

Building Condition Audit Form

Part 1

Inspector(s): _____
Building name: _____
Date: _____

INTERIOR WALLS & PARTITIONS SYSTEM

Part 2

Interior Walls & Partitions System Characteristics:

1. Classification: Movable ☐ Rigid ☐ Load Bearing ☐ Other ☐ _____
2. Framing: Metal Stud ☐ Wood Stud ☐ Masonry ☐ Other ☐ _____
3. Materials: Plaster ☐ Drywall ☐ Wood Paneling ☐ Exposed Masonry ☐ Ceramic Tile ☐ Concrete ☐
Structural Glazed Tile ☐ Other ☐ _____
4. Finishes: Integral ☐ Painted ☐ Vinyl Wall Covering ☐ Other ☐ _____

Additional description _____

Part 3 Int. Walls / Partitions Components	Prioritization Categories (See Below)						System Rating Total	Deficiency Cost
Components	1	2	3	4	5	6		
1) Strength & Stability								
2) Appearance								
3) Physical Condition								
4) Acoustical Quality								
5) Adaptability								
6) Maintainability								
7) Specialties								
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