

# BCS 2010-11

1 Name of School District **BOCES St. Lawrence-Lewis**  
2 BEDS District Code **51900000**  
3 Building Name **Central Office**  
4 Building ID: **1001** 5) Survey Inspection Date **11/04/2010**  
6 Building 911 Address **139 OUTER STATE STREET**  
7 City **CANTON**  
8 Zip Code (Plus Four) **13617-35** 9) Certificate Expiration Date **10/01/2011**  
10 Certificate of Occupancy Status (A - Annual, T - Temporary, N - None) **ANNUAL**

## Building Age and Gross Square Footage (GSF)

11 Year of Original Building **1974** 12 GSF of Building as Currently Configured **7000** 13 No. of Floors **2**

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

A) Full-time Custodian: **1** B) Part-time Custodian: **0**

## Building Ownership and Occupancy Status

15 Building Ownership\*: a. Owned and Used by District c. Owned by District; Part Used by District, Part Leased to Non-District Entity  
b. Owned by District and Leased to Non-District Entity d. Owned by Non-district Entity and Leased to District

**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 here:  
 d. Used by Other Organization(s)

## Building Users

17 How many students were registered to receive instruction in this building as of October 1, 2005? (Does not include evening class students.)\* **0**

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

- a Permanent Instructional Spaces (i.e. Regular Classrooms):  
b Temporary Instructional Spaces (i.e., Portable or Demountable Classrooms) Attached to the Building  
c Non-Instructional Spaces Used as Instructional Spaces:

d If the number of non-instructional spaces used as instructional spaces is greater than zero, which types of non-instructional spaces were being used for instructional purposes on October 1, 2009? (check all that apply)

- Cafeteria  Lobby Comments:  
 Gymnasium  Stairwell  
 Administrative Space  Storage Space  
 Library  Other

19 Grades Housed:

20 For how many instruction days during the 2009-10 school year(July 1 through June30), was the building closed due to facilities failures, system malfunctions, structural problems, etc.?

21 Is the building used for instructional purposes in the summer? **No**

22 Have there been renovations or construction in the building during the past twelve months? **No**

## Program Spaces

23 Number of Instructional Classrooms **0**

24 Gross Square Footage of All Instructional Classrooms (Combined) **0**

25 Other spaces provided (check all that apply):

- |   |   |  |                                |
|---|---|--|--------------------------------|
| <input type="checkbox"/> N/A (none)     | <input type="checkbox"/> Gymnasium            | <input type="checkbox"/> Pre-K             | <input type="checkbox"/> Other |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Health Suite         | <input type="checkbox"/> Remedial Room     | Describe:                      |
| <input type="checkbox"/> Art            | <input type="checkbox"/> Home_Careers         | <input type="checkbox"/> Resource Room     |                                |
| <input type="checkbox"/> Audio Visual   | <input type="checkbox"/> Kitchen              | <input type="checkbox"/> Science Lab       |                                |
| <input type="checkbox"/> Auditorium     | <input type="checkbox"/> Lg.group instruction | <input type="checkbox"/> Special Education |                                |
| <input type="checkbox"/> Cafeteria      | <input type="checkbox"/> Library              | <input type="checkbox"/> Swimming Pool     |                                |
| <input type="checkbox"/> Computer Room  | <input type="checkbox"/> Multipurpose Rooms   | <input type="checkbox"/> Teacher Resource  |                                |
| <input type="checkbox"/> Guidance       | <input type="checkbox"/> Music                | <input type="checkbox"/> Technology/Shop   |                                |

**Site Utilities**

**26 Water (H)**

- a. Does the facility have water service? **No**
- b. Type of Service -Municipal or Utility Provided, Well, Other **Municipal or Utility provided**
- c. Condition **S**
- d. Year of Last Major Reconstruction and/or Replacement\*: **1974**
- e. Expected Remaining Useful Life In Years: **5**
- f. Cost of Reconstruction and/or Replacement: **10,000**
- g. Comments:

**Site Sanitary (H)**

- a. Does the facility have site sanitary? **Yes**
- b. Type of Service -Municipal or Utility Sewer, Site Septic, Other **Municipal or Utility sewer**
- c. Condition \*: **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **1985**
- e. Expected Remaining Useful Life in Years: **5**
- f. Cost of Reconstruction and/or Replacement: **20,000**
- g. Comments:

**Site Gas (H)**

- a. Does the Building Have gas service or use liquid petroleum gas? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement **1985**
- d. Expected Remaining Useful Life in Years: **5**
- e. Cost of Reconstruction and/or Replacement: **30,000**
- f. Comments:

**Site Fuel Oil (H)**

- a. Does the facility have fuel oil tanks? **No**
- Fuel Tanks
- |                         |                         |
|-------------------------|-------------------------|
| b Number Above Ground:  | d Number Below Ground   |
| c Capacity Above Ground | e Capacity Below Ground |
- f. Condition:
- g. Year of Last Major Reconstruction and/or Replacement
- h. Expected Remaining Useful Life in Years:
- i. Cost of Reconstruction and/or Replacement: **0**
- j. Comments

**Site Electrical, Including Exterior Distribution (H)**

- a Does the facility have site electrical, including exterior distribution? **Yes**
- b. Service Provider(s) **Utility Provided**
- c. Type of Service (Above Ground, Below Ground) **BELO**
- d. Condition\*: **Satisfactory**
- e. Year of Last Major Reconstruction and/or Replacement **1985**

- f. Expected Remaining Useful Life in Years: **15**
- g. Cost of Reconstruction and/or Replacement:: **0**
- h. Comments:

**Closed Drainage Pipe Stormwater Management System**

- a. Does the facility have a closed pipe system? **No**
- b. Condition \*
- c. Year of Last Major Reconstruction and/or Replacement
- d. Expected Remaining Useful Life in Years:
- e. Cost of Reconstruction and/or Replacement: **0**
- f. Comments:

**Open Drainage Stormwater Management System**

- a. Does the facility have a open stormwater system (ditch)? **Yes**
- b. Condition \* **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement **1974**
- d. Expected Remaining Useful Life in Years: **20**
- e. Cost of Reconstruction and/or Replacement: **0**
- f. Comments: **Site floods at rear of building.**

**33 Catch Basins Drop Inlets/Manholes**

- a. Does the facility have catch basins/drop inlets/manholes? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**34 Culverts**

- a. Does the facility have culverts? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**35 Outfalls**

- a. Does the facility have outfalls? **No**
- b Point of outfall discharge
- b Comment:
- c Outfall reconnaissance inventory. Were all stormwater outfalls inspected during dry weather for signs of non-stormwater discharge? **No**
- d. Condition
- e. Year of Last Major Reconstruction and/or Replacement\*
- f. Expected Remaining Useful Life In Years:
- g. Cost of Reconstruction and/or Replacement **0**
- h. Comments:

**36 Infiltration basins/chambers**

- a. Does the facility have infiltration basins/chambers? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**37 Retention Basins**

- a. Does the facility have retention basins? **No**
- b. Condition

- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**38 Wetponds**

- a. Does the facility have wetponds? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**39 Manufactured stormwater proprietary units**

- a. Does the facility have proprietary units? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**Other Site Features**

**40 Pavement (Roadways and Parking Lots)**

- a. Does the facility have pavement? **Yes**
- a. Type: **ASPHALT**
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

**41 Sidewalks**

- a. Does the facility have pavement? **Yes**
- a. Type: **CONCRETE**
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

**42 Playgrounds**

- a. Does the facility have playgrounds? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**43 Athletic Fields, Play Fields, and Related Structures such as press boxes, stadiums, ect**

- a. Does the facility have atheltic fields, play fields, or related structures? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- Check if synthetic turf field is present **No**
- g. Comments:

