

## **APPENDIX D**

### **INDOOR FACILITY ASSESSMENTS**

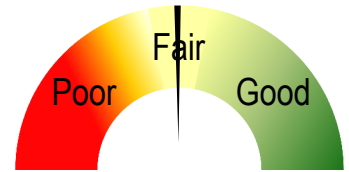
- FACILITY CUT SHEETS
- FACILITY ASSESSMENTS
  - PROBABLE COSTS



# Argentine Center

## LEVEL OF SERVICE:

The Argentine Community Center provides a FAIR level of service value as a result of the condition of amenities and the pending loss of program space.



## Location

2810 Metropolitan, Kansas City, KS

## TYPE OF FACILITY

Community and recreation center.

## PARK COMMISSION DISTRICT

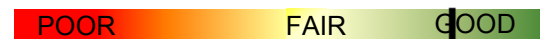
District 3

## INVENTORY OF AMENITIES

Gymnasium	1
Multipurpose / Meeting Rooms	3 in 1
Kitchen	1
Fitness Room	1
Locker Rooms / Showers	✓

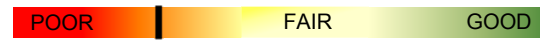
## PERFORMANCE ASSESSMENT:

### Accessibility:



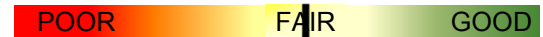
Parking lot and interior accommodations are basically accessible.

### Programming:



Soon to lose Multipurpose Room, Kitchen and Fitness Room that are scheduled to be leased to commercial fitness operation.

### Facility Condition:



Built in 1987, facility maintains most all finishes and equipment installed at that time. While everything appears to be functional the finishes are certainly worn and appear outdated.

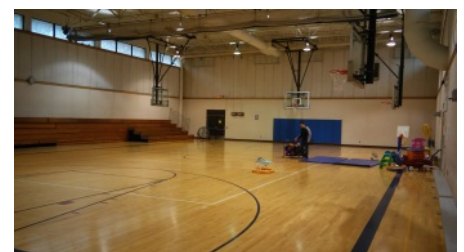
### Usability:



The Fitness Room experiences the most use since it doesn't require reservations and is always available. The Gymnasium experiences a similar level of use.

## RECOMMENDATIONS:

1. Find a way to replace the program space lost to the commercial lease.
2. Consider new program space such as a swimming pool (indoor or outdoor) and outdoor playground for toddler age kiddos through pre-teens.
3. Modernize the common areas (Lobby, corridors and Toilet Rooms/Locker Rooms/Showers).
4. Replace and upgrade HVAC systems to be LEED compliant.
5. Install new bleacher seating in Gymnasium.





# Eisenhower Center



## Location

2901 N. 72 St., Kansas City, KS Adjacent to Eisenhower Middle School.

## TYPE OF FACILITY

Community and recreation center.

## PARK COMMISSION DISTRICT

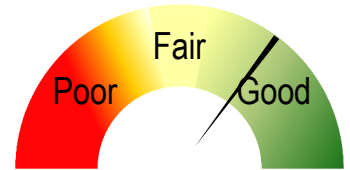
District 8

## INVENTORY OF AMENITIES

Multipurpose / Meeting Rooms	3 in 1
Game Room	1
Locker Rooms / Showers	✓
Outdoor Play Structure	1
Outdoor Water Play Feature	1

## LEVEL OF SERVICE:

The Eisenhower Community Center provides a GOOD level of service value given its size in comparison to other Centers and its shared use of amenities with the adjacent Middle School.



## PERFORMANCE ASSESSMENT:

### **Accessibility:**



Parking lot and interior accommodations are accessible.

### **Programming:**



Share the use of the Middle School's Gymnasium and outdoor athletic fields. This compromises schedule of use. Most other programs occur in the Multipurpose space (community meetings, event rental, classes).

### **Facility Condition:**



Though the Center gets plenty of use it has maintained a decent appearance due to the durability of the finish materials originally installed (seamless flooring, quarry tile pavers, CMU walls).

### **Usability:**

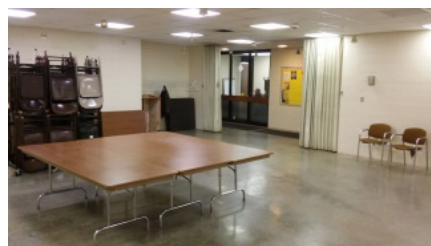


As mentioned the sharing of athletic facilities compromises their use to some degree. However, this also is of benefit to the Center for the use of facilities they do not have to maintain. Community spaces are popular.



## RECOMMENDATIONS:

1. Modernize the common areas (Lobby, corridors and Toilet Rooms/Locker Rooms/Showers).
2. Replace and upgrade HVAC systems to be LEED compliant.
3. Enhance building entrance, somewhat confusing as to which building is which.
4. Modernize Boys Shower Room.

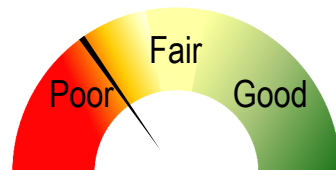




# Armourdale Center

## LEVEL OF SERVICE:

The Armourdale Community Center provides a POOR level of service value to the community it serves. The facility is outdated and in deteriorating condition.



## Location

730 Osage Ave., Kansas City, KS

## TYPE OF FACILITY

Community and recreation center.

## PARK COMMISSION DISTRICT

District 2

## INVENTORY OF AMENITIES

Multipurpose / Meeting Rooms	1
Gymnasium	1

## PERFORMANCE ASSESSMENT:

### Accessibility:



Parking lot and main entrance are accessible; however, the original wing of the facility is totally inaccessible. It has a basement level of Meeting Rooms and toilets/shower facilities and the upper level Gymnasium floor is raised above the entrance floor level.

### Programming:



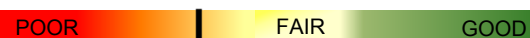
Multipurpose Room is the heart of the Center and gets the most use primarily through event rental. Gymnasium does not have regulation size basketball court and lacks air conditioning. Meeting Rooms appear neglected and little used. There are no outdoor recreational features either.

### Facility Condition:



Original Gymnasium wing is probably the oldest in the system and it shows. Addition wing HVAC has poor air circulation and numerous roof leaks.

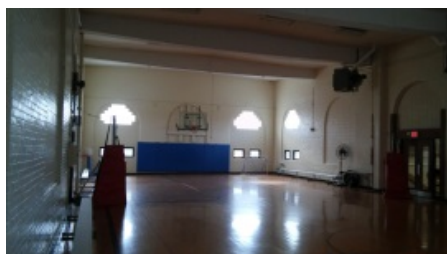
### Usability:



Multipurpose Room is at entrance level and therefore accessible. Basement level uses are uninviting and dated. Same can be said of the Gymnasium.

## RECOMMENDATIONS:

Build a new modern facility able to accommodate interests of current resident population it serves.





# Bethany Center



## Location

1120 Central Ave., Kansas City, KS

## TYPE OF FACILITY

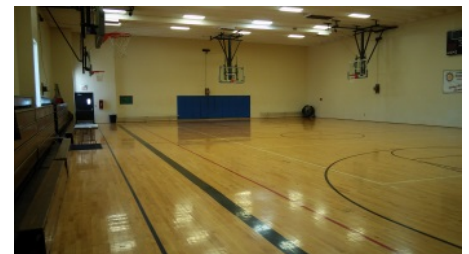
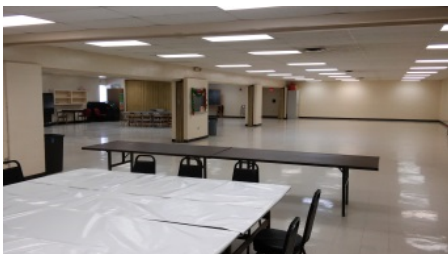
Community and recreation center.

## PARK COMMISSION DISTRICT

District 2

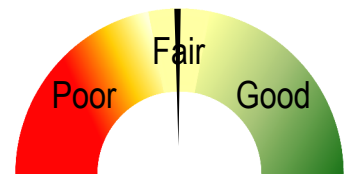
## INVENTORY OF AMENITIES

Multipurpose / Meeting Rooms	3 in 1
Full Court Gymnasium	1
Outdoor Tennis Court	1



## LEVEL OF SERVICE:

The Bethany Community Center provides a FAIR level of service value to the community it serves. It supports basic community and recreational needs in an outdated facility.



## PERFORMANCE ASSESSMENT:

### Accessibility:



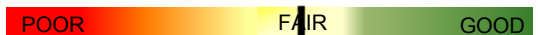
Building is two stories with an elevator and has fully accessible restroom accommodations. Accessibility from the parking lot, while unimpeded, could be improved if ADA parking stalls were adjacent to the entrance.

### Programming:



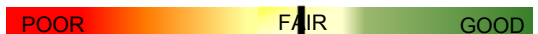
Program spaces limited to Multipurpose Room and Gymnasium. Multipurpose hosts several community-based activities as well as events for rent. Gym hosts general neighborhood recreation and a substantial schedule of City League basketball

### Facility Condition:



Despite its age, the building is in good shape and appears well maintained. Operator has no facility concerns. However, the look is dated (70's vintage).

### Usability:



Reasonably good access throughout the facility. Busy calendar of events for Gymnasium makes casual impromptu usage near impossible to accommodate.

## RECOMMENDATIONS:

1. Modernize facility throughout.
2. Install new LEED compliant HVAC system.
3. Improve ADA parking accommodations.
4. Install new bleacher seating in the Gymnasium.
5. Consider new program space such as a swimming pool (indoor or outdoor) and outdoor playground for toddlers through pre-teens.

# Kensington Center



## Location

2900 State Ave., Kansas City, KS in Kensington Park.

## TYPE OF FACILITY

Recreation center.

## PARK COMMISSION DISTRICT

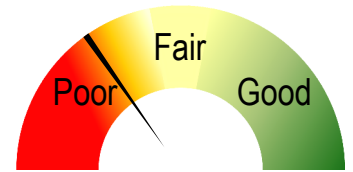
District 4

## INVENTORY OF AMENITIES

Gymnasium	1
Outdoor Play Structure	1
Indoor Batting Cage	1

## LEVEL OF SERVICE:

The Kensington Center provides a Fairly Poor level of service value to the community it serves. The facility needs a total makeover or replacement.



## PERFORMANCE ASSESSMENT:

### Accessibility:



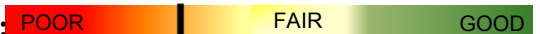
Parking lot and building entry are accessible. Toilet / shower facilities are accessed by stairs a split level below the Gym floor under the bleacher seating. Facilities are also non-compliant with ADA guidelines.

### Programming:



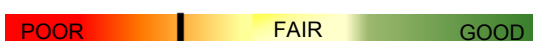
Facility is primarily an indoor athletic facility with basketball and baseball practice as chief activities. Accommodates City basketball league play as well as casual pick-up games..

### Facility Condition:



Exterior envelope has areas of distress including cracked masonry walls and plastic windows that are totally fogged with a number of cracked and broken panes. Toilet/showers are almost uninhabitable and barely functional. Only HVAC are roof hung space heaters.

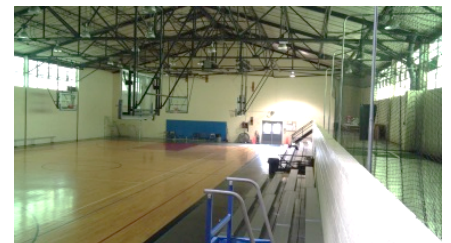
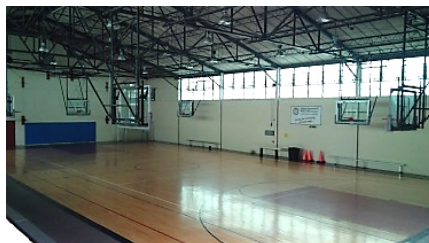
### Usability:



Basic activities can be performed but support systems are compromised or non-existent.

## RECOMMENDATIONS:

- If modernization is pursued:
  - Update ADA accommodations.
  - Refinish bleacher seating and basketball court.
  - Totally replace window systems with thermal units.
  - Install new LEED compliant HVAC.
  - Improve dedicated space for batting cages (currently behind bleacher area).
- If above not cost effective, consider new building.





# Kennedy Center



## Location

1310 N. 10<sup>th</sup> St., Kansas City, KS in Big 11 Lake Park.

## TYPE OF FACILITY

Community and recreation center.

## PARK COMMISSION DISTRICT

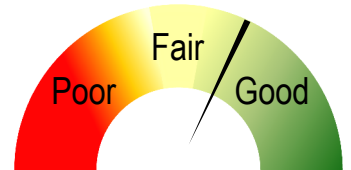
District 4

## INVENTORY OF AMENITIES

Full Court Gymnasium	1
Dance Studio	1
Multipurpose Room with Warming Kitchen	1
Outdoor Play Structure	1

## LEVEL OF SERVICE:

The John F. Kennedy Community Center provides a FAIRLY GOOD level of service value to the community it serves. It is a popular resource for event rental.



## PERFORMANCE ASSESSMENT:

### Accessibility:



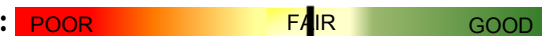
ADA parking provided, however, building is two stories without an elevator. Toilet/Locker/Shower are non-compliant with ADA guidelines.

### Programming:



Upper level accommodates community uses for event rental and Parks and Recreation programs. Lower level Gym hosts programmed athletic activities. There is also a dedicated dance studio.

### Facility Condition:



There are signs of deteriorated and spalling masonry in various locations around the exterior walls. Pedestrian bridge at 10<sup>th</sup> St. entry is unsafe and in major disrepair. Exterior windows are plastic, cracked and fogged over. Interior spaces are well kept with durable materials.

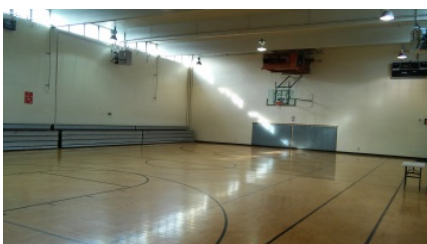
### Usability:



Programs are well utilized and attended; however, accessibility issues compromise the experience.

## RECOMMENDATIONS:

1. Correct ADA deficiencies and install new elevator.
2. Repair exterior envelope deficiencies.
3. Modernize interior spaces.
4. Expand Kitchen to better accommodate lunch and dinner events.
5. Install new LEED compliant HVAC system.





# George Meyn



## Location

126<sup>th</sup> & State Ave., Kansas City, KS in Wyandotte County Park.

## TYPE OF FACILITY

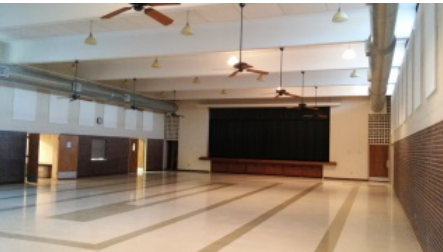
Community and recreation center.

## PARK COMMISSION DISTRICT

District 7

## INVENTORY OF AMENITIES

Multipurpose / Meeting Rooms	3 in 1
Gymnasium w/ Stage	1
Prep Kitchen	1
Outdoor Play Structure	1



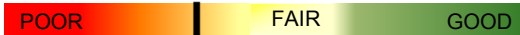
## LEVEL OF SERVICE:

The George Meyn Community Center provides a Fairly Good level of service value to the community it serves. The facility could use modernization of program spaces.



## PERFORMANCE ASSESSMENT:

### Accessibility:



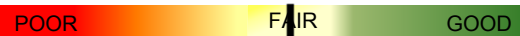
Parking lot and building entry are accessible. Toilet facilities date back to pre-ADA era and are not. Gymnasium stage inaccessible.

### Programming:



Facility is active year round. Parks & Rec. programs are scheduled throughout the year while event rentals make up the balance of activities.

### Facility Condition:



There are signs of wear but the facility has been well maintained despite the high level of use. It is simply dated for a contemporary Center.

### Usability:



Spaces are conveniently located and accessible w/ the exception of ADA compliance.

## RECOMMENDATIONS:

1. Update ADA accommodations.
2. Modernize interior spaces.
3. Facility is located in a park, but would like to see other outdoor activities related to it (swimming, soccer, tennis).
4. Facility is fairly remote from residential, needs a destination type activity to attract new users.



## Location

91<sup>st</sup> & Leavenworth Road, Kansas City, KS in Wyandotte County Lake.

## TYPE OF FACILITY

Banquet Hall

## PARK COMMISSION DISTRICT

District 5

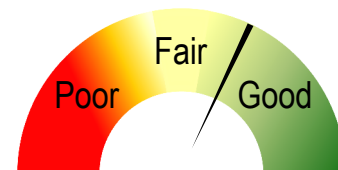
## INVENTORY OF AMENITIES

Banquet Rooms	2
Full Warming Kitchen	1
Outdoor Patio	1

# James P. Davis Hall

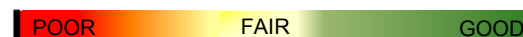
## LEVEL OF SERVICE:

The James P. Davis Banquet Hall provides a FAIRLY GOOD level of service value to the community it serves. It is a popular resource for event rental.



## PERFORMANCE ASSESSMENT:

### Accessibility:



Building is totally non-compliant with ADA guidelines. There is no way to access the facility from the parking area due to extreme grade separation and the toilet rooms are inaccessible.

### Programming:



The program is singular and that is as rental income for public and private events.

### Facility Condition:



The overall structure seems sound (rubble stone exterior walls supporting heavy timber construction). Banquet Halls are well maintained. Second floor space is in disrepair and has a significant roof leak. Kitchen should be upgraded.

### Usability:



It is a long trek down steep, unending flight of stairs from parking to entry. There is reasonably good access to spaces on the main floor of the facility with the exception of the toilets. Second floor is not fit for occupation at present.



## RECOMMENDATIONS:

1. Make interior of facility ADA compliant.
2. Install new LEED compliant HVAC system.
3. Consider adding limited ADA parking closer to the entrance.
4. Make exterior stairs less risky to visitors (too steep).
5. Decide how to best use the second floor space then make improvements.





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ larry@bevireo.com \_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ teatman@bbd-kc.com \_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ Dennis.Strait@GouldEvans.com \_\_\_\_\_

Dates of Survey: 12/23/16 to 12/23/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: 5033 State Avenue \_\_\_\_\_

Kansas City, KS 66102 \_\_\_\_\_

Telephone: (913) 573-8327 \_\_\_\_\_

Director: Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Argentine C.C. \_\_\_\_\_

Address: 2810 Metropolitan \_\_\_\_\_  
Kansas City, KS \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Specialist: Pam Smith \_\_\_\_\_

Facility Caretaker: Jeremy Martin \_\_\_\_\_

Original		
Construction	_____ GSF	_____ YR
1st Addition	_____ GSF	_____ YR
2nd Addition	_____ GSF	_____ YR
3rd Addition	_____ GSF	_____ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☒ Flat ☐ Sloping ☐ Hilly  
Drainage ☒ Good ☐ Fair ☐ Poor
- c. Pavement Condition ☒ Good ☐ None ☒ Concrete ☐ Asphalt  
☐ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
☐ Wood ☐ Gravel  
Condition ☐ Good ☒ Fair ☐ Poor
- e. Landscaping ☐ Well Maintained ☐ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
*None* ☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☒ None ☐ Chain Link ☐ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment *None*

- |                       |                               |                               |                               |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Swings             | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| b. Slides             | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| c. Parallel Bars      | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| d. Balance Beam       | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| e. Horizontal Ladders | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| f. Horizontal Bars    | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| g. Climbing Pole      | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| h. Merry-Go-Round     | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| i. Other              | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

j. Comments \_\_\_\_\_

### 4. Site Utility (Municipal or Utility Company Provided)

- |                 |                                   |                                      |                               |       |
|-----------------|-----------------------------------|--------------------------------------|-------------------------------|-------|
| a. Water        | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| b. Sewer        | Waste Line Size                   | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| c. Natural Gas  | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| d. Electricity  | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |                               |       |
| Service         | _____ Amps                        | _____ Volts                          | _____ Phase                   |       |
| e. Meter Number |                                   |                                      |                               |       |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |

f. Comments \_\_\_\_\_



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame

b. Material ☒ Concrete ☒ Masonry ☐ Steel  
☐ Timber ☐ Wood ☐ Other:

c. Area of Building \_\_\_\_\_  
\_\_\_\_\_

### 2. Components

a. Exterior Cladding ☒ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:  
Condition: Cracks/Gaps (concrete panel joints) ☒ Yes ☐ No  
Adequate Flashing ☒ Yes ☐ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

b. Exterior Trim ☐ Wood ☐ Hardboard ☒ Metal Panel ☐ Other:  
Condition: Warping/Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer  
Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☐ Yes ☒ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: could not observe

e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: could not observe



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Multi-Purpose  
*\* Plans are to lease this space to 24 Hour Fitness & renovate. Feb. 2017*
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |           | Material   | Finish   |
|-----------|--|--|
| a. Walls  | <u>Glazed CMU / CMU</u>  | <u>Paint</u>   |
| Condition | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: Space divided w/ moveable wall panels (poor condition)

- |           |  |   |
|-----------|--|---|
| b. Floor  | <u>VCT</u>   |   |
| Condition | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

- |           |  |   |
|-----------|--|---|
| c. Base   | <u>Vinyl</u>   |   |
| Condition | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

- |            |  |   |
|------------|--|---|
| d. Ceiling | <u>2x4 Acst. Pl.</u>   |   |
| Condition  | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

##### a. Window Coverings

Type

Condition

☐ Yes

☐ Drapes

☐ Good

☐ No

☐ Blinds

☐ Fair

☐ Other: \_\_\_\_\_

☐ Poor

##### b. Chalkboards

Size

Condition

☐ Yes

\_\_\_\_\_ x \_\_\_\_\_

☐ Good

☐ No

Material: \_\_\_\_\_

☐ Fair

☐ Quantity: \_\_\_\_\_

☐ Poor

##### c. Casework

Size

Condition

☐ Yes

\_\_\_\_\_ x \_\_\_\_\_

☐ Good

☐ No

Material: \_\_\_\_\_

☐ Fair

☐ Quantity: \_\_\_\_\_

☐ Poor

##### d. Lockers

Size

Condition

☐ Yes

\_\_\_\_\_ x \_\_\_\_\_

☐ Good

☐ No

Material: \_\_\_\_\_

☐ Fair

☐ Quantity: \_\_\_\_\_

☐ Poor

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x4 Fluor.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.2x

## INTERIOR ROOMS (TYPE 2 - DAMP)

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Weight Room Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

*\* this space to be included w/ 24 Hour Fitness lease.*

### 2. Room Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Rubber tile</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Steel Angle</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>2x4 Acst. Pln.</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.2x

### INTERIOR ROOMS (TYPE 2 - DAMP) - PAGE 2

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- c. Shelving Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- d. Cabinet Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- e. Lockers  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_

Comments Narrow walls at perimeter of room.

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply/Return Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sinks/Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoods	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2XA Hour.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Main Lobby Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls Condition

Material	Finish
<u>Stone/Glass/Drywall</u>	<u>Painted Wall Fabric</u>
<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor Condition

<u>Seamless</u>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
-----------------	--	---

Comments: \_\_\_\_\_

c. Base Condition

<u>Seamless</u>	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
-----------------	--	---

Comments: \_\_\_\_\_

d. Ceiling Condition

<u>2x4 Acst. Pl.</u>	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
----------------------	--	---

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. _____	Size: _____	Fire Rating: _____
b. Type <input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material <input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition <input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type <input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition <input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.3x

## CORRIDORS/COMMONS - PAGE 2

### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

### 5. Amenities

a. Display Cases ☒ Yes ☐ No ☐ Freestanding ☒ Other: Surface mtl.

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	<u>Recessed Cans &amp; strips</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: **Kitchen** Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition Glazed CMU  
☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition Quarry Tile  
☐ Good ☐ Fair ☒ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Glazed Block  
☐ Good ☐ Fair ☒ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Acst. Pl.  
☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

	1st	2nd	1st	2nd	1st	2nd
a. Door No.	____/____		Size:	____/____	Fire Rating:	____/____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional		<input type="checkbox"/> Other:	____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other:	____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor			
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor			

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.4x

### KITCHEN - PAGE 2

#### 4. Amenities

- a. Casework/Shelves ☒ Yes ☐ No  
 Type ☒ Recessed ☐ Freestanding ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor
- b. Pantry ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>	_____	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 3-Compartment Sink	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convection Oven	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range 1 over	<input checked="" type="checkbox"/>	_____	1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Equipment Stand	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Glazed CMU</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Quarry tile</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Glazed CMU</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>2x4 Acst. Fnl.</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
e. Hardware			<input type="checkbox"/> Other

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOM/RESTROOMS - PAGE 2

### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☐ Soap Dispenser ☒ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☒ Yes ☐ No ☒ Quantity: 28 (1/2 size)  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☒ Good ☐ Fair ☐ Poor
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	<u>2x4 Floor</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cover plates	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	<u>w/ motion detection</u>	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	<u>" "</u>	<u>6</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>		<u>4</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	CMU (low) / tectum Panels (above)	Paint
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor

Comments: Clerestory windows appear foggy - may just need cleaning?

b. Floor	Wood Plank	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	Steel Angle	Paint
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	No ceiling - Exposed Structure	Painted
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

#### e. Hardware

Item	Provided	Type	Quantity	Condition
				Good Fair Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.8x

### GYMNASIUM - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

b. Bleachers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☒ Poor

c. Other: BB Goals ☒ Yes ☐ No ☒ Quantity: 6

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

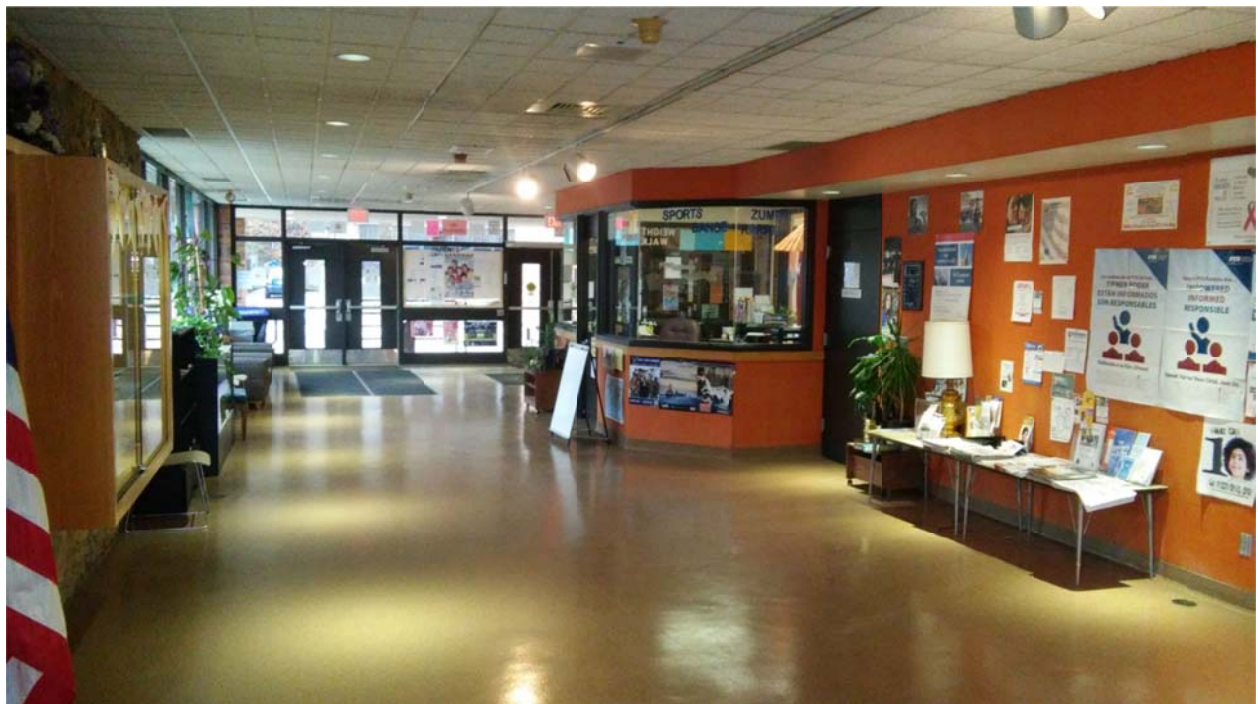
#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grills	<input checked="" type="checkbox"/>	<u>Exposed ducts</u>	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	<u>Pendant lights</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# ARGENTINE COMMUNITY CENTER





## ARGENTINE COMMUNITY CENTER





## ARGENTINE COMMUNITY CENTER





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com \_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com \_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com \_\_\_\_\_

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: \_\_\_\_\_ 5033 State Avenue \_\_\_\_\_

\_\_\_\_\_ Kansas City, KS 66102 \_\_\_\_\_

Telephone: \_\_\_\_\_ (913) 573-8327 \_\_\_\_\_

Director: \_\_\_\_\_ Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: \_\_\_\_\_ Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Armourdale C.C.

Address: 730 Osage  
Kansas City, KS

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: Raymond Hernandez

Original		
Construction	_____ GSF	_____ YR
1st Addition	_____ GSF	_____ YR
2nd Addition	_____ GSF	_____ YR
3rd Addition	_____ GSF	_____ YR

Gross Area: \_\_\_\_\_

Comments: Main problem: 1st floor HVAC has very poor air circulation.



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☒ Flat ☐ Sloping ☐ Hilly  
Drainage ☐ Good ☐ Fair ☒ Poor
- c. Pavement ☐ None ☐ Concrete ☒ Asphalt  
Condition ☐ Good ☒ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
Condition ☐ Wood ☐ Gravel ☒ Poor  
☐ Good ☐ Fair
- e. Landscaping ☐ Well Maintained ☒ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☒ None ☐ Chain Link ☐ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment *None*

- |                       |                               |                               |                               |
|-----------------------|-------------------------------|-------------------------------|-------------------------------|
| a. Swings             | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| b. Slides             | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| c. Parallel Bars      | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| d. Balance Beam       | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| e. Horizontal Ladders | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| f. Horizontal Bars    | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| g. Climbing Pole      | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| h. Merry-Go-Round     | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| i. Other              | <input type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

j. Comments \_\_\_\_\_

### 4. Site Utility (Municipal or Utility Company Provided)

- |                 |                                   |                                      |                               |       |
|-----------------|-----------------------------------|--------------------------------------|-------------------------------|-------|
| a. Water        | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| b. Sewer        | Waste Line Size                   | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| c. Natural Gas  | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| d. Electricity  | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |                               |       |
| Service         | _____ Amps                        | _____ Volts                          | _____ Phase                   |       |
| e. Meter Number |                                   |                                      |                               |       |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| f. Comments     | _____                             |                                      |                               |       |



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame
- b. Material ☒ Concrete ☒ Masonry ☐ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☐ Wood ☐ Hardboard ☐ Metal ☐ Other:
- Condition: Warping/Cracks ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Stains ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer
- Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☐ Yes ☒ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: could not observe

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: could not observe



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Classroom (lower level)
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |                 | Material   | Finish   |
|-----------------|--|--|
| a. Walls        | <u>drywall</u>   | <u>Paint</u>   |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| b. Floor        | <u>VCT</u>   |  |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____ |  |  |
| c. Base         | <u>Rubber</u>  |  |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____ |  |  |
| d. Ceiling      | <u>2x4 Acst. Pln.</u>  |  |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____ |  |  |

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds  
☐ Good ☐ Fair ☐ Other: \_\_\_\_\_  
 Condition ☐ Poor
- b. Chalkboards  
☒ Yes ☐ No  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
☐ Good ☒ Fair ☐ Poor  
 Condition ☐ Quantity: \_\_\_\_\_
- c. Casework  
☐ Yes ☒ No  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
☐ Good ☐ Fair ☐ Poor  
 Condition ☐ Quantity: \_\_\_\_\_
- d. Lockers  
☐ Yes ☒ No  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
☐ Good ☐ Fair ☐ Poor  
 Condition ☐ Quantity: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x 4 fluorescent		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Multi-Purpose / Main Lobby Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☐ Good ☒ Fair ☐ Poor Paint ☐ Good ☐ Fair ☒ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition VCT ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Vinyl ☐ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☒ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition 2x4 Acct. Pl. ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☒ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☒ Poor  
d. Frame Type ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☒ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition
				Good Fair Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☒ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: Storage Cabinets ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grilles	<input checked="" type="checkbox"/>	<u>Baseboard</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: **Kitchen** Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>VCT</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Vinyl</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>2x4 Acst. Pl.</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

	1st	2nd		1st	2nd		1st	2nd
a. Door No.	_____	_____	Size:	_____	_____	Fire Rating:	_____	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional			<input type="checkbox"/> Other:	_____	
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood			<input type="checkbox"/> Other:	_____	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor							
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood			<input type="checkbox"/> Other		
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor							

e. Hardware	Item	Provided	Type	Quantity	Condition
					Good Fair Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN - PAGE 2

### 4. Amenities

- a. Casework/Shelves  
Type ☒ Yes ☐ No  
Condition ☐ Recessed ☐ Freestanding ☐ Other: Wall Mtd.  
☐ Good ☐ Fair ☐ Poor
- b. Pantry  
Size ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
Material: \_\_\_\_\_
- c. Other: \_\_\_\_\_  
Size ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
Material: \_\_\_\_\_

Comments \_\_\_\_\_

### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>	<u>Residential</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food Preparation Sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2</u> <input checked="" type="checkbox"/> -Compartment Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input checked="" type="checkbox"/>	<u>Residential type</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Convection Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range <u>1000</u>	<input checked="" type="checkbox"/>	<u>" "</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Drywall</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Quarry tile</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Quarry tile</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Drywall</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	Size: _____		Fire Rating: _____
b. Type	<input checked="" type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Other: _____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other: _____
Condition	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Fair	
e. Hardware		<input type="checkbox"/> Wood	
		<input type="checkbox"/> Poor	

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☐ Laminate ☒ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- d. Other: Benches ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	<u>Surface Mtd. Strips</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	<u>Motion Detection</u>	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	<u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	<u>4</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>Brick/CMU</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Wood Plank</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Steel Angle</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Drywall</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. Entry Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☒ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☒ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☒ Poor  
d. Frame Type ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☒ Fair ☐ Poor

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.8x

### GYMNASIUM - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Bleachers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: Scoreboard ☒ Yes ☐ No ☒ Quantity: 1

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/> Caged	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Space Heaters no A/C



# ARMOURDALE COMMUNITY CENTER

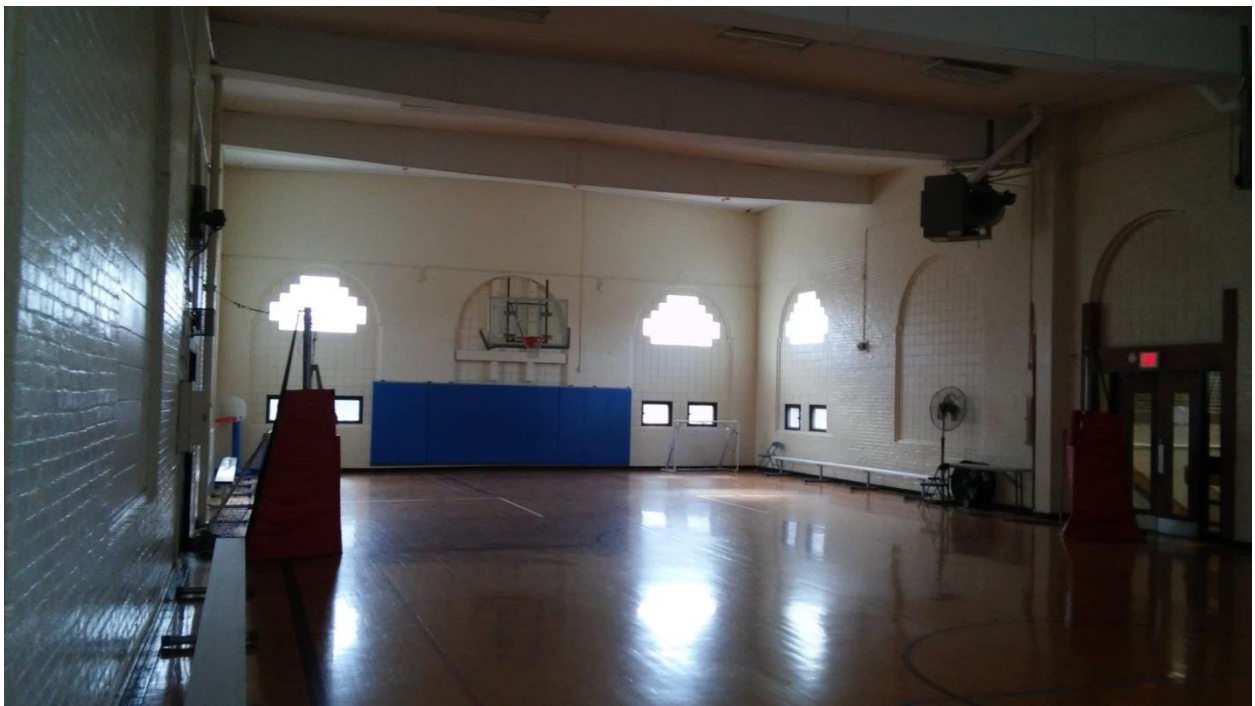




## ARMOURDALE COMMUNITY CENTER



Evidence of roof leak at ceiling in Entry Foyer at north entry canopy.





## ARMOURDALE COMMUNITY CENTER



Cracked and deteriorating concrete near exterior drain outside the west entry.



# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: \_\_\_\_\_ 5033 State Avenue \_\_\_\_\_

\_\_\_\_\_ Kansas City, KS 66102 \_\_\_\_\_

Telephone: \_\_\_\_\_ (913) 573-8327 \_\_\_\_\_

Director: \_\_\_\_\_ Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: \_\_\_\_\_ Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Bethany C.C. \_\_\_\_\_

Address: 1120 Central Ave \_\_\_\_\_  
Kansas City, KS \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Specialist: Tom Tram \_\_\_\_\_

Facility Caretaker: \_\_\_\_\_

#### Original

Construction	_____ GSF _____	_____ YR _____
1st Addition	_____ GSF _____	_____ YR _____
2nd Addition	_____ GSF _____	_____ YR _____
3rd Addition	_____ GSF _____	_____ YR _____

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☐ Flat ☒ Sloping ☐ Hilly  
Drainage ☒ Good ☐ Fair ☐ Poor
- c. Pavement Condition ☐ Good ☒ Fair ☐ None ☐ Concrete ☒ Asphalt ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Wood ☐ Gravel ☐ Asphalt  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Landscaping ☐ Well Maintained ☐ Average ☐ Not Maintained *hard to say - in winter*  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☐ None ☒ Chain Link ☐ Wood (Type)  
Finish ☒ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
*Around tennis court.* ☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments *tennis courts.*



Site Data Cont.

3.2

3. Playground Equipment *None*

- |                       |  |                               |                               |
|-----------------------|--|-------------------------------|-------------------------------|
| a. Swings             | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| b. Slides             | <input checked="" type="checkbox"/> None | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| c. Parallel Bars      | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| d. Balance Beam       | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| e. Horizontal Ladders | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| f. Horizontal Bars    | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| g. Climbing Pole      | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| h. Merry-Go-Round     | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| i. Other              | <input type="checkbox"/> None            | Number                        |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |

j. Comments \_\_\_\_\_

4. Site Utility (Municipal or Utility Company Provided)

- |                 |                                   |                                      |                               |       |
|-----------------|-----------------------------------|--------------------------------------|-------------------------------|-------|
| a. Water        | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| b. Sewer        | Waste Line Size                   | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| c. Natural Gas  | Service Line Size                 | _____                                | Type                          | _____ |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| d. Electricity  | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |                               |       |
| Service         | _____ Amps                        | _____ Volts                          | _____ Phase                   |       |
| e. Meter Number |                                   |                                      |                               |       |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| f. Comments     | _____                             |                                      |                               |       |



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame
- b. Material ☒ Concrete ☒ Masonry ☐ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☐ Wood ☒ <sup>Concrete</sup> Hardboard ☐ Metal ☐ Other:  
Condition: Warping/Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☒ Yes ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer  
Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☐ Yes ☒ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Could not observe

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Could not observe



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Lower Level Multi-Purpose
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- a. Walls  
Condition CMU/Concrete ☒ Good ☐ Fair ☐ Poor Paint ☐ Good ☒ Fair ☐ Poor  
Comments: \_\_\_\_\_
- b. Floor  
Condition VCT ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor  
Comments: \_\_\_\_\_
- c. Base  
Condition Rubber ☐ Good ☐ Fair ☒ Poor ☐ Good ☐ Fair ☐ Poor  
Comments: \_\_\_\_\_
- d. Ceiling  
Condition Acst. Pln. ☐ Good ☐ Fair ☒ Poor ☐ Good ☐ Fair ☐ Poor  
Comments: \_\_\_\_\_

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_
- d. Frame Type Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

##### a. Window Coverings

Type ☐ Yes ☒ No ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Drapes ☐ Fair ☐ Poor

##### b. Chalkboards

Size ☒ Yes ☐ No ☐ Quantity: 2  
 Condition ☐ Good ☒ Fair ☐ Poor

##### c. Casework

Size ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

##### d. Lockers

Size ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	Fluor. Tuff-In		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Exposed Conc. tees</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☒ Yes ☐ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Lockers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	<i>surface mtd. strips</i>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Upper and Lower Level Restrooms Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☒ Good ☐ Fair ☐ Poor Paint ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition Seamless ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Seamless ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Acst. lay-in ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☒ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☒ Yes ☒ No ☒ Quantity: 3/sex  
 Size \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor

- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	<u>wall mtd.</u>	<u>1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	<u>5</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	<u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input checked="" type="checkbox"/>	_____	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shower Compartments	<input checked="" type="checkbox"/>	_____	<u>1</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	<u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments Same count of plumbing fixtures on each floor level.



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
 b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments: _____		
b. Floor	<u>Wood</u>	<u>Varnish</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments: _____		
c. Base	<u>None</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments: _____		
d. Ceiling	<u>Exposed Conc. tees</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments: _____		

### 3. 1st Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
 b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
 c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
 Condition ☐ Good ☐ Fair ☐ Poor  
 e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM - PAGE 2

### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: Pair 3'-0" x 7'-0" Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☒ Poor

d. Frame Type ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☒ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

### 5. Amenities

a. Display Cases ☐ Yes ☐ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Bleachers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size x Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☒ Poor

c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size x Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input checked="" type="checkbox"/>	<u>Cage</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>		_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input checked="" type="checkbox"/>		_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: Exposed ductwork



# BETHANY COMMUNITY CENTER





## BETHANY COMMUNITY CENTER





## BETHANY COMMUNITY CENTER





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: 12/20/16 to 12/20/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: 5033 State Avenue \_\_\_\_\_

Kansas City, KS 66102 \_\_\_\_\_

Telephone: (913) 573-8327 \_\_\_\_\_

Director: Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: James P. Davis Banquet Hall

Address: 91st & Leavenworth Road  
Kansas City, KS

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: Derrick Weaver

#### Original

Construction \_\_\_\_\_ GSF \_\_\_\_\_ YR

1st Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

2nd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

3rd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☐ Flat ☒ Sloping ☒ Hilly  
Drainage ☒ Good ☐ Fair ☐ Poor
- c. Pavement ☐ None ☒ Concrete ☒ Asphalt  
Condition ☒ Good ☐ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
Condition ☐ Wood ☐ Gravel ☐ Poor  
☒ Good ☐ Fair
- e. Landscaping ☐ Well Maintained ☒ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☐ None ☐ Chain Link ☒ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments

Parking quite a distance from building & topography makes it challenging to access facility in inclement weather.

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☐ Monolithic ☐ Post & Beam ☐ Light Frame *#Load bearing stone walls.*
- b. Material ☐ Concrete ☐ Masonry ☐ Steel  
☒ Timber ☐ Wood ☒ Other: *Stone walls.*  
*(roof)*
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☐ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☒ Other: *Stone walls.*
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☒ Yes ☐ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☒ Wood ☐ Hardboard ☐ Metal ☐ Other:
- Condition: Warping/Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☐ Clear Sealer *N/A*
- Condition: Flaking ☐ Yes ☐ No  
Mold/Mildew ☐ Yes ☐ No  
Stains ☐ Yes ☐ No  
Deteriorated ☐ Yes ☐ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *Could not observe.*

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *Could not observe.*



# Building Envelope/Structure

4.4x

## DOORS

### 1. Basic Information

a. Door No. \_\_\_\_\_ Size \_\_\_\_\_ Fire Rating \_\_\_\_\_  
b. Type ☒ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

### 2. Components

a. Door Unit ☐ Hollow Metal ☐ Aluminum ☒ Wood ☐ Other: \_\_\_\_\_  
Condition: Splits/Gaps ☒ Yes ☒ No  
Binding ☒ Yes ☒ No  
Rust/Decay ☒ Yes ☐ No  
Stains/Poor Finish ☒ Yes ☒ No

Comments:

*Bottom of doors on patio side of bldg. have signs of rot due to leak of gutters at roof above.*

b. Frame ☐ Hollow Metal ☐ Aluminum ☒ Wood ☐ Other: \_\_\_\_\_  
Condition: Loose ☒ Yes ☒ No  
Rust/Decay ☒ Yes ☐ No  
Stains/Poor Finish ☒ Yes ☒ No

Comments:

*See above.*

c. Weather-stripping ☐ N/A ☒ Provided ☐ Material \_\_\_\_\_  
Condition: ☐ Good ☒ Fair ☐ Poor

Comments:

d. Insulation ☒ N/A ☐ Provided ☐ Thickness/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments:

e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments



# Building Envelope/Structure

4.5x

## WINDOWS/LOUVERS

### 1. Basic Information

a. Window No. \_\_\_\_\_ Size \_\_\_\_\_ Fire Rating \_\_\_\_\_

b. Type ☐ Fixed ☐ Tilt/Turn ☐ Double Hung ☐ Single Hung  
☐ Sliding ☐ Awning ☐ Combination ☒ Other: Casement

### 2. Components

a. Glazing ☒ Single Pane ☐ Double Pane ☐ Triple Pane ☐ Wire  
☐ Plastic ☐ Lexan ☐ Laminated ☐ Other: \_\_\_\_\_

Condition: Breakage ☒ Yes ☒ No  
Scratched/Unclear ☒ Yes ☒ No  
Condensation ☒ Yes ☒ No  
Poor Thermal Properties ☒ Yes ☐ No

Comments: \_\_\_\_\_

b. Frame ☐ Plastic ☐ Aluminum ☒ Wood ☐ Steel  
☐ Alum. Clad ☐ Vinyl Clad ☐ Other: \_\_\_\_\_

Condition: Binding ☒ Yes ☒ No  
Rust/Decay ☒ Yes ☒ No  
Stains/Poor Finish ☒ Yes ☒ No

Comments: \_\_\_\_\_

c. Weather-stripping ☒ N/A ☐ Provided ☐ Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latches	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter-weights	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

### 3. Louvers

a. Material ☐ Steel ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Finish ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Screen ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Sealants ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Other \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Comments: \_\_\_\_\_



# Building Envelope/Structure

4.6x

## ROOF

### 1. Roof Structure Type

- a. Construction
- ☐ Metal Deck on Metal Trusses/Joists
- ☐ Plywood or Lumber Deck On Wood Trusses/Joists
- ☐ Plywood or Lumber Deck on Metal Trusses/Joists
- ☐ Concrete on Metal Deck on Metal Trusses/Joists
- ☒ Other: Asphalt Shingles over wood deck

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

### 2. Components

- a. Beams
- ☐ Concrete ☐ Metal ☒ Wood Other \_\_\_\_\_
- Condition: Unsupported Ends ☐ Yes ☒ No
- Rot/Decay ☐ Yes ☒ No
- Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Trusses/Joists
- ☐ Concrete ☐ Metal ☒ Wood Other \_\_\_\_\_
- Condition: Unsupported Ends ☐ Yes ☒ No
- Rot/Decay ☐ Yes ☒ No
- Deflection ☐ Yes ☒ No

Comments: Heavy timber construction.

- c. Deck
- ☐ Concrete ☐ Metal ☒ Wood Other \_\_\_\_\_
- Condition: Cracks ☐ Yes ☒ No
- Rot/Decay ☐ Yes ☒ No
- Deflection ☐ Yes ☒ No

Comments: Could only observe from interior side.

- d. Roofing
- ☐ Preformed Metal Roofing ☐ Built Up ☒ Asphalt Shingle
- ☐ Single Ply Membrane ☐ IRMA ☐ Other \_\_\_\_\_
- Condition: Failures/Splits/Cracks ☐ Yes ☒ No ☐ N/A
- Blistered ☐ Yes ☒ No ☐ N/A
- Corrosion ☐ Yes ☒ No ☐ N/A
- Deterioration ☐ Yes ☒ No ☐ N/A

Comments: there is a significant leak in 2<sup>nd</sup> floor stair roof.

- e. Penetrations
- ☐ Curbs ☐ Flashing Boots ☐ Pitch Pans Other \_\_\_\_\_
- Condition: Deterioration ☐ Yes ☐ No ☐ N/A
- Corrosion ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: 2nd Floor Aux. Space  
Generally in disrepair & unused.
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |                      | Material  | Finish   |
|----------------------|---|--|
| a. Walls Condition   | <u>Combination stone &amp; plaster.</u><br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor |
| Comments: _____      |   |  |
| b. Floor Condition   | <u>Wood</u><br><input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor                             | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____      |   |  |
| c. Base Condition    | <u>No base</u><br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor                                     | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____      |   |  |
| d. Ceiling Condition | <u>Plaster</u><br><input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor                          | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____      |   |  |

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_
- d. Frame Type Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- c. Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- d. Lockers  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.2x

## INTERIOR ROOMS (TYPE 2 - DAMP)

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Banquet Halls Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Room Enclosure

	Material	Finish
a. Walls	<u>Stone</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Wood Plank</u>	<u>Varnish</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: Gets a lot of use.

c. Base	<u>No base</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Exposed heavy timber construction.</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware	Item	Provided	Type	Quantity	Condition
					Good Fair Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



## Interior Spaces

5.2x

### INTERIOR ROOMS (TYPE 2 - DAMP) - PAGE 2

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- c. Shelving Casework  
☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- d. Cabinet Casework  
☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- e. Lockers  
☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments Fireplace in one Hall, small stage platform in the other Hall.

