

## 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 \_\_\_\_\_

| <b>Part 3<br/>Safety Components</b> | <b>Prioritization Categories (See Below)</b> |   |   |   |   |   | <b>System<br/>Rating Total</b> | <b>Deficiency<br/>Cost</b> |
|-------------------------------------|--|---|---|---|---|---|--------------------------------|----------------------------|
|                                     | 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 | 0 | Building Value | X | Deficiency Cost For System | Equals | \$ - |
|---------------|---|-------------------|--------|-------------------|---|----------------|---|----------------------------|--------|------|

*Part 5*

Rating Explanation:

| Row | Column | Notes |
|-----|--------|-------|
|     |        |       |
|     |        |       |
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|     |        |       |
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