**Substructure**

**44 Foundation (S)**

- a.Type **Masonry on Concrete Footing,OTHER**
- b Evidence of Structural Concerns: Structural Cracks **No**
- c Evidence of Structural Concerns: Heaving/Jacking **No**
- d Evidence of Structural Concerns: Decay/Corrosion **No**
- e Evidence of Structural Concerns: Water Penetration **Yes**
- f Evidence of Structural Concerns: Unsupported Areas **No**
- g Evidence of Structural Concerns: Other **No**
- h. Condition **Satisfactory**
- i. Year of Last Major Reconstruction and/or Replacement\*: **1985**
- j. Expected Remaining Useful Life In Years: **10**
- k. Cost of Reconstruction and/or Replacement: **0**
- l. Comments: **Water is present in crawl space.**

### Interior Spaces

#### 45 Interior bearing walls and fire walls (S)

- a. Does the facility have Interior bearing walls or fire walls? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

#### 46 Other Interior Walls

- a.Does the facility have other interior walls? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

#### 47 Ceilings (H)

- a Does the facility have a ceiling? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

#### 48 Lockers

- a Does the facility have lockers? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

#### 49 Interior Doors

- a Does the facility have interior doors? **Yes**
- b. Overall condition of interior door units: **Satisfactory**
- c. Overall condition of interior door hardware: **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

#### 50 Interior Stairs (S)

- a Does the facility have interior stairs? **Yes**
- b. Condition **Satisfactory**

c. Year of Last Major Reconstruction and/or Replacement*	<b>1985</b>
d. Expected Remaining Useful Life In Years:	<b>10</b>
e. Cost of Reconstruction and/or Replacement	<b>0</b>
f. Comments:	

**51 Elevator, lifts and escalators (H)**

a Does the facility have elevators, lifts, or escalators?	<b>Yes</b>
b. Condition	<b>Satisfactory</b>
c. Year of Last Major Reconstruction and/or Replacement*	<b>2000</b>
d. Expected Remaining Useful Life In Years:	<b>20</b>
e. Cost of Reconstruction and/or Replacement	<b>0</b>
f. Comments: <b>Platform lift installed at main entrance.</b>	

**52 Interior Electrical Distribution (H)**

a Does the facility have interior electrical distribution?	<b>Yes</b>
b Interior electrical supply meets current needs?	<b>Yes</b>
c. Condition	<b>Satisfactory</b>
d. Year of Last Major Reconstruction and/or Replacement*	<b>1985</b>
e. Expected Remaining Useful Life In Years:	<b>15</b>
f. Cost of Reconstruction and/or Replacement:	<b>0</b>
g. Comments:	

**53 Lighting Fixtures**

a Does the facility have lighting fixtures?	<b>Yes</b>
b. Condition	<b>Satisfactory</b>
c. Year of Last Major Reconstruction and/or Replacement*	<b>2000</b>
d. Expected Remaining Useful Life In Years:	<b>10</b>
e. Cost of Reconstruction and/or Replacement	<b>0</b>
f. Comments:	

**54 Communications Systems (H)**

a Does the facility have communication systems?	<b>Yes</b>
b Communication systems are adequate?	<b>Yes</b>
c. Condition	<b>Satisfactory</b>
d. Year of Last Major Reconstruction and/or Replacement*	<b>2000</b>
e. Expected Remaining Useful Life In Years:	<b>10</b>
f. Cost of Reconstruction and/or Replacement:	<b>0</b>
g. Comments:	

**55 Swimming Pool and Swimming Pool Systems**

a Does the facility have a swimming pool?	<b>No</b>
b. Condition	
c. Year of Last Major Reconstruction and/or Replacement*	
d. Expected Remaining Useful Life In Years:	
e. Cost of Reconstruction and/or Replacement	<b>0</b>
f. Comments:	

