Building Condition Audit Form

Part1

Inspector(s): _____

Building name: _____

Date: _____

WINDOW SYSTEM

Part 2

Window System Characteristics:

1. Wood ☐ Steel ☐ Aluminum ☐ Other ☐ _____
2. Double Hung ☐ Fixed Glass ☐ Casement ☐ Projected ☐ Awning ☐ Other ☐ _____
3. Single Glazing ☐ Double Glazing ☐ Triple Glazing ☐ Clear Glass ☐ Tinted Glass ☐ Heat Absorbing Glass ☐ Glass Block ☐ Other ☐ _____
4. Shading Devices: Interior Blinds ☐ Exterior Blinds ☐ Solar Screens ☐ Awning ☐ Shades ☐ Drapes ☐ Architectural Devices ☐ Other ☐ _____

Additional description _____

Part 3 **Window Components**	**Prioritization Categories (See Below)**						**System Rating Total**	**Deficiency Cost**
	1	2	3	4	5	6		
1) Functional Ability							0	
2) Physical Ability							0	
3) Condition							0	
4) Infiltration							0	
5) Maintainability							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