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
<u>Underlab</u> Baseboard Units	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply/Return Grill	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks/Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoods	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	<u>Chandelier</u>	<u>3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Entry Foyer Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

#### Material

#### Finish

a. Walls  
Condition

Stone  
☒ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition

Wood Plank  
☐ Good ☒ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition

No base  
☐ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition

Exposed Heavy Timber Roof Structure  
☐ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_
- Type ☐ Recessed ☐ Fair ☐ Poor
- Condition ☐ Good ☐ Fair ☐ Poor
- b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: **Kitchen** Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Stone</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Seamless flooring</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>No base</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Plaster</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

	1st	2nd	1st	2nd	1st	2nd
a. Door No.	____/____		Size: _____		Fire Rating: _____	
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional		<input type="checkbox"/> Other: _____	
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other: _____	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.4x

### KITCHEN - PAGE 2

#### 4. Amenities

- a. Casework/Shelves  
Type ☒ Yes ☐ No  
Condition ☐ Recessed ☒ Freestanding ☐ Other: \_\_\_\_\_  
☐ Good ☒ Fair ☐ Poor
- b. Pantry  
Size ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
Condition ☐ Good ☒ Fair ☐ Poor  
Material: \_\_\_\_\_
- c. Other: \_\_\_\_\_  
Size ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
Material: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input checked="" type="checkbox"/> Compartment Sink	<input checked="" type="checkbox"/>	Residential	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input checked="" type="checkbox"/>	Residential Grade	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convection Oven	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input checked="" type="checkbox"/>	6 burner	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Women and Men's Room Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Plaster</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Plaster</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
e. Hardware			<input type="checkbox"/> Other

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	_____	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



## JAMES P. DAVIS BANQUET HALL



No roof gutters, typical condition at roof perimeter.



## JAMES P. DAVIS BANQUET HALL



Result of no roof gutters (and lack of positive surface drainage), decaying/rotting lower wood door panels.





## JAMES P. DAVIS BANQUET HALL



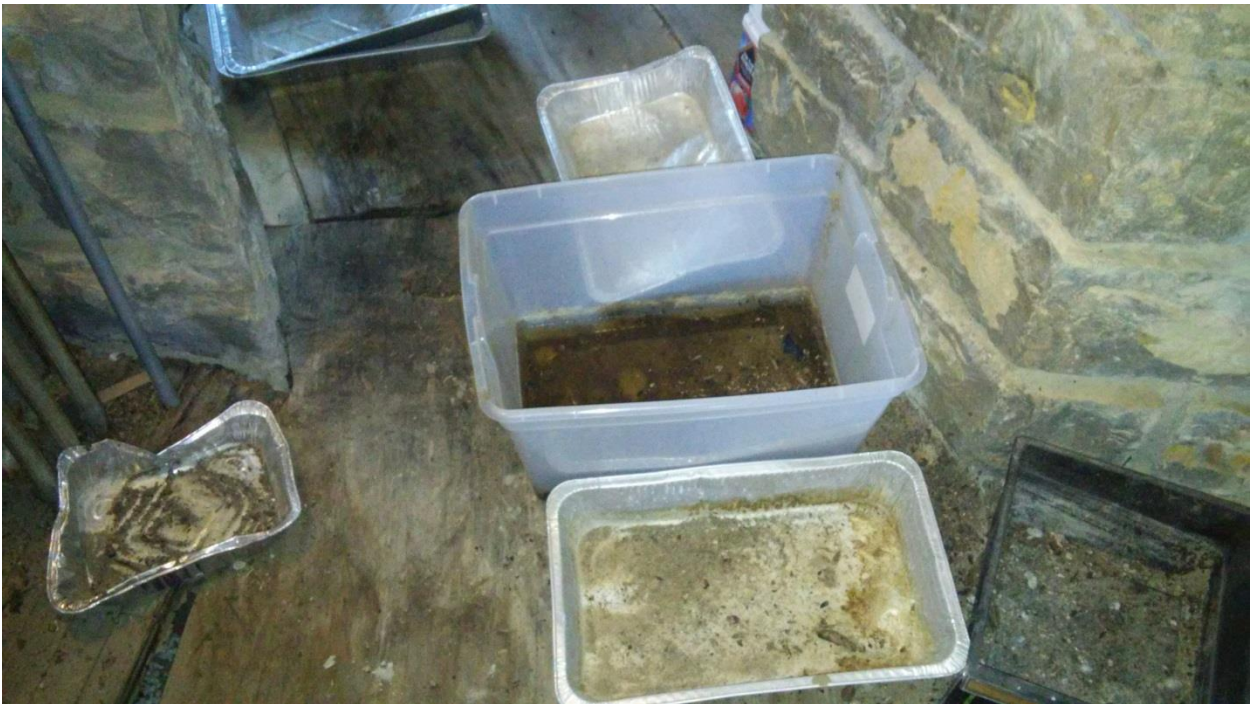
Six burner range w/ residential grade range hood.



## JAMES P. DAVIS BANQUET HALL



Stairwell roof with various leak locations.



Drip pots under stairwell roof leak.



# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: 12/20/16 to 12/20/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: 5033 State Avenue  
Kansas City, KS 66102

Telephone: (913) 573-8327

Director: Jeremy Rogers

Recreation Program Coordinator: Shelly Boyd

### Facility Information

Name of Facility: Eisenhower

Address: 2901 N. 72 Street  
Kansas City, KS

Telephone: \_\_\_\_\_

Program Specialist: Pat Wells

Facility Caretaker: \_\_\_\_\_

#### Original

Construction	_____ GSF	_____ YR
1st Addition	_____ GSF	_____ YR
2nd Addition	_____ GSF	_____ YR
3rd Addition	_____ GSF	_____ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☒ Flat ☐ Sloping ☐ Hilly  
Drainage ☐ Good ☐ Fair ☐ Poor
- c. Pavement ☐ None ☒ Concrete ☒ Asphalt  
Condition ☒ Good ☐ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
Condition ☐ Wood ☐ Gravel ☐ Poor  
☐ Good ☐ Fair
- e. Landscaping ☐ Well Maintained ☐ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other  
*Not much landscaping*
- f. Fencing ☒ None ☐ Chain Link ☐ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment

- |                       |   |   |
|-----------------------|---|---|
| a. Swings             | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| b. Slides             | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Good | Number <i>4 (combination unit)</i><br><input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| c. Parallel Bars      | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| d. Balance Beam       | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| e. Horizontal Ladders | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| f. Horizontal Bars    | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| g. Climbing Pole      | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| h. Merry-Go-Round     | <input checked="" type="checkbox"/> None<br><input type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| i. Other              | <input type="checkbox"/> None<br><input checked="" type="checkbox"/> Good | Number<br><input type="checkbox"/> Fair <input type="checkbox"/> Poor                             |
| j. Comments           | <i>All-in-one unit, Water play feature under construction.</i>            |   |

### 4. Site Utility (Municipal or Utility Company Provided)

- |                 |   |  |
|-----------------|---|--|
| a. Water        | Service Line Size _____   | Type _____   |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Poor                                |
| b. Sewer        | Waste Line Size _____   | Type _____   |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Poor                                |
| c. Natural Gas  | Service Line Size _____   | Type _____   |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Poor                                |
| d. Electricity  | <input type="checkbox"/> Overhead _____ Amps  | <input type="checkbox"/> Underground _____ Volts _____ Phase |
| e. Meter Number | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |  |
| f. Comments     | _____   |  |



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame
- b. Material ☐ Concrete ☒ Masonry ☐ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of \_\_\_\_\_  
Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☐ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☒ Other: *face brick*
- Condition: Cracks/Gaps ☒ Yes ☒ No  
Adequate Flashing ☒ Yes ☐ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: *Some real cracks at south wall. Appears to be settlement related.*

- b. Exterior Trim ☐ Wood ☐ Hardboard ☐ Metal ☐ Other: *None*
- Condition: Warping/Cracks ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Stains ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer
- Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☐ Yes ☒ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *Could not observe*

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *Could not observe*



# Building Envelope/Structure

4.6x

## ROOF

1. Roof Structure Type *Recently re-roofed, had inspection last week, all is well.*

- a. Construction ☒ Metal Deck on Metal Trusses/Joists  
☐ Plywood or Lumber Deck On Wood Trusses/Joists  
☐ Plywood or Lumber Deck on Metal Trusses/Joists  
☐ Concrete on Metal Deck on Metal Trusses/Joists  
☐ Other: \_\_\_\_\_

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

## 2. Components

- a. Beams ☐ Concrete ☒ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Trusses/Joists ☐ Concrete ☒ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- c. Deck ☐ Concrete ☒ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Roofing ☐ Preformed Metal Roofing ☐ Built Up ☐ Asphalt Shingle  
☒ Single Ply Membrane ☐ IRMA ☐ Other \_\_\_\_\_  
Condition: Failures/Splits/Cracks ☐ Yes ☒ No ☐ N/A  
Blistered ☐ Yes ☒ No ☐ N/A  
Corrosion ☐ Yes ☒ No ☐ N/A  
Deterioration ☐ Yes ☒ No ☐ N/A

Comments: \_\_\_\_\_

- e. Penetrations ☐ Curbs ☐ Flashing Boots ☐ Pitch Pans Other \_\_\_\_\_  
Condition: Deterioration ☐ Yes ☐ No ☐ N/A  
Corrosion ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Multi-Purpose
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |                 | Material   | Finish   |
|-----------------|--|--|
| a. Walls        | <u>CMA</u>   | <u>Paint</u>   |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| b. Floor        | <u>VCT</u>   |  |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| c. Base         | <u>Vinyl</u>   |  |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| d. Ceiling      | <u>ACST. 2x2</u>   |  |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- c. Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- d. Lockers  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x4 Fluorescent	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Main Entry Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Brick/CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Brick Paver</u>	
Condition	<input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Rubber</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>2X2 Acst. Pl.</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size:	_____	Fire Rating:	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other:	_____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition
				Good Fair Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☒ Yes ☐ No  
 Type ☐ Recessed ☐ Freestanding ☒ Other: surface mtl.  
 Condition ☒ Good ☐ Fair ☐ Poor
- b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Warming Kitchen Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMA</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Quarry tile (QT)</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>QT</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>ACST 2x4</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

	1st	2nd	1st	2nd	1st	2nd
a. Door No.	____/____		Size: _____		Fire Rating: _____	
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional		<input type="checkbox"/> Other: _____	
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other: _____	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor			
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood		<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor			

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.4x

### KITCHEN - PAGE 2

#### 4. Amenities

- a. Casework/Shelves ☒ Yes ☐ No  
 Type ☐ Recessed ☐ Freestanding ☒ Other: Built-in  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Pantry ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>	<u>residential</u>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2/3 Compartment Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input checked="" type="checkbox"/>	<u>residential</u>	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Convection Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range / Oven	<input checked="" type="checkbox"/>	<u>residential</u>	<u>2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.2x

## INTERIOR ROOMS (TYPE 2 - DAMP)

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Game Room Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Room Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Sealed Concrete</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>None</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>ACST 2x2</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.2x

### INTERIOR ROOMS (TYPE 2 - DAMP) - PAGE 2

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
 Size \_\_\_\_\_ x \_\_\_\_\_ ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_
- c. Shelving Casework  
 Size \_\_\_\_\_ x \_\_\_\_\_ ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_
- d. Cabinet Casework  
 Size \_\_\_\_\_ x \_\_\_\_\_ ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_
- e. Lockers  
 Size \_\_\_\_\_ x \_\_\_\_\_ ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks/Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoods	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x2 Fluor.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Boys & Girl Rest Rooms Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☒ Good ☐ Fair ☐ Poor Paint ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition Ceramic Mosaic tile ☐ Good ☒ Fair ☐ Poor ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition CMT ☐ Good ☒ Fair ☐ Poor ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition ACST 2x4 ☐ Good ☒ Fair ☐ Poor ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☐ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☐ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☐ PTD/Receptacle ☐ Mirrors ☐ San. Napkin ☐ TP Dispenser  
☐ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	wall hung	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>		3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	wall hung	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input checked="" type="checkbox"/>	<del>Handheld Shower Heads</del>	<del>4</del>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Boys & Girls Locker Rooms Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Sealed Conc. / Quarry tile</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>vinyl</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>2x4 Acst. Pld.</u>
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: Number of damaged panels due to leaks above

### 3. Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
e. Hardware			<input type="checkbox"/> Other

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	Wall mtch.	1	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	Wall mtch.	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input checked="" type="checkbox"/>	stainless steel (girls)	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>	stainless steel	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# EISENHOWER COMMUNITY CENTER



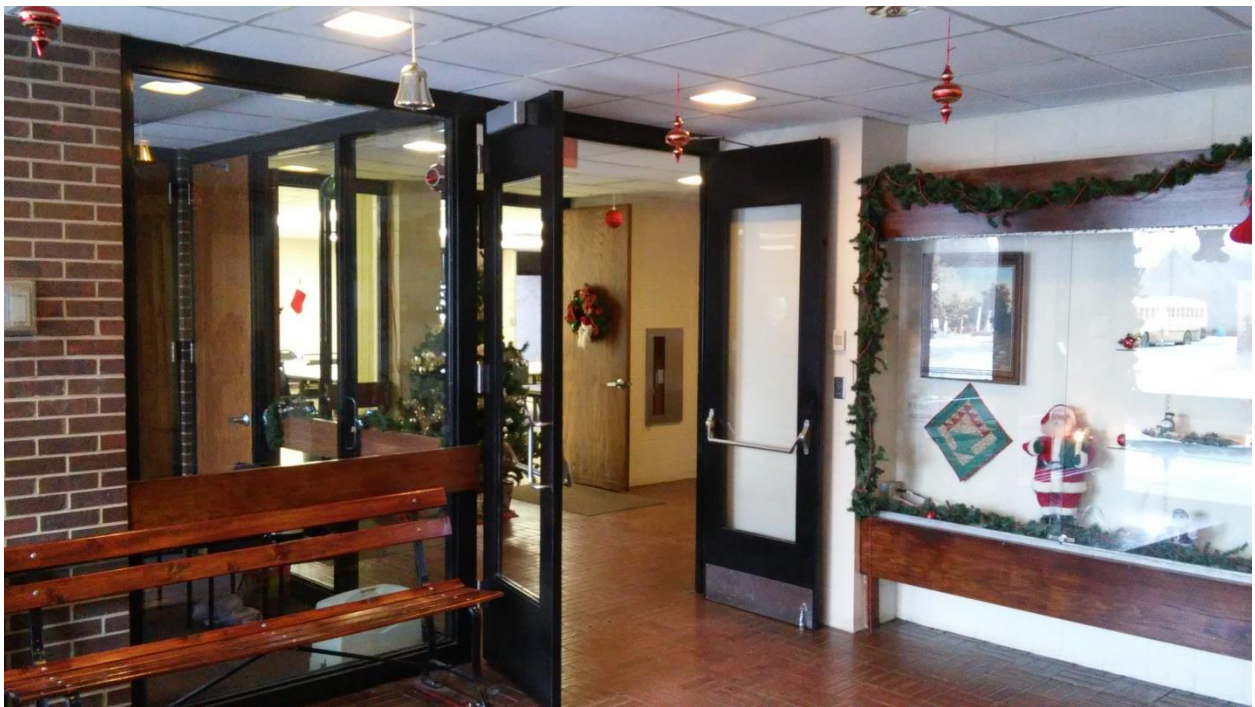
Evidence of settlement cracks at east exterior wall.



## EISENHOWER COMMUNITY CENTER



Water play feature under construction.





## EISENHOWER COMMUNITY CENTER

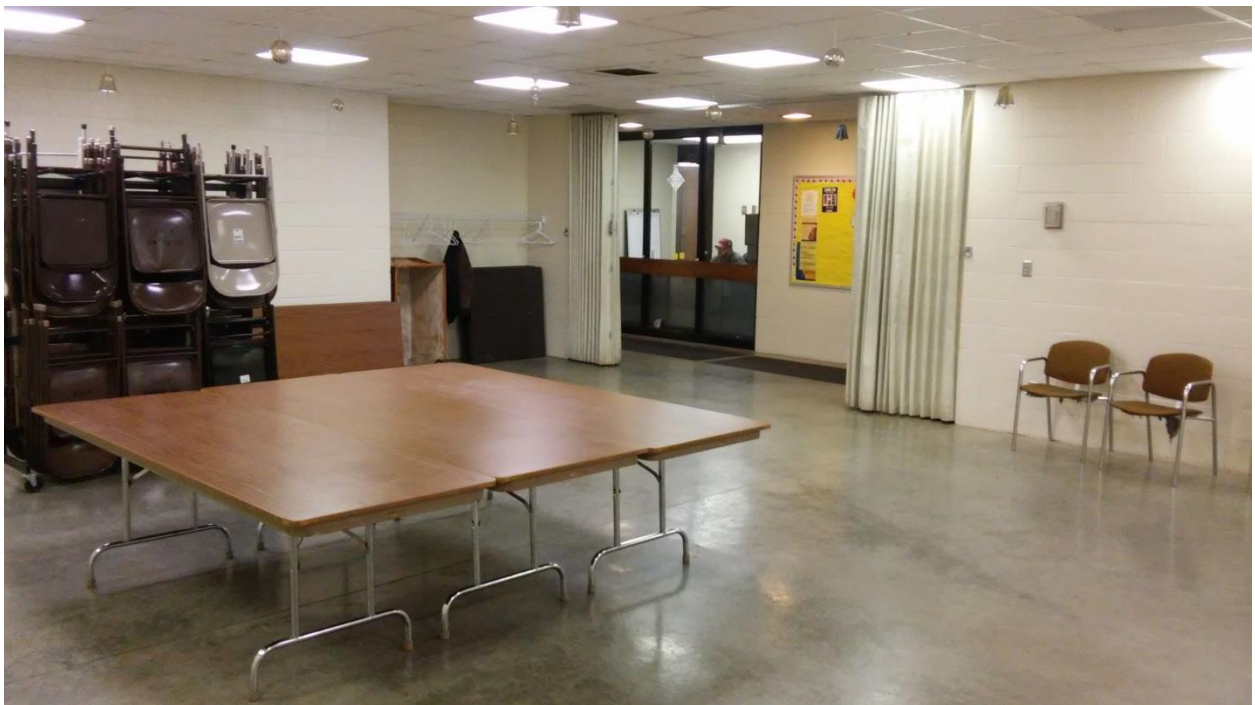




# EISENHOWER COMMUNITY CENTER



Multipurpose Meeting Rooms



Game Room



# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: \_\_\_\_\_ 5033 State Avenue \_\_\_\_\_

\_\_\_\_\_ Kansas City, KS 66102 \_\_\_\_\_

Telephone: \_\_\_\_\_ (913) 573-8327 \_\_\_\_\_

Director: \_\_\_\_\_ Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: \_\_\_\_\_ Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: \_\_\_\_\_ JFK \_\_\_\_\_

Address: \_\_\_\_\_ 1310 N. 10th Street \_\_\_\_\_

\_\_\_\_\_ Kansas City, KS \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: \_\_\_\_\_ Dwayne Jones \_\_\_\_\_

#### Original

Construction	_____ GSF _____	_____ YR _____
1st Addition	_____ GSF _____	_____ YR _____
2nd Addition	_____ GSF _____	_____ YR _____
3rd Addition	_____ GSF _____	_____ YR _____

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☐ Flat ☒ Sloping ☒ Hilly  
Drainage ☒ Good ☐ Fair ☐ Poor
- c. Pavement ☐ None ☐ Concrete ☒ Asphalt  
Condition ☐ Good ☒ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
Condition ☐ Wood ☐ Gravel ☒ Poor  
*→ Pedestrian bridge at upper level entry.*
- e. Landscaping ☐ Well Maintained ☐ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
*None* ☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☒ None ☐ Chain Link ☐ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment

- |                       |  |  |                               |
|-----------------------|--|--|-------------------------------|
| a. Swings             | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| b. Slides             | <input type="checkbox"/> None            | <input checked="" type="checkbox"/> Number | 3                             |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| c. Parallel Bars      | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| d. Balance Beam       | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| e. Horizontal Ladders | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| f. Horizontal Bars    | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| g. Climbing Pole      | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| h. Merry-Go-Round     | <input checked="" type="checkbox"/> None | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair              | <input type="checkbox"/> Poor |
| i. Other              | <input type="checkbox"/> None            | Number                                     |                               |
| Condition             | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Fair   | <input type="checkbox"/> Poor |

j. Comments Combination play unit.

### 4. Site Utility (Municipal or Utility Company Provided)

- |                 |                                   |                                      |                               |
|-----------------|-----------------------------------|--------------------------------------|-------------------------------|
| a. Water        | Service Line Size                 |                                      | Type                          |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |
| b. Sewer        | Waste Line Size                   |                                      | Type                          |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |
| c. Natural Gas  | Service Line Size                 |                                      | Type                          |
| Condition       | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |
| d. Electricity  | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |                               |
| Service         | _____ Amps                        | _____ Volts                          | _____ Phase                   |
| e. Meter Number | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |
| Condition       |                                   |                                      |                               |
| f. Comments     |                                   |                                      |                               |



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame
- b. Material ☒ Concrete ☒ Masonry ☐ Steel  
☒ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☒ Yes ☐ No  
Rot/Decay *Portions of south wall* ☒ Yes ☐ No  
Stains *" " "* ☒ Yes ☐ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☐ Wood ☐ Hardboard ☐ Metal ☐ Other:
- Condition: Warping/Cracks ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Stains ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer
- Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☒ Yes ☐ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *Could not observe*

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *could not observe*



# Building Envelope/Structure

4.5x

## WINDOWS/LOUVERS

### 1. Basic Information

a. Window No. \_\_\_\_\_ Size \_\_\_\_\_ Fire Rating \_\_\_\_\_

b. Type ☒ Fixed ☐ Tilt/Turn ☐ Double Hung ☐ Single Hung  
☐ Sliding ☐ Awning ☐ Combination ☐ Other: \_\_\_\_\_

### 2. Components

a. Glazing ☒ Single Pane ☐ Double Pane ☐ Triple Pane ☐ Wire  
☐ Plastic ☒ Lexan ☐ Laminated ☐ Other: \_\_\_\_\_

Condition: Breakage ☐ Yes ☒ No  
Scratched/Unclear ☒ Yes ☐ No  
Condensation ☐ Yes ☒ No  
Poor Thermal Properties ☒ Yes ☐ No

Comments: \_\_\_\_\_

b. Frame ☐ Plastic ☐ Aluminum ☐ Wood ☒ Steel  
☐ Alum. Clad ☐ Vinyl Clad ☐ Other: \_\_\_\_\_

Condition: Binding ☐ Yes ☒ No  
Rust/Decay ☒ Yes ☐ No  
Stains/Poor Finish ☒ Yes ☐ No

Comments: \_\_\_\_\_

c. Weather-stripping ☒ N/A ☐ Provided ☐ Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latches	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Counter-weights	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

### 3. Louvers

a. Material ☒ Steel ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Finish ☒ paint ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Screen ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Sealants ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_  
Other \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_ ☐ \_\_\_\_\_

Comments: \_\_\_\_\_



# Building Envelope/Structure

4.6x

## ROOF

### 1. Roof Structure Type

- a. Construction ☐ Metal Deck on Metal Trusses/Joists  
☒ Plywood or Lumber Deck On Wood Trusses/Joists  
☐ Plywood or Lumber Deck on Metal Trusses/Joists  
☐ Concrete on Metal Deck on Metal Trusses/Joists  
☐ Other: \_\_\_\_\_

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

### 2. Components

- a. Beams ☐ Concrete ☐ Metal ☒ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Trusses/Joists ☐ Concrete ☐ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Deflection ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Deck ☐ Concrete ☐ Metal ☒ Wood Other \_\_\_\_\_  
Condition: Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Deflection ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Roofing ☐ Preformed Metal Roofing ☒ Built Up ☐ Asphalt Shingle  
☐ Single Ply Membrane ☐ IRMA ☐ Other \_\_\_\_\_  
Condition: Failures/Splits/Cracks ☐ Yes ☐ No ☐ N/A  
Blistered ☐ Yes ☐ No ☐ N/A  
Corrosion ☐ Yes ☐ No ☐ N/A  
Deterioration ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_

- e. Penetrations ☐ Curbs ☐ Flashing Boots ☐ Pitch Pans Other \_\_\_\_\_  
Condition: Deterioration ☐ Yes ☐ No ☐ N/A  
Corrosion ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Dance Hall
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |                 | Material   | Finish   |
|-----------------|--|--|
| a. Walls        | <u>CMU</u>   | <u>Paint</u>   |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| b. Floor        | <u>Wood Plank</u>  |  |
| Condition       | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor            |
| Comments: _____ |  |  |
| c. Base         | <u>Steel Angle</u>   | <u>Paint</u>   |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor |
| Comments: _____ |  |  |
| d. Ceiling      | <u>Drywall</u>   | <u>Paint</u>   |
| Condition       | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor | <input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

##### a. Window Coverings

Type ☐ Yes ☒ No ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Drapes ☐ Fair ☐ Poor

##### b. Chalkboards

Size ☒ Yes ☐ No ☒ Quantity: 1  
 Condition ☐ Good ☒ Fair ☐ Poor

##### c. Casework

Size ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

##### d. Lockers

Size ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>	Thru-Wall		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>	Ceiling		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	Surface Mtd. Strip		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.2x

## INTERIOR ROOMS (TYPE 2 - DAMP)

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Banquet/ Dining Area (Size): \_\_\_\_\_ sf.  
 b. Occupant Load: \_\_\_\_\_ No. of Exits: Required: \_\_\_\_\_ Provided: \_\_\_\_\_

(Also Meeting Room Next Door - Similar features)

### 2. Room Enclosure

a. Walls Condition CMU ☒ Good ☐ Fair ☐ Poor Paint ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor Condition VCT ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base Condition Vinyl ☐ Good ☐ Fair ☒ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling Condition Exposed Heavy Timber Roof ☐ Good ☒ Fair ☐ Poor - Paint ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Frame Type Condition ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.2x

### INTERIOR ROOMS (TYPE 2 - DAMP) - PAGE 2

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☐ Yes ☒ No  
☐ Drapes ☐ Blinds ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- b. Chalkboards  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- c. Shelving Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- d. Cabinet Casework  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_
- e. Lockers  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Poor  
 Material: \_\_\_\_\_  
 Quantity: \_\_\_\_\_

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply/Return Grill	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sinks/Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faucets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoods	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x4 surface	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Corridor Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>VCT</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Vinyl</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Drywall</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size:	_____	Fire Rating:	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other:	_____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: \_\_\_\_\_ ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Warming Kitchen Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☒ Good ☐ Fair ☐ Poor Paint ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition Quarry tile ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Quarry tile ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Exposed Heavy Timber Roof - Paint ☐ Good ☒ Fair ☐ Poor ☐ Good ☒ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. 1st / 2nd Size: 1st / 2nd Fire Rating: 1st / 2nd  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN - PAGE 2

### 4. Amenities

a. Casework/Shelves

☒ Yes

☐ No

Type

☐ Recessed

☐ Freestanding

☐ Other:

Condition

☐ Good

☐ Fair

☒ Poor

(old, not best-up)

b. Pantry

☐ Yes

☒ No

☐ Quantity: \_\_\_\_\_

Size

☐ x

Material: \_\_\_\_\_

Condition

☐ Good

☐ Fair

☐ Poor

c. Other: \_\_\_\_\_

☐ Yes

☐ No

☐ Quantity: \_\_\_\_\_

Size

☐ x

Material: \_\_\_\_\_

Condition

☐ Good

☐ Fair

☐ Poor

Comments \_\_\_\_\_

### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-Compartment Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Convection Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range / oven	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

(original)

(old)



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Boys & Girls Locker Rooms Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Quarry tile</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Quarry tile</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Drywall</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	_____	Size:	_____	Fire Rating:	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other:	_____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOM/RESTROOMS - PAGE 2

### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☐ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments Not handicap accessible

- c. Lockers ☒ Yes ☐ No ☐ Quantity: 21  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	_____	<u>1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	<u>1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	<u>1</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input checked="" type="checkbox"/>	<u>Non functional</u>	<u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Exhaust Fans	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>	<u>Not functional</u>	<u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Wood - Parquet</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Steel Angle</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Exposed Heavy Timber Structure - Paint</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size:	_____	Fire Rating:	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other:	_____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM - PAGE 2

### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

### 5. Amenities

a. Display Cases ☐ Yes ☐ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good

b. Bleachers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☒ Poor

c. Other: New B.B. Goals ☒ Yes ☐ No ☒ Quantity: 2

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☒ Good ☐ Fair ☐ Poor

Comments Cerestory windows - plastic; some cracked.

### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments 4 large Space Heaters - No A/C



## JOHN F. KENNEDY COMMUNITY CENTER



10<sup>TH</sup> Street entry pedestrian bridge badly deteriorated, could be hazardous.



## JOHN F. KENNEDY COMMUNITY CENTER



Flaking delaminating brick along south wall.





## JOHN F. KENNEDY COMMUNITY CENTER





# JOHN F. KENNEDY COMMUNITY CENTER





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: 12/20/16 to 12/20/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Kansas City, KS 66102 \_\_\_\_\_

Telephone: \_\_\_\_\_ (913) 573-8327 \_\_\_\_\_

Director: \_\_\_\_\_ Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: \_\_\_\_\_ Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Kane Community Center

Address: 3136 N. 122 Street

Kansas City, KS

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: \_\_\_\_\_

#### Original

Construction \_\_\_\_\_ GSF \_\_\_\_\_ YR

1st Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

2nd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

3rd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

Gross Area: \_\_\_\_\_

Comments: Small facility shared w/ the School District.



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction    ☐ Monolithic    ☐ Post & Beam    ☒ Light Frame
- b. Material    ☐ Concrete    ☒ Masonry    ☒ Steel  
                  ☐ Timber    ☐ Wood    ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding    ☐ Concrete    ☒ Masonry/Tile    ☐ Metal. Panel  
                              ☐ Plaster    ☐ Hardboard    ☐ Wood Panel  
                              ☐ Wood (board)    ☐ EIFS    ☐ Other:
- Condition: Cracks/Gaps    ☐ Yes    ☒ No  
              Adequate Flashing    ☐ Yes    ☒ No  
              Rot/Decay    ☐ Yes    ☒ No  
              Stains    ☐ Yes    ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim    ☐ Wood    ☐ Hardboard    ☐ Metal    ☐ Other:
- Condition: Warping/Cracks    ☐ Yes    ☐ No  
              Rot/Decay    ☐ Yes    ☐ No  
              Stains    ☐ Yes    ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish    ☐ Paint    ☐ Stain    ☒ Clear Sealer
- Condition: Flaking    ☐ Yes    ☒ No  
              Mold/Mildew    ☐ Yes    ☒ No  
              Stains    ☐ Yes    ☒ No  
              Deteriorated    ☐ Yes    ☒ No

Comments: \_\_\_\_\_

- d. Insulation    ☐ N/A    ☐ Provided    ☐ Size/Material \_\_\_\_\_
- Condition:    ☐ Good    ☐ Fair    ☐ Poor

Comments: Could not observe

- e. Vapor Barrier    ☐ N/A    ☐ Provided    ☐ Size/Material \_\_\_\_\_
- Condition:    ☐ Good    ☐ Fair    ☐ Poor

Comments: Could not observe



# Building Envelope/Structure

4.6x

ROOF

*All roofs have been maintained/repaired within last 10 years.*

## 1. Roof Structure Type

- a. Construction
- |   |
|---|
| <input type="checkbox"/> Metal Deck on Metal Trusses/Joists             |
| <input type="checkbox"/> Plywood or Lumber Deck On Wood Trusses/Joists  |
| <input type="checkbox"/> Plywood or Lumber Deck on Metal Trusses/Joists |
| <input type="checkbox"/> Concrete on Metal Deck on Metal Trusses/Joists |
| <input type="checkbox"/> Other: _____                                   |

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

## 2. Components

- a. Beams
- |                                   |                                |                               |                             |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                 |
| Condition: Unsupported Ends       |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Rot/Decay                         |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Deflection                        |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Comments: \_\_\_\_\_

- b. Trusses/Joists
- |                                   |                                |                               |                             |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                 |
| Condition: Unsupported Ends       |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Rot/Decay                         |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Deflection                        |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Comments: \_\_\_\_\_

- c. Deck
- |                                   |                                |                               |                             |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                 |
| Condition: Cracks                 |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Rot/Decay                         |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Deflection                        |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Comments: \_\_\_\_\_

- d. Roofing
- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> Preformed Metal Roofing | <input type="checkbox"/> Built Up | <input type="checkbox"/> Asphalt Shingle |
| <input type="checkbox"/> Single Ply Membrane     | <input type="checkbox"/> IRMA     | <input type="checkbox"/> Other _____     |
| Condition: Failures/Splits/Cracks                | <input type="checkbox"/> Yes      | <input type="checkbox"/> No              |
| Blistered  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No              |
| Corrosion  | <input type="checkbox"/> Yes      | <input type="checkbox"/> No              |
| Deterioration                                    | <input type="checkbox"/> Yes      | <input type="checkbox"/> No              |

Comments: \_\_\_\_\_

- e. Penetrations
- |                                |   |                                     |                              |
|--------------------------------|---|-------------------------------------|------------------------------|
| <input type="checkbox"/> Curbs | <input type="checkbox"/> Flashing Boots | <input type="checkbox"/> Pitch Pans | Other _____                  |
| Condition: Deterioration       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No         | <input type="checkbox"/> N/A |
| Corrosion                      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No         | <input type="checkbox"/> N/A |

Comments: \_\_\_\_\_



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Multi-Purpose
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |                 | Material   | Finish   |
|-----------------|--|--|
| a. Walls        | <u>Brickell/CMU</u>  | <u>Paint</u>   |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| b. Floor        | <u>VCT</u>   | <u>Matte</u>   |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| c. Base         | <u>Vinyl</u>   |  |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |
| d. Ceiling      | <u>ACT 2x2</u>   |  |
| Condition       | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| Comments: _____ |  |  |

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: Rated/No Label
- b. Type ☒ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☒ Wood ☐ Other: \_\_\_\_\_
- Condition ☒ Good ☐ Fair ☐ Poor
- d. Frame Type ☒ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☒ Good ☐ Fair ☐ Poor
- Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

- a. Window Coverings  
 Type ☒ Yes ☐ No  
☐ Drapes ☒ Blinds  
 Condition ☒ Good ☐ Fair ☐ Other: \_\_\_\_\_  
☐ Poor
- b. Chalkboards  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Quantity: \_\_\_\_\_  
☐ Poor
- c. Casework  
 Size ☒ Yes ☐ No  
 Condition ☒ Good ☐ Fair ☐ Quantity: \_\_\_\_\_  
☐ Poor
- d. Lockers  
 Size ☐ Yes ☒ No  
 Condition ☐ Good ☐ Fair ☐ Quantity: \_\_\_\_\_  
☐ Poor

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	2x4 fluorescent	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Main Corridor Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

#### Material

#### Finish

a. Walls

Glazed CMU

Condition

☒ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor

VCT

Condition

☒ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base

Vinyl

Condition

☒ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling

2x4 Acst. Pln.

Condition

☒ Good ☐ Fair ☐ Poor

☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
 b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
 c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_  
 Type ☐ Recessed ☐ Fair  
 Condition ☐ Good ☐ Poor  
 b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor  
 c. Other: Bulletin Board ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☒ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	<u>2x4</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: **Kitchen** *warming* Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU/Drywall ☒ Good ☐ Fair ☐ Poor Paint ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition VCT ☒ Good ☐ Fair ☐ Poor ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Vinyl ☒ Good ☐ Fair ☐ Poor ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition 2x4 Acst Pl. ☒ Good ☐ Fair ☐ Poor ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. 1st / 2nd Size: 1st / 2nd Fire Rating: 1st / 2nd  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.4x

### KITCHEN - PAGE 2

#### 4. Amenities

- a. Casework/Shelves ☒ Yes ☐ No  
 Type ☐ Recessed ☐ Freestanding ☐ Other: \_\_\_\_\_  
 Condition ☒ Good ☐ Fair ☐ Poor
- b. Pantry ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>	residential		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer, Reach-in	<input checked="" type="checkbox"/>	"		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-Compartment Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convection Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input checked="" type="checkbox"/>	residential		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Boys & Girls Restrooms Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU (Boys)</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	<u>Glazed CMU in Girls Room - Good shape.</u>	
b. Floor	<u>Seamless (Boys)</u>	<u>Gloss</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	<u>VCT in Girls Room; Poor shape.</u>	
c. Base	<u>Seamless (Boys)</u>	<u>Gloss</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	<u>Vinyl in Girls Room; Poor shape</u>	
d. Ceiling	<u>AUST 2x2</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Comments:	_____	

### 3. Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☒ Good ☐ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☒ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	_____	3 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	3 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	2 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	1 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input checked="" type="checkbox"/>	_____	1 ea.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU/Brick</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: Wall surface delamination @ SE corner of Gym. Could be water borne.

b. Floor	<u>Wood</u>	<u>Varnish</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Rubber</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Acst. tile</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Other: _____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other: _____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	
e. Hardware			

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.8x

### GYMNASIUM - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☐ Yes ☐ No ☐ Other: \_\_\_\_\_
- Type ☐ Recessed ☐ Freestanding
- Condition ☐ Good ☐ Fair ☐ Poor
- b. Bleachers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☒ Fair ☐ Poor
- c. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	Pendant	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



## PATRICIA D. KANE COMMUNITY CENTER





## PATRICIA D. KANE COMMUNITY CENTER





## PATRICIA D. KANE COMMUNITY CENTER



Spalling, flaking paint and face brick at southeast corner of Gymnasium.



# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

Larry Rynolds - Vireo Design

Tom Eatman - Builders by Design

Dennis Strait - GouldEvans

#### Contact Information

\_larry@bevireo.com

\_teatman@bbd-kc.com

\_Dennis.Strait@GouldEvans.com

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation

Address: 5033 State Avenue

Kansas City, KS 66102

Telephone: (913) 573-8327

Director: Jeremy Rogers

Recreation Program Coordinator: Shelly Boyd

### Facility Information

Name of Facility: Kensington

Address: 2100 State Ave.

Kansas City, KS

Telephone:

Program Specialist:

Facility Caretaker: Raymond Hernandez

#### Original

Construction GSF YR

1st Addition GSF YR

2nd Addition GSF YR

3rd Addition GSF YR

Gross Area:

Comments:



## Site Data Cont.

3.2

### 3. Playground Equipment

- |    |  |  |  |  |
|----|--|--|--|--|
| a. | Swings                                 | <input type="checkbox"/> None            | Number                                   | 2 set                                    |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input checked="" type="checkbox"/> Poor |
| b. | Slides                                 | <input type="checkbox"/> None            | Number                                   | 2  |
|    | Condition                              | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Poor            |
| c. | Parallel Bars                          | <input checked="" type="checkbox"/> None | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| d. | Balance Beam                           | <input checked="" type="checkbox"/> None | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| e. | Horizontal Ladders                     | <input type="checkbox"/> None            | Number                                   | 1  |
|    | Condition                              | <input type="checkbox"/> Good            | <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Poor            |
| f. | Horizontal Bars                        | <input checked="" type="checkbox"/> None | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| g. | Climbing Pole                          | <input checked="" type="checkbox"/> None | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| h. | Merry-Go-Round                         | <input checked="" type="checkbox"/> None | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| i. | Other                                  | <input type="checkbox"/> None            | Number                                   |  |
|    | Condition                              | <input type="checkbox"/> Good            | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor            |
| j. | Comments <u>Combination play unit.</u> |  |  |  |

### 4. Site Utility (Municipal or Utility Company Provided)

- |    |                |                                   |                                      |                               |       |
|----|----------------|-----------------------------------|--------------------------------------|-------------------------------|-------|
| a. | Water          | Service Line Size                 | _____                                | Type                          | _____ |
|    | Condition      | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| b. | Sewer          | Waste Line Size                   | _____                                | Type                          | _____ |
|    | Condition      | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| c. | Natural Gas    | Service Line Size                 | _____                                | Type                          | _____ |
|    | Condition      | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
| d. | Electricity    | <input type="checkbox"/> Overhead | <input type="checkbox"/> Underground |                               |       |
|    | Service        | _____ Amps                        | _____ Volts                          | _____ Phase                   |       |
| e. | Meter Number   | <input type="checkbox"/> Good     | <input type="checkbox"/> Fair        | <input type="checkbox"/> Poor |       |
|    | Condition      |                                   |                                      |                               |       |
| f. | Comments _____ |                                   |                                      |                               |       |



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☐ Monolithic ☐ Post & Beam ☒ Light Frame
- b. Material ☐ Concrete ☒ Masonry ☒ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☒ Yes ☐ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☐ Wood ☐ Hardboard ☒ Metal ☐ Other:
- Condition: Warping/Cracks ☒ Yes ☐ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer
- Condition: Flaking ☐ Yes ☒ No  
Mold/Mildew ☐ Yes ☒ No  
Stains ☐ Yes ☒ No  
Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Could not observe

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Could not observe



# Building Envelope/Structure

4.5x

## WINDOWS/LOUVERS

### 1. Basic Information

a. Window No. \_\_\_\_\_ Size \_\_\_\_\_ Fire Rating \_\_\_\_\_

b. Type ☐ Fixed ☐ Tilt/Turn ☐ Double Hung ☐ Single Hung  
☐ Sliding ☒ Awning ☐ Combination ☐ Other: \_\_\_\_\_

### 2. Components

*Andy Battinger (area maintenance supervisor) recommends total replacement.*

a. Glazing ☒ Single Pane ☐ Double Pane ☐ Triple Pane ☐ Wire  
☐ Plastic ☒ Lexan ☐ Laminated ☐ Other: \_\_\_\_\_

Condition: Breakage ☒ Yes ☐ No  
Scratched/Unclear ☒ Yes ☐ No  
Condensation ☐ Yes ☒ No  
Poor Thermal Properties ☒ Yes ☐ No

Comments: \_\_\_\_\_

b. Frame ☐ Plastic ☒ Aluminum ☐ Wood ☐ Steel  
☐ Alum. Clad ☐ Vinyl Clad ☐ Other: \_\_\_\_\_

Condition: Binding ☒ Yes ☐ No  
Rust/Decay ☒ Yes ☐ No  
Stains/Poor Finish ☒ Yes ☐ No

Comments: \_\_\_\_\_

c. Weather-stripping ☒ N/A ☐ Provided ☐ Material \_\_\_\_\_  
Condition: ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Latches	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Counter-weights	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

### 3. Louvers

a. Material ☒ Steel ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Finish ☐ *rusty* ☐ ☐ ☐  
Screen ☐ ☐ ☐ ☐ ☐  
Sealants ☐ ☐ ☐ ☐ ☐  
Other \_\_\_\_\_ ☐ ☐ ☐ ☐ ☐

Comments: \_\_\_\_\_



# Building Envelope/Structure

4.6x

## ROOF

### 1. Roof Structure Type

- a. Construction ☐ Metal Deck on Metal Trusses/Joists  
☐ Plywood or Lumber Deck On Wood Trusses/Joists  
☐ Plywood or Lumber Deck on Metal Trusses/Joists  
☐ Concrete on Metal Deck on Metal Trusses/Joists  
☒ Other: Tectum deck on steel framing

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

### 2. Components

- a. Beams N/A ☐ Concrete ☐ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Deflection ☐ Yes ☐ No

Comments: \_\_\_\_\_

- b. Trusses/Joists ☐ Concrete ☒ Metal ☐ Wood Other \_\_\_\_\_  
Condition: Unsupported Ends ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Deflection ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Deck ☐ Concrete ☐ Metal ☐ Wood Other tectum panels  
Condition: Cracks ☐ Yes ☐ No  
Rot/Decay ☐ Yes ☐ No  
Deflection ☐ Yes ☐ No

Comments: \_\_\_\_\_

- d. Roofing ☐ Preformed Metal Roofing ☐ Built Up ☐ Asphalt Shingle  
☒ Single Ply Membrane ☐ IRMA ☐ Other \_\_\_\_\_  
Condition: Failures/Splits/Cracks ☐ Yes ☐ No ☐ N/A  
Blistered ☐ Yes ☐ No ☐ N/A  
Corrosion ☐ Yes ☐ No ☐ N/A  
Deterioration ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_

- e. Penetrations ☐ Curbs ☐ Flashing Boots ☐ Pitch Pans Other \_\_\_\_\_  
Condition: Deterioration ☐ Yes ☐ No ☐ N/A  
Corrosion ☐ Yes ☐ No ☐ N/A

Comments: \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Boys & Girls Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Seamless</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Exposed Structure (conc.)</u>	<u>Painted</u>
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	_____	Size:	_____	Fire Rating:	_____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other:	_____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other:	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor		

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☒ Metal ☐ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☒ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	_____	2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



## Interior Spaces

5.8x

### GYMNASIUM - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

b. Bleachers ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: Metal

Condition ☐ Good ☒ Fair ☐ Poor

c. Other: \_\_\_\_\_ ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☒ Fair ☐ Poor

Comments Batting Cage

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	<u>space heaters</u>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	<u>Pendant lights</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



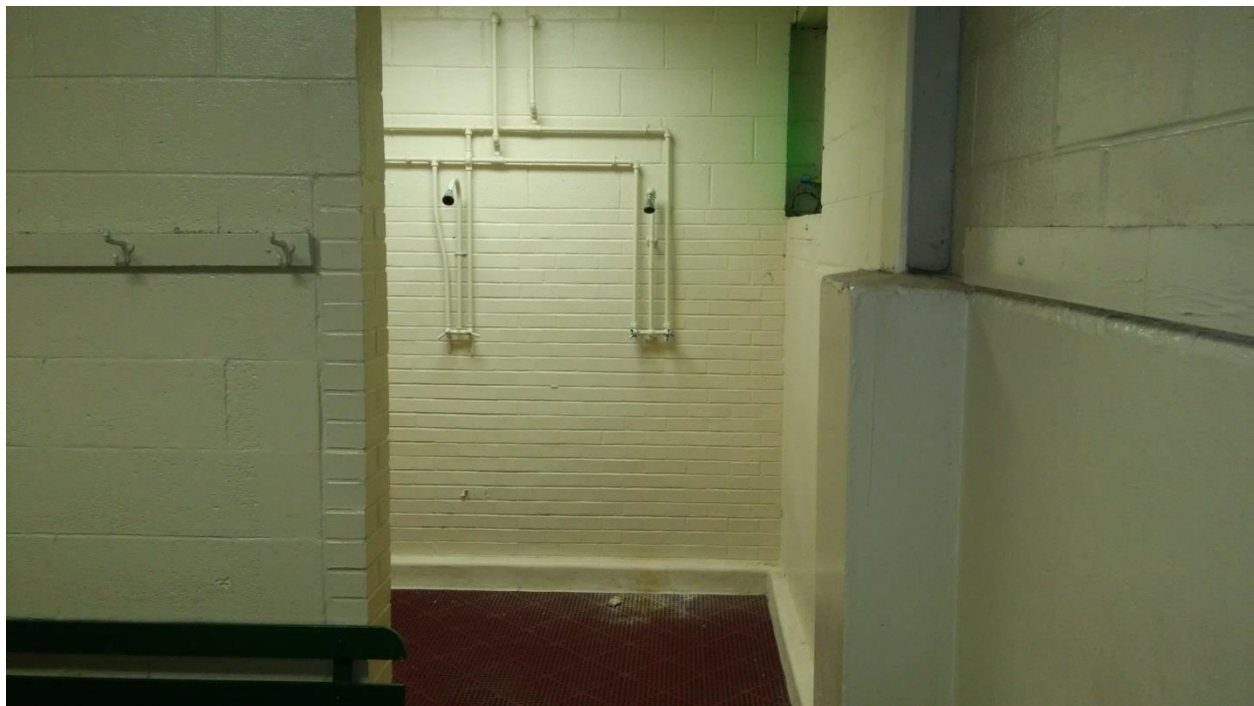
# KENSINGTON GYMNASIUM



Existing lexan-type awning windows in aluminum frame. Recommend total replacement.



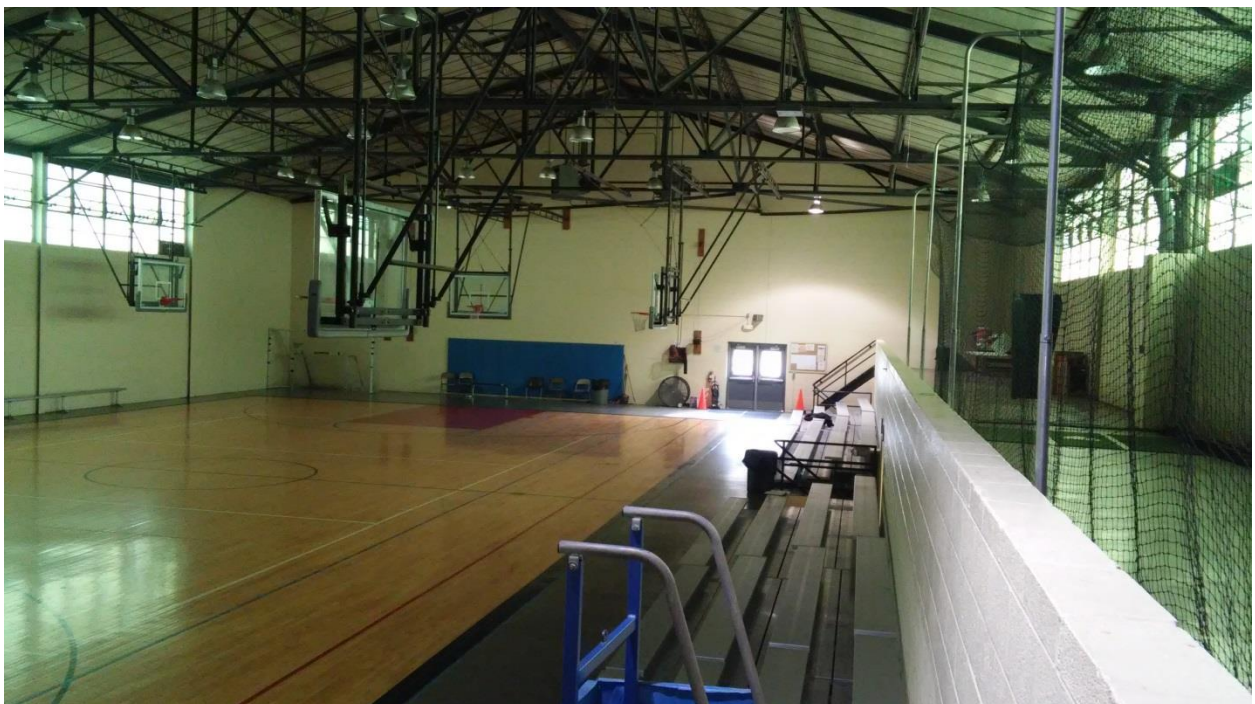
# KENSINGTON GYMNASIUM



Old and nonfunctional gang showers (typical in Men & Women facilities).



# KENSINGTON GYMNASIUM





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

Larry Rynolds - Vireo Design

#### Contact Information

\_larry@bevireo.com

Tom Eatman - Builders by Design

\_teatman@bbd-kc.com

Dennis Strait - GouldEvans

\_Dennis.Strait@GouldEvans.com

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation

Address: \_5033 State Avenue

\_Kansas City, KS 66102

Telephone: \_\_\_(913) 573-8327

Director: \_\_\_Jeremy Rogers

Recreation Program Coordinator: \_\_\_Shelly Boyd

### Facility Information

Name of Facility: Lake House #1

Address: Wyandotte County Lake

*Stone residential cabin formerly occupied by Park Rangers. Also formerly rented to the public. Now vacant & no longer rented. Two bedroom dwelling. Kitchen, living/dining, one bathroom. Full basement. All is in fairly good shape.*

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: \_\_\_\_\_

#### Original

Construction \_\_\_\_\_ GSF \_\_\_\_\_ YR

1st Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

2nd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

3rd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_

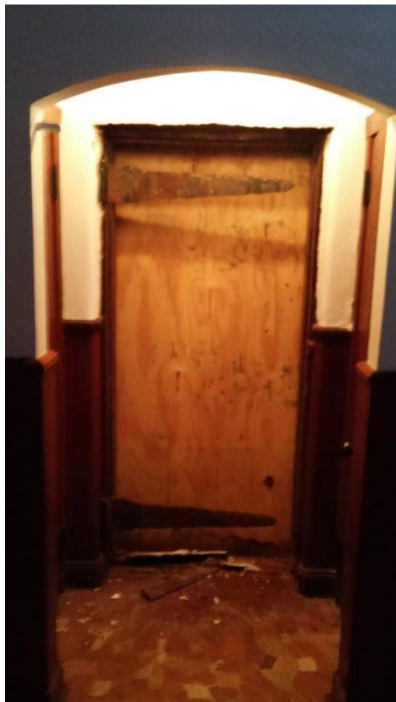


## LAKE HOUSE ONE





## LAKE HOUSE ONE



Front door need replacement.