**Interior Spaces - Floor Finishes**

**56 Carpet**

a Does the facility have carpet?	<b>Yes</b>
b Where located? <b>COMMON</b>	
c. Condition	<b>Satisfactory</b>
d. Year of Last Major Reconstruction and/or Replacement*	<b>1985</b>
e. Expected Remaining Useful Life In Years:	<b>10</b>
f. Cost of Reconstruction and/or Replacement:	<b>0</b>
g. Comments:	

**57 Resilient tiles or sheet flooring**

a Does the facility have resilient tiles or sheet flooring?	<b>Yes</b>
b Where located? <b>COMMON</b>	
c. Condition	<b>Satisfactory</b>

- d. Year of Last Major Reconstruction and/or Replacement\* **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments: **Some cracking along building joints.**

**58 Hard flooring (concrete: ceramic tile: stone etc.)**

- a Does the facility have hard flooring? **No**
- b Where located?
- c. Condition
- d. Year of Last Major Reconstruction and/or Replacement\*
- e. Expected Remaining Useful Life In Years:
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

**59 Wood Flooring**

- a Does the facility have wood flooring? **Yes**
- b Where located? **COMMON**
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

**Building Envelope**

**60 Structural Floors (S)**

- a Type **Reinforced Concrete Slab on Grade,Wood Deck on Wood Joists**

a Comment

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

- b Structural Cracks: **No**
- c Unsupported Ends: **No**
- d Rot/Decay/Corrosion: **No**
- f Deflection: **No**
- g Seriously Damaged/Missing Components **No**
- h Other Problems:

Evidence of Structural Concerns with Structural Floor Deck:

- i Cracks **No**
- j:Deflection **No**
- k:Rot/Decay/Corrosion **No**
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **1985**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments: **Water present in crawl space.**

**61 Exterior Walls/Columns (S)**

- a Material **MASONRY,WOOD**

Evidence of Structural Concerns with Support System

- b Structural Cracks: **No**
- c Rot/Decay/Corrosion: **No**
- d Other Problems:

Evidence of Concerns with Exterior Cladding:

- e Cracks/Gaps **No**
- f Inadequate Flashing **No**
- g Efflorescence **No**
- h:Moisture Penetration **Yes**
- i:Rot/Decay/Corrosion **No**
- j Other Problems:
- k. Condition **Satisfactory**

l. Year of Last Major Reconstruction and/or Replacement\*: **1985**  
 m. Expected Remaining Useful Life In Years: **10**  
 n. Cost of Reconstruction and/or Replacement: **0**  
 o. Comments: **Moisture penetrates rear wall in spring.**

**62 Chimneys (S)**

a Does the facility have a chimney? **Yes**  
 b Construction Type **OTHER**  
 c. Condition **Satisfactory**  
 d. Year of Last Major Reconstruction and/or Replacement\* **2000**  
 e. Expected Remaining Useful Life In Years: **20**  
 f. Cost of Reconstruction and/or Replacement: **0**  
 g. Comments:

**63 Parapets (S)**

a Does the facility have parapets? **No**  
 b Construction Type  
 c. Condition  
 d. Year of Last Major Reconstruction and/or Replacement\*  
 e. Expected Remaining Useful Life In Years:  
 f. Cost of Reconstruction and/or Replacement: **0**  
 g. Comments:

**64 Exterior Doors**

a Overall condition of exterior door units: **Satisfactory**  
 b.Overall condition of exterior door hardware: **Satisfactory**  
 c. Do any exit doors have magnetic locking devices? **No**  
 d. Safety/Security features are adequate: **Yes**  
 e. Year of Last Major Reconstruction and/or Replacement\* **1985**  
 f. Expected Remaining Useful Life In Years: **10**  
 g. Cost of Reconstruction and/or Replacement: **0**  
 h. Comment **Non-entrance doors are tired.**

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

a Does the facility have exterior steps, stairs, or ramps? **Yes**  
 b. Condition **Satisfactory**  
 c. Year of Last Major Reconstruction and/or Replacement\* **1974**  
 d. Expected Remaining Useful Life In Years: **10**  
 e. Cost of Reconstruction and/or Replacement **0**  
 f. Comments:

**66 Fire Escapes (S)**

a Does the building have one or more fire escapes? **No**  
 b. Condition:  
 c. Safety features are adequate **No**  
 d. Year of Last Major Reconstruction and/or Replacement  
 e. Expected Remaining Useful Life In Years  
 f. Cost of Reconstruction and/or Replacement: **0**  
 g. Comments

**67 Windows**

a Does the facility have windows? **Yes**  
 a Type of windows **Wood w/ External Cladding System**  
 b. Condition: **Satisfactory**  
 c. All rescue windows are operable? **Y**  
 d. Year of Last Major Reconstruction and/or Replacement **1985**  
 e. Expected Remaining Useful Life In Years **10**  
 f. Cost of Reconstruction and/or Replacement: **0**  
 g. Comments:



**68 Roof (S)**

a Type of roof construction **Wood deck on wood**  
 b Type of roofing material **ASPHALT,Pre-Formed metal**

## Evidence of Structural Concerns with Support System

c Structural Cracks: **No**  
 d Unsupported Ends: **No**  
 e Rot/Decay/Corrosion: **No**  
 f Deflection **No**  
 g Seriously Damaged/Missing Components **No**  
 h Other Problems:

## Evidence of Structural Concerns with Structural Roof Deck:

i Cracks **No**  
 j:Decay **No**  
 k:Rot/Decay/Corrosion **No**

## Evidence of concerns with roofing, flashing, and drains:

l Failures/Splits/Cracks **No**  
 m: Rot/Decay/Corrosion **No**  
 n Inadequate flashing/curbs/pitch pockets **No**  
 o Inadequate or poorly functioning roof drains **No**  
 p Evidence of water penetration/active leaks **No**  
 q Other concerns

r. Condition **Satisfactory**  
 s Year of Last Major Reconstruction and/or Replacement\*: **1995**  
 t. Expected Remaining Useful Life In Years: **15**  
 u. Cost of Reconstruction and/or Replacement: **0**  
 v. Comments:

**69 Skylights**

a Does the building have skylights? **No**  
 b What material are the skylights made?  
 c. Condition  
 d. Year of Last Major Reconstruction and/or Replacement\*  
 e. Expected Remaining Useful Life In Years:  
 f. Cost of Reconstruction and/or Replacement: **0**  
 g. Comments:

**Plumbing (Excluding HVAC Systems)****70 Water Distribution System (H)**

a Does the facility have a water distribution system? **Yes**  
 b Types of pipes **COPPER**  
 c. Condition **Satisfactory**  
 d. Year of Last Major Reconstruction and/or Replacement\* **1985**  
 e. Expected Remaining Useful Life In Years: **5**  
 f. Cost of Reconstruction and/or Replacement: **40,000**  
 g. Comments:

**71 Plumbing Drainage System (H)**

a Does the facility have a plumbing drainage system? **Yes**  
 b Types of pipes **COPPER,PVC**  
 c. Condition **Satisfactory**  
 d. Year of Last Major Reconstruction and/or Replacement\* **1985**  
 e. Expected Remaining Useful Life In Years: **5**  
 f. Cost of Reconstruction and/or Replacement: **40,000**  
 g. Comments:

## **72 Hot Water Heaters (H)**

- a Does the facility have hot water heaters? **Yes**
- b Type of fuel **ELECTRIC**
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **2000**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

## **73 Plumbing Fixtures (including toilets, urinals, lavatories, etc.)**

- a Does the facility have a ceiling? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

### **HVAC Systems**

## **74 HVAC Systems Type**

- a Does this building have a central HVAC system? **Yes**
- b What type of technology **CV**  
does it use?

## **75 Heat Generating Systems (H)**

- a Does the facility have a heat generating system? **Yes**
- b Heat generation **Boiler/hot water**  
source
- b. Comment
- c. Condition **Satisfactory**
- d. Year of Last Major Reconstruction and/or Replacement\* **2000**
- e. Expected Remaining Useful Life In Years: **10**
- f. Cost of Reconstruction and/or Replacement: **0**
- g. Comments:

## **76 Heating Fuel/Energy Systems (H)**

- a Does the facility have heating fuel/energy system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **2000**
- d. Expected Remaining Useful Life In Years: **15**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

## **77 Cooling / Air Conditioning Generating Systems**

- a Does the facility have cooling / air conditioning system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1974**
- d. Expected Remaining Useful Life In Years: **5**
- e. Cost of Reconstruction and/or Replacement **40,000**
- f. Comments:

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

- a Does the facility have air handling and ventilation equipment? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **5**
- e. Cost of Reconstruction and/or Replacement **20,000**
- f. Comments:

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

- a Does the facility have piped heating and cooling distribution systems? **Yes**
- b. Condition **Satisfactory**

- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

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

- a. Does the facility have ducted heating and cooling distribution systems? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**81 HVAC Control Systems (H)**

- a. Does the facility have a HVAC control system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **2000**
- d. Expected Remaining Useful Life In Years: **10**
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**Fire Safety Systems**

**82 Fire Alarm Systems (H)**

- a. Does the facility have a fire alarm system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **0**
- e. Cost of Reconstruction and/or Replacement **15,000**
- f. Comments:

**83 Smoke Detection Systems (H)**

- a. Does the facility have a smoke detection system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **0**
- e. Cost of Reconstruction and/or Replacement **20,000**
- f. Comments:

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

- a. Does the facility have a fire suppression system? **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

**85 Emergency/Exit Lighting Systems (H)**

- a. Does the facility have an emergency / exit lighting system? **Yes**
- b. Condition **Satisfactory**
- c. Year of Last Major Reconstruction and/or Replacement\* **1985**
- d. Expected Remaining Useful Life In Years: **0**
- e. Cost of Reconstruction and/or Replacement **35,000**
- f. Comments:

**86 Emergency/Standby Power Systems (H)**

- a. Does the building have an emergency or standby power system **No**
- b. Condition
- c. Year of Last Major Reconstruction and/or Replacement\*
- d. Expected Remaining Useful Life In Years:
- e. Cost of Reconstruction and/or Replacement **0**
- f. Comments:

## Accessibility

### 87. Exterior Route (H)

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

**Yes**

### 88. Exterior Route (H)

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

**Yes**

### 89. Additional Information on Accessibility

a If the building lacks accessible interior or exterior routes: Cost of improvements needed to provide accessible exterior and interior routes as specified above.

b Comments:

## Environment/Comfort/Health

### 90 General Appearance

a Overall rating:: **GOOD**

b Comments

### 91 Cleanliness

a Overall rating:: **GOOD**

b Comments

### 92 Matts/Grills

a If Yes: at least 6 Ft. Long?: **Yes**

b Are there walk off matts; grills in entryway?: **Yes**

### 93 Acoustics

a Overall rating:: **FAIR**

b Comments

### 94 Lighting Quality

a Types of lighting in general purpose classrooms **DAYLIGHT,Fluorescent-not full spectrum,INCANDESCENT**

b Overall rating:: **FAIR**

c Comments

### 95 Evidence of Vermin

a Is there evidence of active infestations of Rodents **No**

b Is there evidence of active infestations of Wood-boring or wood-eating insects **No**

c Is there evidence of active infestations of Cockroaches **No**

d Is there evidence of active infestations of Other vermin **No**

### 96 Rifle Range

a Does this facility have a rifle range ? (include rifle ranges that have been converted from a range to any other purpose) **No**

b is the range active or inactive?

