior in shower room.

57. HVAC Control Systems

- a. Overall condition of control systems:
- Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure
- b. Year of Last Major Reconstruction/Replacement _____ c. Expected Remaining Useful Life _____

Reconstruction/Replacement _____ (Years): _____

d. Comments: none

Fire Safety Systems

58. Fire Alarm Systems

a. Overall condition of fire alarms:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: none

59. Smoke Detection Systems

a. Overall condition of smoke detection systems:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: _____

60. Fire Suppression Systems: Sprinklers, Standpipes, Kitchen Hoods, etc.

a. Overall condition of fire suppression systems:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: none

61. Emergency/Exit Lighting Systems

a. Overall condition of emergency/exit lighting systems:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: none

62. Emergency/Standby Power Systems

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

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Comments: Existing in Radio room

63. Kitchen

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

1. Sink 2. Stove/Range/hood 3. Refrigerator 4. Trash compactor 5. Walk-in Freezer 6. Other

b. Overall condition of Kitchen:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

c. Year of Last Major Reconstruction/Replacement _____

d. Expected Remaining Useful Life (Years): _____

e. Comments: Existing electric units

64. Other: Exterior Water Tanks

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

b. Year of Last Major Reconstruction/Replacement _____

c. Expected Remaining Useful Life (Years): _____

d. Comments: Two concrete tanks have existing cracks and signs of leakage.

65. Other: Shower Room

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: Shower unit may need replacement soon because of decay.

66. Other: Balcony

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: Missing guardrail needs replacement.

67. Other: Carport

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: Built up roof supported by wood posts and concrete foundation.

68. Other: Microwave Tower Foundation

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: Concrete foundation seems adequate, no cracking.

69. Other: Microwave Tower shed near water tanks

a. Overall condition:

Excellent Satisfactory Unsatisfactory Non-Functioning Critical failure

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

d. Comments: Newer shed seems to be in working condition.

Overall Building Rating:

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

Excellent Satisfactory Unsatisfactory Poor

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.

Overall Maintenance Recommendations

#	Deficiencies that require Corrective Action	Recommendation/Solution	Importance Factor (High, Medium, Low)	Total Project Costs
1.	Balcony guardrail missing	Add new wood guardrail	High	\$1000
2.	Efflorescence at CMU	Occasionally clean	low	\$500
3.	Corrosion of structural steel at Radio Equipment Shed foundation	Study, estimate needed	medium	\$8,000-\$25,000
4.	Concrete Water Tanks leakage	Study, estimate needed	medium	\$5,000-\$20,000
5.	Shower decay	Replace shower unit	low	\$750
6.	Roadwork potholes	Asphalt patchwork	low	\$5000
7.	Roof inspection needed	Wait until winter weather in over and inspect.	low	

Comments: **High**-major concern, work should be done immediately or within 1 year
Medium-Preventative maintenance, work should be done within 2-3 years
Low-Work should be performed within 5 year estimation period

Notes: