Division of Risk Management
Building Survey

Agency: ______________ Division: ______________ Building Name: ______________

Agency Bldg. # ______________ State Bldg. # ______________

Address: ___________________________________________________________

City: ______________________ County: ___________________________ Zip Code: ______________________

CONSTRUCTION CLASS: (Please checkmark the appropriate description)

_____ A Class "A" buildings have fireproofed structural steel frames with reinforced concrete or masonry floors and roofs.

_____ B Class "B" buildings have reinforced concrete frames and concrete or masonry floors and roofs.

_____ C Class "C" buildings have masonry or concrete exterior walls, and wood or steel roof and floor structures, except for slab on grade.

_____ D Class "D" buildings generally have wood frame, floor, and roof structure. They may have a concrete floor on grade and other substitute materials, but is considered combustible construction.

_____ S Class "S" buildings have frames, roofs, and walls of incombustible metal. This includes the pre-engineered metal buildings.

OCCUPANCY: Principal occupancy: ______________ Estimated Contents Value ______________

Use of Space: (% of total square footage)

Office Space ___________% Building Condition: Poor _______ Good _______ Exc. _______

Library, Museum ___________% Is woodworking performed? Y _______ N _______

Cafeteria ___________% Is there a dust collection system? Y _______ N _______

Maint / Shop / Garage ___________% Is spray painting performed? Y _______ N _______

Classroom ___________% Are flammables stored? Y _______ N _______

Laboratory, Hospital ___________% Is welding performed in bldg? Y _______ N _______

Warehouse ___________%

Auditorium ___________%

Housing ___________% (examples are: Farm, Store, Parking, Greenhouse, Armory, Hanger, Penal Institution, Liquor Store, etc.)

Other ___________%

Total is ___________%

Building Condition: Building Condition: Poor _______ Good _______ Exc. _______

Sq Footage-all floors: _________ Constr Yr: _________ Ownership: _________ Type: _________ Status: _________

Elevators: Passenger _______ Freight _______ Floors: Below Ground _______ Ground Lvl _______ Above _______

Your estimate of total building value, if available _____________________________________________________________________________

Indicate whether estimate is based on Actual Cash Value (ACV) or Replication Cost (R - if historical) _____________________________________________________________________________

FIRE PROTECTION:

Is Bldg. Fire-sprinklered? Y _______ N _______ What percent is sprinklered? _______ %

Is sprinkler system under at least an annual service contract? Y _______ N _______

Alarms: Smoke: Y _______ N _______ Heat: Y _______ N _______ Motion: Y _______ N _______

Door / window alarms: Y _______ N _______ Off-Premises? Y _______ N _______

Is a 24-hr watchman present? Y _______ N _______

Fire dept or fire district name: _______________________________________________________

Do main gas / water supply lines have flexible connections? Y _______ N _______

Does main gas line have an automatic shutoff valve? Y _______ N _______