## LAKE HOUSE ONE





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ larry@bevireo.com \_\_\_\_\_  
Tom Eatman - Builders by Design \_\_\_\_\_ teatman@bbd-kc.com \_\_\_\_\_  
Dennis Strait - GouldEvans \_\_\_\_\_ Dennis.Strait@GouldEvans.com \_\_\_\_\_

Dates of Survey: 12/21/16 to 12/21/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: 5033 State Avenue \_\_\_\_\_  
Kansas City, KS 66102 \_\_\_\_\_

Telephone: (913) 573-8327 \_\_\_\_\_

Director: Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: George Meyer C.C. \_\_\_\_\_

Address: 126th & State Ave \_\_\_\_\_  
Kansas City, KS \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: David Erwin \_\_\_\_\_

Original	_____	_____
Construction	_____ GSF	_____ YR
1st Addition	_____ GSF	_____ YR
2nd Addition	_____ GSF	_____ YR
3rd Addition	_____ GSF	_____ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment

- Handwritten: 2 sets*
- a. Swings ☐ None ☒ Fair ☐ Poor  
Condition ☐ Good
- Handwritten: 12*
- b. Slides ☐ None ☒ Good ☐ Fair ☐ Poor  
Condition
- c. Parallel Bars ☒ None ☐ Good ☐ Fair ☐ Poor  
Condition
- d. Balance Beam ☒ None ☐ Good ☐ Fair ☐ Poor  
Condition
- e. Horizontal Ladders ☒ None ☐ Good ☐ Fair ☐ Poor  
Condition
- f. Horizontal Bars ☒ None ☐ Good ☐ Fair ☐ Poor  
Condition
- Handwritten: 4*
- g. Climbing Pole ☐ None ☒ Good ☐ Fair ☐ Poor  
Condition
- h. Merry-Go-Round ☒ None ☐ Good ☐ Fair ☐ Poor  
Condition
- i. Other ☐ None ☐ Good ☐ Fair ☐ Poor  
Condition
- j. Comments Combination play unit

### 4. Site Utility (Municipal or Utility Company Provided)

- a. Water ☐ Good ☐ Fair ☐ Poor  
Condition Service Line Size \_\_\_\_\_ Type \_\_\_\_\_
- b. Sewer ☐ Good ☐ Fair ☐ Poor  
Condition Waste Line Size \_\_\_\_\_ Type \_\_\_\_\_
- c. Natural Gas ☐ Good ☐ Fair ☐ Poor  
Condition Service Line Size \_\_\_\_\_ Type \_\_\_\_\_
- d. Electricity ☐ Overhead ☐ Underground \_\_\_\_\_ Phase  
Service \_\_\_\_\_ Amps \_\_\_\_\_ Volts
- e. Meter Number ☐ Good ☐ Fair ☐ Poor  
Condition
- f. Comments \_\_\_\_\_



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☒ Monolithic ☐ Post & Beam ☐ Light Frame
- b. Material ☒ Concrete ☒ Masonry ☐ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☒ Masonry/Tile ☐ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☐ Other:
- Condition: Cracks/Gaps ☐ Yes ☒ No \*
- Adequate Flashing ☒ Yes ☐ No
- Rot/Decay ☐ Yes ☒ No
- Stains ☐ Yes ☒ No \*

Comments: \* Noticeable wall crack at entry side wall, likely due to roof drainage.

- b. Exterior Trim ☐ Wood ☐ Hardboard ☐ Metal ☐ Other:
- Condition: Warping/Cracks ☐ Yes ☐ No
- None Rot/Decay ☐ Yes ☐ No
- Stains ☐ Yes ☐ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☒ Clear Sealer
- Condition: Flaking ☐ Yes ☒ No
- Mold/Mildew ☐ Yes ☒ No
- Stains ☐ Yes ☒ No \* See above
- Deteriorated ☐ Yes ☒ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: Could not observe

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: could not observe



# Interior Spaces

5.1x

## INTERIOR ROOMS (TYPE 1 - STANDARD)

### 1. Basic Information

- a. Room Number: \_\_\_\_\_ Room Identification: Multi-Purpose
- b. Area (Size): \_\_\_\_\_ S.F.
- c. Occupant Load: \_\_\_\_\_
- d. No. of Exits: Required \_\_\_\_\_ Provided \_\_\_\_\_

### 2. Room Enclosure

- |           | Material   | Finish   |
|-----------|--|--|
| a. Walls  | <u>CMU</u>   | <u>Painted</u>   |
| Condition | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor | <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

- |           |  |   |
|-----------|--|---|
| b. Floor  | <u>VCT</u>   |   |
| Condition | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

- |           |  |   |
|-----------|--|---|
| c. Base   | <u>Vinyl</u>   |   |
| Condition | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: \_\_\_\_\_

- |            |  |   |
|------------|--|---|
| d. Ceiling | <u>textum</u>  |   |
| Condition  | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor | <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |

Comments: Discoloration thruout

### 3. Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

- |               |                                       |                                   |                               |                                |
|---------------|---------------------------------------|-----------------------------------|-------------------------------|--------------------------------|
| d. Frame Type | <input type="checkbox"/> Hollow Metal | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Wood | <input type="checkbox"/> Other |
| Condition     | <input type="checkbox"/> Good         | <input type="checkbox"/> Fair     | <input type="checkbox"/> Poor |                                |

Comments: \_\_\_\_\_



## Interior Spaces

5.1x

### INTERIOR ROOMS (TYPE 1 - STANDARD) - PAGE 2

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threshold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 4. Amenities

##### a. Window Coverings

Type ☒ Yes ☐ No  
☐ Drapes ☒ Blinds  
Condition ☐ Good ☐ Fair ☒ Other: \_\_\_\_\_  
☒ Poor

##### b. Chalkboards

Size ☒ Yes ☐ No  
☐ Good ☐ Fair ☒ Quantity: 1  
Condition ☐ Fair ☒ Poor

##### c. Casework

Size ☐ Yes ☒ No  
☐ Good ☐ Fair ☐ Quantity: \_\_\_\_\_  
Condition ☐ Fair ☐ Poor

##### d. Lockers

Size ☐ Yes ☒ No  
☐ Good ☐ Fair ☐ Quantity: \_\_\_\_\_  
Condition ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Baseboard Units	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supply Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Return Air Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	Surface Mtd.	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Conv. Outlets	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Television Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Entry Foyer Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☒ Good ☐ Fair ☐ Poor Painted ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition terrazzo ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: One large crack at entry to Gym

c. Base  
Condition Rubber ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Combination Acst. tile/Acst. Pl/Exposed Structure ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size ☐ Good ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: \_\_\_\_\_ ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_

Size ☐ Good ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grille	<input checked="" type="checkbox"/>	Under floor slab ducts	7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lighting	<input checked="" type="checkbox"/>	Original surface mtd.	8	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Warming Kitchen Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition CMU ☒ Good ☐ Fair ☐ Poor Painted ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition Seamless ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Seamless ☐ Good ☒ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Exposed Conc. Tees ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. \_\_\_\_\_ / \_\_\_\_\_ 1st 2nd Size: \_\_\_\_\_ / \_\_\_\_\_ 1st 2nd Fire Rating: \_\_\_\_\_ / \_\_\_\_\_  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other  
Condition ☐ Good ☐ Fair ☐ Poor

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.4x

### KITCHEN - PAGE 2

#### 4. Amenities

a. Casework/Shelves	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Type	<input type="checkbox"/> Recessed	<input type="checkbox"/> Freestanding	<input type="checkbox"/> Other: _____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
b. Pantry	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Quantity: _____
Size	_____ x _____	Material: _____	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
c. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Quantity: _____
Size	_____ x _____	Material: _____	
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments \_\_\_\_\_

#### 5. Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Cold Storage Room	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigeration System	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Cold Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shelving, Dry Storage	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator, Reach-in	<input checked="" type="checkbox"/>	Residential Grade	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Freezer, Reach-in	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer, 20-quart	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mixer Stand, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Table w/sink	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelf w/spice rack	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Preparation Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wall Shelves	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash Container, Mob.	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3-Compartment Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tiered Shelf Unit, Mob.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ingredient Bin, Mobile	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can Opener	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Sink	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Convection Oven	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Range / ovens	<input checked="" type="checkbox"/>	Residential Grade	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Equipment Stand	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bulk Milk Dispenser	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile Counter	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disposable. Cup Disp.	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Ventilator	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serving/Work Counter	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hot Food Well Unit	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass Through Shelf	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microwave Oven	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>Glazed CMU</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Terrazzo</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Glazed CMU</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Exposed Conc. Tee</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	Size: _____			Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional	<input type="checkbox"/> Other: _____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other: _____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood	<input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	

e. Hardware	Provided	Type	Quantity	Condition		
Item				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☐ Metal ☒ Laminate ☐ Semi Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☐ TP Dispenser  
☐ Soap Dispenser ☒ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_x\_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_x\_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	Floor Mtd.	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	6	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>Bricks/CMU</u>	<u>Painted (CMU)</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>VCT</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Rubber</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>tectum/Acst. Plks.</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Other: _____
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other: _____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Other
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM - PAGE 2

### 4. 2nd Door Information

a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_

b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_

c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other

Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

e. Hardware	Item	Provided	Type	Quantity	Condition		
					Good	Fair	Poor
	Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

### 5. Amenities

a. Display Cases ☐ Yes ☐ No ☐ Other: \_\_\_\_\_

Type ☐ Recessed ☐ Freestanding ☐ Fair ☐ Poor

Condition ☐ Good ☐ Fair ☐ Poor

b. Bleachers ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☐ Good ☐ Fair ☐ Poor

c. Other: Stage ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_

Size \_\_\_\_\_ Material: \_\_\_\_\_

Condition ☒ Good ☐ Fair ☐ Poor

Comments Interior ceiling fans for add'l ventilation.

### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grills	<input checked="" type="checkbox"/>	<u>2 exposed ducts</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	<u>Pendants</u>	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



## GEORGE MEYN COMMUNITY CENTER



Evidence of water infiltration at crack related to Entry Canopy roof overflow.



## GEORGE MEYN COMMUNITY CENTER



Continuous crack in terrazzo flooring at Main Lobby.



## GEORGE MEYN COMMUNITY CENTER





## GEORGE MEYN COMMUNITY CENTER





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

Larry Rynolds - Vireo Design \_\_\_\_\_

#### Contact Information

\_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_

\_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_

\_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: 12/21/16 to 12/21/16

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: 5033 State Avenue \_\_\_\_\_

Kansas City, KS 66102 \_\_\_\_\_

Telephone: (913) 573-8327 \_\_\_\_\_

Director: Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Pierson C.C. \_\_\_\_\_

Address: 1800 South 55th Street \_\_\_\_\_  
Kansas City, KS \_\_\_\_\_

Telephone: 913/573-8327 \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: Charlie Glenn \_\_\_\_\_

#### Original

Construction \_\_\_\_\_ GSF \_\_\_\_\_ YR

1st Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

2nd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

3rd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

Gross Area: \_\_\_\_\_

Comments: \_\_\_\_\_



# Site Data

3.1

## 1. General Site Information

- a. Area (Size of Site) \_\_\_\_\_ S.F. \_\_\_\_\_ Acres
- b. Topography ☐ Flat ☒ Sloping ☐ Hilly  
Drainage ☒ Good ☐ Fair ☐ Poor
- c. Pavement ☐ None ☐ Concrete ☒ Asphalt  
Condition ☒ Good ☐ Fair ☐ Poor
- d. Side Walks ☐ None ☒ Concrete ☐ Asphalt  
Condition ☐ Wood ☐ Gravel ☐ Poor  
☒ Good ☐ Fair
- e. Landscaping ☐ Well Maintained ☐ Average ☐ Not Maintained  
Trees ☐ None ☐ Birch ☐ Alder ☐ Willow  
*Minimal* ☐ Spruce ☐ Cottonwood ☐ Black Spruce ☐ Other
- f. Fencing ☒ None ☐ Chain Link ☐ Wood (Type)  
Finish ☐ Galvanized ☐ Painted ☐ Semi Transparent Stain  
☐ Solid Body Stain ☐ Other  
☐ Condition ☐ Fair ☐ Poor
- g. Comments \_\_\_\_\_

## 2. Athletic Fields

- a. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- b. Baseball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- c. Hockey Rink ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- d. Football Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- e. Softball Field ☒ None Number  
Condition ☐ Good ☐ Fair ☐ Poor
- f. Comments \_\_\_\_\_



## Site Data Cont.

3.2

### 3. Playground Equipment

a. Swings	<input type="checkbox"/> None	Number <i>one set</i>	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
b. Slides	<input type="checkbox"/> None	Number <i>one</i>	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
c. Parallel Bars	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
d. Balance Beam	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
e. Horizontal Ladders	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
f. Horizontal Bars	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
g. Climbing Pole	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
h. Merry-Go-Round	<input checked="" type="checkbox"/> None	Number	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
i. Other	<input type="checkbox"/> None	Number	<input checked="" type="checkbox"/> Fair	<input type="checkbox"/> Poor
Condition	<input type="checkbox"/> Good			
j. Comments	<i>climbing geodesic form</i>			

### 4. Site Utility (Municipal or Utility Company Provided)

a. Water	Service Line Size	_____	Type	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
b. Sewer	Waste Line Size	_____	Type	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
c. Natural Gas	Service Line Size	_____	Type	_____
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
d. Electricity	<input type="checkbox"/> Overhead	<input type="checkbox"/> Underground		
Service	_____ Amps	_____ Volts	_____ Phase	
e. Meter Number	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	
Condition				
f. Comments	_____			



# Building Envelope/Structure

4.3x

## EXTERIOR WALLS/COLUMNS

### 1. Exterior Wall Type

- a. Construction ☐ Monolithic ☐ Post & Beam ☒ Light Frame
- b. Material ☐ Concrete ☒ Masonry ☒ Steel  
☐ Timber ☐ Wood ☐ Other:
- c. Area of Building \_\_\_\_\_

### 2. Components

- a. Exterior Cladding ☐ Concrete ☐ Masonry/Tile ☒ Metal Panel  
☐ Plaster ☐ Hardboard ☐ Wood Panel  
☐ Wood (board) ☐ EIFS ☒ Other: *Stone Veneer*
- Condition: Cracks/Gaps ☐ Yes ☒ No  
Adequate Flashing ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- b. Exterior Trim ☐ Wood ☐ Hardboard ☒ Metal ☐ Other:
- Condition: Warping/Cracks ☐ Yes ☒ No  
Rot/Decay ☐ Yes ☒ No  
Stains ☐ Yes ☒ No

Comments: \_\_\_\_\_

- c. Exterior Finish ☐ Paint ☐ Stain ☐ Clear Sealer
- Condition: Flaking ☐ Yes ☐ No  
Mold/Mildew ☐ Yes ☐ No  
Stains ☐ Yes ☐ No  
Deteriorated ☐ Yes ☐ No

Comments: \_\_\_\_\_

- d. Insulation ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *could not observe*

- e. Vapor Barrier ☐ N/A ☐ Provided ☐ Size/Material \_\_\_\_\_
- Condition: ☐ Good ☐ Fair ☐ Poor

Comments: *could not observe*



# Building Envelope/Structure

4.6x

## ROOF

### 1. Roof Structure Type

- a. Construction
- |   |
|---|
| <input type="checkbox"/> Metal Deck on Metal Trusses/Joists                         |
| <input type="checkbox"/> Plywood or Lumber Deck On Wood Trusses/Joists              |
| <input type="checkbox"/> Plywood or Lumber Deck on Metal Trusses/Joists             |
| <input type="checkbox"/> Concrete on Metal Deck on Metal Trusses/Joists             |
| <input checked="" type="checkbox"/> Other: <i>metal purlin on rigid steel frame</i> |

b. Slope \_\_\_\_\_ in 12

c. Area of Building: \_\_\_\_\_

### 2. Components

- a. Beams
- |                                   |   |                               |  |
|-----------------------------------|---|-------------------------------|--|
| <input type="checkbox"/> Concrete | <input checked="" type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                            |
| Condition: Unsupported Ends       |   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No |
| Rot/Decay                         |   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No |
| Deflection                        |   | <input type="checkbox"/> Yes  | <input checked="" type="checkbox"/> No |

Comments: \_\_\_\_\_

- b. Trusses/Joists
- |                                   |                                |                               |                             |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                 |
| Condition: Unsupported Ends       |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Rot/Decay                         |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Deflection                        |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Comments: \_\_\_\_\_

