Building Condition Audit Form

Part 1

Inspector(s): _____

Building name: _____

Date: _____

CONVEYING SYSTEM

Part 2

Conveying System Characteristics:

1. Conveying Systems & Quantities of Each

Elevators: Gearless ☐ _____Electric Gear ☐ _____Hydraulic ☐ _____ Other ☐_____

b: Dumbwaiters ☐ _____Lifts ☐ _____Escalators ☐ _____Pneumatic Tube ☐ Other ☐_____

2. Elevator Speed: Electric ☐ _____Feet / Minute Hydraulic ☐ _____Feet / Minute

3. Elevator Capacity: Electric ☐ _____Pounds Hydraulic ☐ _____Pounds

4. Elevator Control Type: Manual ☐ Selective ☐ Selective Collective ☐ Other ☐ _____

Additional description _____

Part 3 **Conveying Components**	**Prioritization Categories (See Below)**						**System Rating Total**	**Deficiency Cost**
	1	2	3	4	5	6		
1) Speed							0	
2) Size							0	
3) Condition							0	
4) Appearance							0	
5) Maintainability							0	
6) Noise							0	
Rating System Totals							0	0

Part 4

System Rating		System Multiplier		System Deficiency		Building Value		Deficiency Cost For System
	X		Equals	0	X		Equals	$ 0

Part 5

Rating Explanation:

Row	**Column**	**Notes**

Prioritization Categories
Form Updated 7/2018

1. Safety
2. Damage / Wear Out
3. Codes / Standards
4. Environmental Improvements
5. Energy Conservation
6. Aesthetics