

Building Data Collection Form

Department _____
Highway, Fire, Police, Other

Building Name _____
Town Offices, Salt Shed, Annex, Etc.

Year Built _____ Year of Latest Major Rehabilitation _____

The checklist below is to encourage you to look at your building(s) as a whole on an annual basis and to note the condition of the following elements (if applicable). This is not a comprehensive list and building elements specific to your facility should be addressed as applicable.

Roof: (Check downspouts, flashing, gutters, valleys) Look for broken, cracked, loose, missing, rusting, sagging, or warping materials, or biological growth.

Windows, Doors, Vents: (Check frame, glass, sill, sash, putty, seals) Look for water/air seepage, condensation, cracked panes, rotted sashes, working sash/cords/hardware, sticking doors.

Exterior Wood: (Check eaves, cornices, siding, trim) Look for flaking paint, rot/deterioration, leaning walls, staining, biological growth, or mildew.

Attic/Basement: (Check chimneys, eaves, foundation, floors) Look for water staining/standing, vermin/insect infiltration, bowing rafters, poor insulation, venting, vapor barrier, or mold odor.

Exterior/Interior Masonry: (Check chimneys/caps, parapets, stairs, walls, basements) Look for efflorescence, damaged brick.stones, spalling, missing mortar, vertical

Paint: Look for flaking, blistering, weathering

Exterior/Interior Foundation: Look for moisture penetration, cracks, spalling, loose mortar, bowing, shifting stones, or rain backsplash.

Interior Walls and Ceilings: (Check areas around windows/doors) Look for cracks, chips, stains, dampness/mold, loose paint/wallpaper, sagging/leaning.

Grounds: (Check drainage, vegetation, stone/retaining walls, fences, outbuildings) Look for puddling, vegetation near structures, working hardware, shifting posts, rodent damage.

Interior Floors: Look for warping, damage, sagging/bouncing, or excessive wear.

Decks, Porches, Balconies, Entries: (Check floors, piers, roofs, railings, stairs) Look for loose/deteriorated components, porch slope/settling, insecure railings/stairs, rotted thresholds, backsplash.

Systems: (Check sinks/toilets, plumbing, heating, electrical, switches, outlets, thermostats, smoke detectors) Look for leaking, blocked registers/filters, fraying wires, and working fire extinguishers.

Please complete the following page to note your findings.

Form completed by _____

Date _____

Building _____

Exterior Features

Roof

Material _____
Asphalt, Metal, Other

Year Installed _____

Siding

Material _____
Clapboard, Brick, Panel, Etc.

Year Last Painted _____

Paint Condition (Circle One) **Good** (No peeling or flaking.) **Fair** (Some peeling, flaking, fading.) **POOR** (Needs attention)

Doors/Windows

Condition **Good** / **Fair** / **Poor** (Circle One)

Handicapped Accessible? **Yes** / **No** (Circle One)

Other Comments Regarding Exterior Condition

Interior Features

Heating, Ventilation and Air Conditioning (HVAC)

Air Conditioning? **Yes** / **No** (Circle One) Year of Install? _____ Type _____
Central, Mini-Split, Portable

Heating Type _____ Fuel Source **Oil** / **Propane** / **Geo** (Circle One)
Forced Hot Air, Baseboard/Radiator, Other

Restrooms

Qty _____

Shower? **Yes** / **No** (Circle One)

Flooring

Type _____
Wood, VCT, Sheet, Concrete, Etc.

Condition? **Good** / **Fair** / **Poor** (Circle One)

Finishes

Date of last interior paint _____

Painting Needed? **Yes** / **No** (Circle One)

Other Comments Regarding Interior Condition

Use Additional Sheets If Needed