Building Condition Audit Form

Part 1

Inspector(s): _____

Building name: _____

Date: _____

FOUNDATION SYSTEM

Part 2

Foundation System Characteristics:

1. Exterior Columns: Ind footings & piers ☐ Pre-drilled/driven piling ☐ Continuous footings ☐ Caissons ☐ Mats ☐
2. Foundation Materials: Steel ☐ Concrete ☐ Wood ☐ Masonry ☐ Combination ☐ Other ☐ _____
3. Interior Footings: Individual footings & piers ☐ Piling, pile caps and piers ☐ Other ☐ _____
4. Foundation Walls: Continuous Footings ☐ Grade Beams ☐ Other ☐ _____

Additional description _____

Part 3 **Foundation Components**	**Prioritization Categories (See Below)**						**System Rating Total**	**Deficiency Cost**
	1	2	3	4	5	6		
1) Cracked Walls							0	
2) Foundation Settlement							0	
3) Foundation Deterioration							0	
4) Design Load							0	
5) Surface Condition							0	
6) Maintainability							0	
7) Drainage / Infiltration							0	
Rating System Total							0	0

Part 4

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

Part 5

Rating Explanation:

Row	Column	Notes