## Indoor Air Quality

### 97 Mold

- a Are there visible stains, mold or water damage? **Yes**
- b If yes, where? **HALLWAYS, OTHER**
- b Comments **Offices, crawl space**
- c Are there any noticeable moldy odors? **Yes**
- d If yes, where? **HALLWAYS, OTHER**
- d Comments **Offices**
- e Are interior surfaces constructed of any Paper-faced products? **Yes**
- f Are interior surfaces constructed of any Cellulose products (typical ceiling tiles)? **No**
- g Estimated cost of necessary improvements: \$
- h Comments

### 98 Humidity/Moisture

- a Are Active leaks in the roof found in the classroom? **No**
- b Are Active leaks in the roof found in other areas? **No**
- c Are Active leaks in the plumbing found in the classroom? **No**
- d Are Active leaks in the plumbing found in other areas? **No**
- e Is Moisture condensation found in the classroom? **No**
- f Is Moisture condensation found in other areas? **No**
- g Rating of humidity/moisture condition in building **POOR**

### 99 Ventilation: fresh air intake locations, air filters, etc.

- a Are there fresh air intakes near the bus loading area? **No**
- b Are there fresh air intakes near the truck delivery areas? **No**
- c Are there fresh air intakes near the garbage storage/disposal areas? **No**
- d Is there accumulated dirt, dust, or debris around fresh air intakes? **No**
- e Are fresh air intakes free of blockage? **Yes**
- f Is accumulated dirt, dust, or debris in ductwork? **No**
- g Are dampers functioning as designed? **Yes**
- h Condition of air filters: **FAIR**
- i Outside air is adequate for occupant load: **No**
- j Rating of ventilation/indoor air quality:: **POOR**
- k Comment **Open windows**

### 100 Indoor air quality (IAQ) plan

- a Does the school district use EPA s Tools for Schools program? **No**
- b If not, is some other IAQ management plan used? **Yes**
- c Has the District assigned IAQ responsibilities to a designated individual? **Yes**

### 101 Integrated Pest Management (IPM)

- a Does the school practice IPM? **Yes**
- b Is vegetation kept 1 ft. from away from the building? **Yes**
- c Are crevices and holes in walls, floors and pavement sealed or eliminated? **Yes**
- d Are pesticides used in the buildings and on grounds? **No**
- e If yes, how are they typically applied?

### 102 Noise

- a Is there noise in classrooms from HVAC units, traffic, etc. that may impact education? **No**

### 103 Radon

- a Has this facility been tested for the presence of Radon? **No**
- b If this facility been tested for the presence of Radon. Has a passive mitigation system been installed? **No**
- c Are crevices and holes in walls, floors and pavement sealed or eliminated? **No**
- d Are pesticides used in the buildings and on grounds? **No**

## American Red Cross

**104 American Red Cross**

- a Is there a written agreement with the American Red Cross for the use of this building as an emergency shelter? **No**
- b Does this building have an emergency generator to support sheltering operations? (lights, HVAC, etc.)? **No**
- c If yes, Check all systems powered by the emergency generator.
- d If this facility has cooking /food preparation equipment, is the kitchen:
- e If this facility has on-site wells for potable water are the well pumps and equipment connected to the emergency generator power supply? **No**
- f Is the facility sanitary sewer a gravity design?. **No**
- g If no, are sewage pumps, grinders and other necessary equipment connected to the emergency generator power supply? **No**

**Space Adequacy**

105 a Rating of Space Adequacy **POOR**

b Comments: **Overcrowded. Building to be vacated at conclusion of current capital project.**

106 Estimated capital construction expenses anticipated for this building through 2015-2016 school year excluding maintenance: **270,000**

107 Overall building rating: **Unsatisfactory**

108 Was overall building rating established after consultation with health and safety committee? **Yes**

109 A\_E Firm Name **MARCH Associates**

110 Firm Address: **258 Genesee Street, Suite 300, Utic**

111 Phone Number **315-733-3344**

112 E-mail **ccrolius@marchassoc.com**

113 A\_E Name **Christopher J. Crolius**

114 A\_E License number **022954**

115 You have now completed the building condition survey. By continuing with the button below, you will be submitting your data to the data base. Once submitted, it can only be changed by re-entering the entire survey. Please enter I ACCEPT in the text box below. **I ACCEPT**