

Building Condition Audit Form

Part 1

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

SAFETY / STANDARDS SYSTEM

Part 2

Safety / Standards System Characteristics:

1. Exits: a: Stair Construction: Concrete Steel Wood Other _____
 b: Stair Enclosures: None 1 Hour 2 Hour Other _____
 c: Travel Distance _____ Feet
 d: Number of Exits _____
2. Fire Ratings:
 a: Construction Type: I II III IV V VI VII
 b: Building Height _____ Feet Number of Stories _____
 c: Building Occupancy Group: : A - Residential B - Business C - School D - Institutional
 E - Assembly F - Storage G - Industrial H - Hazardous
3. Extinguishing Systems: Portable Extinguishers Type _____ Size _____ Standpipe
 Hose Cabinets Sprinklers Other _____
4. Detection & Alarm Systems: Manual Alarm w / Annunciator Smoke Detectors Fire Detectors
 Visual Audible Other _____
5. Lighting Systems: Exit Signs Exit Lighting Emergency Power Batteries Emergency Generator
 Other Power _____

Additional description _____

<i>Part 3</i> Safety Components	Prioritization Categories (See Below)						System Rating Total	Deficiency Cost
	1	2	3	4	5	6		
1) Means of Egress								
2) Fire Ratings								
3) Extinguishing Systems								
4) Detection & Alarm System								
5) Lighting System								
6) Handicap Accessibility								
7) Asbestos								
8) Electrical / Emergency Lighting								
Rating System Totals								

Part 4

System Rating	X	System Multiplier	Equals	System Deficiency	X	Building Value	Equals	Deficiency Cost For System	\$
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Part 5

Rating Explanation:

Row	Column	Notes