- c. Deck
- |                                   |                                |                               |                             |
|-----------------------------------|--------------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Metal | <input type="checkbox"/> Wood | Other _____                 |
| Condition: Cracks                 |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Rot/Decay                         |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |
| Deflection                        |                                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No |

Comments: *could not observe*

- d. Roofing
- |   |                                   |  |
|---|-----------------------------------|--|
| <input checked="" type="checkbox"/> Preformed Metal Roofing | <input type="checkbox"/> Built Up | <input type="checkbox"/> Asphalt Shingle |
| <input type="checkbox"/> Single Ply Membrane                | <input type="checkbox"/> IRMA     | <input type="checkbox"/> Other _____     |
| Condition: Failures/Splits/Cracks                           | <input type="checkbox"/> Yes      | <input checked="" type="checkbox"/> No   |
| Blistered   | <input type="checkbox"/> Yes      | <input checked="" type="checkbox"/> No   |
| Corrosion   | <input type="checkbox"/> Yes      | <input checked="" type="checkbox"/> No   |
| Deterioration   | <input type="checkbox"/> Yes      | <input checked="" type="checkbox"/> No   |

Comments: \_\_\_\_\_

- e. Penetrations
- |                                |   |                                     |                              |
|--------------------------------|---|-------------------------------------|------------------------------|
| <input type="checkbox"/> Curbs | <input type="checkbox"/> Flashing Boots | <input type="checkbox"/> Pitch Pans | Other _____                  |
| Condition: Deterioration       | <input type="checkbox"/> Yes            | <input type="checkbox"/> No         | <input type="checkbox"/> N/A |
| Corrosion                      | <input type="checkbox"/> Yes            | <input type="checkbox"/> No         | <input type="checkbox"/> N/A |

Comments: \_\_\_\_\_



# Interior Spaces

5.3x

## CORRIDORS/COMMONS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: Main Entry Foyer Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU / Drywall</u>	<u>Paint / Wall Covering</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Quarry tile</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>Quarry tile</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Aest. Pln.</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## Interior Spaces

5.3x

### CORRIDORS/COMMONS - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_
- Type ☐ Recessed ☐ Fair ☐ Poor
- Condition ☐ Good ☐ Fair ☐ Poor
- b. Lockers ☐ Yes ☒ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- c. Other: Wall Mirror ☒ Yes ☐ No ☐ Quantity: \_\_\_\_\_
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☒ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grill	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lighting	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Conv. Outlets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.4x

## KITCHEN

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: **Kitchen** Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

a. Walls  
Condition Drywall ☒ Good ☐ Fair ☐ Poor Paint ☒ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

b. Floor  
Condition VCT ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

c. Base  
Condition Vinyl ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

d. Ceiling  
Condition Acoust. Pl. ☒ Good ☐ Fair ☐ Poor ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No. 1st / 2nd Size: 1st / 2nd Fire Rating: 1st / 2nd  
b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional  
c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood  
Condition ☐ Good ☐ Fair ☐ Poor  
d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood  
Condition ☐ Good ☐ Fair ☐ Poor ☐ Other

#### e. Hardware

Item	Provided	Type	Quantity	Condition
				Good Fair Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Comments: \_\_\_\_\_



# Interior Spaces

5.6x

## LOCKER ROOMS/RESTROOMS

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Painted</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Concrete</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

c. Base	<u>None</u>	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Aest. Pl.</u>	
Condition	<input type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. Door Information

a. Door No.	_____	Size: _____	Fire Rating: _____
b. Type	<input type="checkbox"/> Hinged Leaf	<input type="checkbox"/> Coiling	<input type="checkbox"/> Sectional
c. Material	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Other: _____
d. Frame Type	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Wood
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> Other

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gaskets	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.6x

### LOCKER ROOM/RESTROOMS - PAGE 2

#### 4. Amenities

- a. Toilet Partitions ☒ Floor mount ☐ Wall hung ☐ Ceil. Hung ☐ None  
 Type ☒ Metal ☐ Laminate ☐ Solid Plastic ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor Comments: \_\_\_\_\_
- a. Toilet Accessories ☒ PTD/Receptacle ☒ Mirrors ☐ San. Napkin ☒ TP Dispenser  
☒ Soap Dispenser ☐ Hand Dryers ☐ Seat Covers ☐ Other: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☐ Poor

Comments \_\_\_\_\_

- c. Lockers ☒ Yes ☐ No ☒ Quantity: 15/sex  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☒ Fair ☒ Poor *Water damage from Women Men - pipe leak above.*
- d. Other: \_\_\_\_\_ ☐ Yes ☐ No ☐ Quantity: \_\_\_\_\_  
 Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_  
 Condition ☐ Good ☐ Fair ☐ Poor

#### 5. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Heat Grills/Covers	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Exhaust Grills	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cover plates	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 6. Fixtures/Equipment

Item	Provided	Description	Quantity	Condition		
				Good	Fair	Poor
Urinals	<input checked="" type="checkbox"/>	_____	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Closets	<input checked="" type="checkbox"/>	_____	4 (Total)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lavatories/Sinks	<input checked="" type="checkbox"/>	_____	6 "	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drinking Fountains	<input checked="" type="checkbox"/>	_____	2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Shower Compartments	<input type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust Fans	<input checked="" type="checkbox"/>	_____	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hair Dryers	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drains/Grates	<input checked="" type="checkbox"/>	_____	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gang Showers	<input checked="" type="checkbox"/>	_____	3 each	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# Interior Spaces

5.8x

## GYMNASIUM

### 1. Basic Information

a. Room Number: \_\_\_\_\_ Room Name: \_\_\_\_\_ Area (Size): \_\_\_\_\_ sf.  
b. Occupant Load: \_\_\_\_\_ No. of Exits: \_\_\_\_\_ Required: \_\_\_\_\_ Provided: \_\_\_\_\_

### 2. Enclosure

	Material	Finish
a. Walls	<u>CMU</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

b. Floor	<u>Wood Plank</u>	<u>Prefinished(?)</u>
Condition	<input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input checked="" type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: lots of pock marks from tables & chairs for events

c. Base	<u>Steel Angle</u>	<u>Paint</u>
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

d. Ceiling	<u>Acst. Pln.</u>	
Condition	<input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Comments: \_\_\_\_\_

### 3. 1st Door Information

a. Door No. _____	Size: _____	Fire Rating: _____
b. Type <input type="checkbox"/> Hinged Leaf <input type="checkbox"/> Coiling <input type="checkbox"/> Sectional		<input type="checkbox"/> Other: _____
c. Material <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood		<input type="checkbox"/> Other: _____
Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
d. Frame Type <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Aluminum <input type="checkbox"/> Wood		<input type="checkbox"/> Other
Condition <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
e. Hardware		

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_



## Interior Spaces

5.8x

### GYMNASIUM - PAGE 2

#### 4. 2nd Door Information

- a. Door No. \_\_\_\_\_ Size: \_\_\_\_\_ Fire Rating: \_\_\_\_\_
- b. Type ☐ Hinged Leaf ☐ Coiling ☐ Sectional ☐ Other: \_\_\_\_\_
- c. Material ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☐ Poor
- d. Frame Type ☐ Hollow Metal ☐ Aluminum ☐ Wood ☐ Other
- Condition ☐ Good ☐ Fair ☐ Poor

Comments: \_\_\_\_\_

#### e. Hardware

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Hinges	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lockset	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Closer	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kickplate	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mullion	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panic Bar	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Push/Pull	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Hold	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Gasket	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

#### 5. Amenities

- a. Display Cases ☐ Yes ☒ No ☐ Freestanding ☐ Other: \_\_\_\_\_
- Type ☐ Recessed ☐ Fair ☐ Poor
- Condition ☐ Good ☐ Fair ☐ Poor
- b. Bleachers ☒ Yes ☐ No ☐ Quantity: very small
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☐ Good ☐ Fair ☒ Poor
- c. Other: Scoreboard ☒ Yes ☐ No ☒ Quantity: 1
- Size \_\_\_\_\_ x \_\_\_\_\_ Material: \_\_\_\_\_
- Condition ☒ Good ☐ Fair ☐ Poor

Comments \_\_\_\_\_

#### 6. Mechanical/Electrical

Item	Provided	Type	Quantity	Condition		
				Good	Fair	Poor
Supply/Return Grille	<input checked="" type="checkbox"/>	<u>Exposed Ducts.</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Covers	<input checked="" type="checkbox"/>	<u>Recessed</u>	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coverplates	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_



# PIERSON COMMUNITY CENTER





## PIERSON COMMUNITY CENTER





## PIERSON COMMUNITY CENTER



Damage to Locker Room from long term equipment leak.



## PIERSON COMMUNITY CENTER



Six burner range without exhaust hood.





# Wyandotte County Parks Masterplan

## Recreation Facilities Condition Survey Record

1.1

### Survey Information

#### Participants/Team

#### Contact Information

Larry Rynolds - Vireo Design \_\_\_\_\_ \_larry@bevireo.com\_\_\_\_\_

Tom Eatman - Builders by Design \_\_\_\_\_ \_teatman@bbd-kc.com\_\_\_\_\_

Dennis Strait - GouldEvans \_\_\_\_\_ \_Dennis.Strait@GouldEvans.com\_\_\_\_\_

Dates of Survey: \_\_\_\_\_ to \_\_\_\_\_

### Department Information

Name: Wyandotte County Parks and Recreation \_\_\_\_\_

Address: \_\_\_\_\_ 5033 State Avenue \_\_\_\_\_

\_\_\_\_\_ Kansas City, KS 66102 \_\_\_\_\_

Telephone: \_\_\_\_\_ (913) 573-8327 \_\_\_\_\_

Director: \_\_\_\_\_ Jeremy Rogers \_\_\_\_\_

Recreation Program Coordinator: \_\_\_\_\_ Shelly Boyd \_\_\_\_\_

### Facility Information

Name of Facility: Pierson tower \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Program Specialist: \_\_\_\_\_

Facility Caretaker: \_\_\_\_\_

#### Original

Construction \_\_\_\_\_ GSF \_\_\_\_\_ YR

1st Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

2nd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

3rd Addition \_\_\_\_\_ GSF \_\_\_\_\_ YR

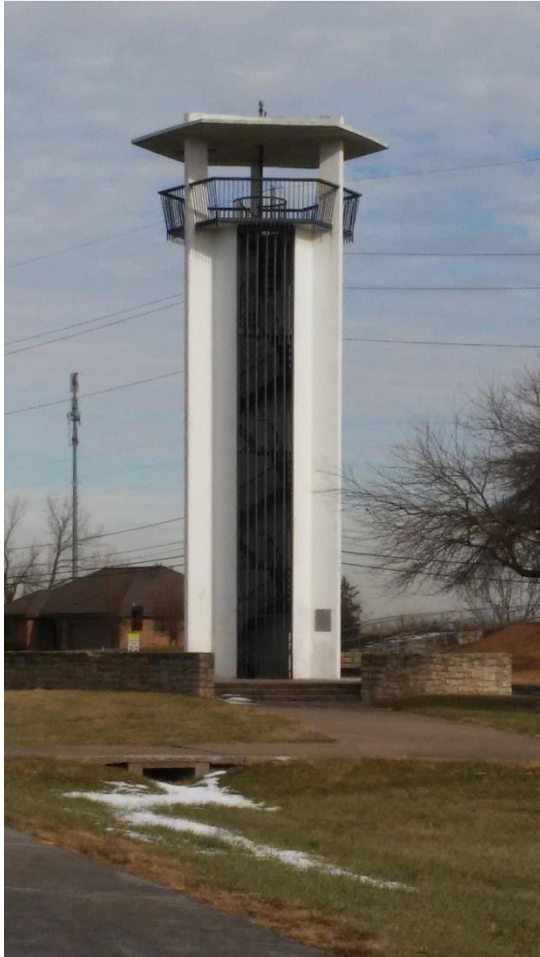
Gross Area: \_\_\_\_\_

#### Comments:

Observation tower - has been secured to prevent entry, in general disrepair & requires maintenance w/ code upgrades for safety.



# PIERSON LOOKOUT TOWER



Spalling concrete.



More spalling.



# COMMUNITY CENTER IMPROVEMENTS - PROBABLE COSTS

Funding priority categories:

A = Taking Care of What We Have

B = Enhancing Existing Facilities

C = Building for the Future

Cost to Repair Immediate Needs	Cost to Fully Renovate all Centers
\$ 4,367,020	\$ 27,042,503

Funding Category	Immediate Repair Needs	Complete Renovation Cost
<b>Argentine Community Center</b>		<b>\$ 4,757,813</b>
A	Demo Acoustical Ceiling System	\$ 4,500
A	Demo/Remove Existing Bleachers	\$ 2,400
A	Suspended ceiling grid	\$ 24,000
A	Floor tile, vinyl, self-stick, 12" x 12", average	\$ 60,000
A	Wall base, vinyl, 4" high	\$ 3,600
A	Shower stall, fiberglass	\$ 36,000
A	Lavatory, countertop, porcelain on CI	\$ 5,400
A	Fluorescent lighting, surface, 4 x 40 w	\$ 7,500
A	Recessed lighting	\$ 4,800
A	Pendant Light Fixtures	\$ 24,000
	Subtotal	\$ 172,200
	Soft Costs + Contingency	\$ 68,880
<b>Armourdale Community Center</b>		<b>\$ 4,250,313</b>
A	Paving demo, no reinforcement	\$ 4,500
A	Asphalt paving repair	\$ 15,000
A	Patch and repair built-up roof	\$ 12,000
A	Metal door, 3'x7', exterior, complete	\$ 12,000
A	Locker/Restrooms Quarry tile, 6"x6", average	\$ 27,000
A	Gymnasium Prefinished Oak plank, 3/4" thick	\$ 120,000
A	Kitchen Floor tile, vinyl, self-stick, 12" x 12	\$ 4,500
A	Wall base, vinyl, 4" high	\$ 3,600
A	New Refrigerator	\$ 9,000
A	Range hood, SS, 48" wide	\$ 5,400
A	Shower stall, fiberglass	\$ 22,500
A	New Gymnasium A/C system	\$ 60,000
	Subtotal	\$ 295,500
	Soft Costs + Contingency	\$ 118,200
<b>Bethany Community Center</b>		<b>\$ 4,250,313</b>
A	Metal door, 3'x7', exterior, complete	\$ 15,000
A	Multipurpose Room Suspended ceiling	\$ 60,000
A	Gymnasium Bleachers	\$ 45,000
A	Multipurpose Fluorescent lighting	\$ 18,000
	Subtotal	\$ 138,000
	Soft Costs + Contingency	\$ 55,200



# COMMUNITY CENTER IMPROVEMENTS - PROBABLE COSTS

Funding priority categories:

A = Taking Care of What We Have

B = Enhancing Existing Facilities

C = Building for the Future

Cost to Repair Immediate Needs	Cost to Fully Renovate all Centers
\$ 4,367,020	\$ 27,042,503

Funding Category	Immediate Repair Needs	Complete Renovation Cost
<b>Eisenhower Community Center</b>		
A	Multipurpose Room Suspended ceiling	\$ 88,200
A	Game Room Suspended ceiling grid	\$ 27,000
A	Restroom Suspended ceiling grid	\$ 9,000
A	Multipurpose & Game Room Fluorescent lighting	\$ 15,000
		\$ 12,000
	Subtotal	\$ 63,000
	Soft Costs + Contingency	\$ 25,200
<b>George Meyn Community Center</b>		
A	Repair crack in brick wall at entry	\$ 147,840
A	Multipurpose Room Suspended ceiling	\$ 3,600
A	Multipurpose Room Floor tile, vinyl, self-stick	\$ 25,500
A	Multipurpose Room Mini blinds, aluminum	\$ 60,000
A	Multipurpose Room Fluorescent lighting	\$ 6,000
		\$ 10,500
	Subtotal	\$ 105,600
	Soft Costs + Contingency	\$ 42,240
<b>Beatrice Lee / JFK Community Center</b>		
A	Rehab Restrooms for ADA Accessibility	\$ 2,884,000
A	Remove & Replace Pedestrian Entry Bridge	\$ 300,000
A	Replace plexiglass windows w/ thermally efficient	\$ 120,000
A	Kitchen, Locker & Restroom Quarry tile, 6"x6"	\$ 200,000
A	Replace Gymnasium Bleachers	\$ 180,000
A	Shower stalls, fiberglass	\$ 30,000
A	Replace lockers in Locker Rooms	\$ 180,000
A	Replace Play Apparatus	\$ 150,000
A	New Gymnasium Air Conditioning	\$ 150,000
		\$ 750,000
	Subtotal	\$ 2,060,000
	Soft Costs + Contingency	\$ 824,000
<b>Kensington Gymnasium</b>		
A	Rehab Restroom for ADA & new finishes & fixtures	\$ 336,000
A	New HVAC System	\$ 120,000
		\$ 120,000
	Subtotal	\$ 240,000
	Soft Costs + Contingency	\$ 96,000
<b>Pierson Community Center</b>		
A	Rehab Boys Locker Room due to extreme water damage	\$ 63,000
		\$ 45,000
	Subtotal	\$ 45,000
	Soft Costs + Contingency	\$ 18,000
		N/A