

Building Condition Audit Form

Part 1

Inspector(s): _____

Building name: _____

Date: _____

FLOOR SYSTEM

Part 2

Floor System Characteristics:

Classification: 1 hour 2 hour 4 hour Other _____

Structure:

- 1.Reinforced Concrete: Slab & Beam Pan Joist 2-Way Slab Waffle Slab Flat Slab
 Pre-Cast Concrete: Double Tee Span Deck Single Tee
 Structural Steel: Bar Joist Metal Deck Steel Frame Wood Frame Other _____
- 2.Floor Finish: Vinyl Asbestos Tile Vinyl Composition Tile Asphalt Tile Concrete Wood Carpet
 Terrazzo Brick Epoxy Quarry Tile Ceramic Tile Other _____

Additional description _____

Part 3 Floor Components	Prioritization Categories (See Below)						System Rating Total	Deficiency Cost
	1	2	3	4	5	6		
1) Structural Condition								
2) Maintainability								
3) Floor Finish								
4) Vibration								
5) Fire Rating								
6) Design Load								
7) Acoustical Quality								
8) Stairs & Stairwells								
Rating System Totals								

Part 4

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

Part 5

Rating Explanation:

Row	Column	Notes