SCHOOL BUILDING FACILITY SURVEY

The purpose of this school building facility survey is to gather data for the continued development of a strategic and action plan for Catholic schools in the Diocese of Cleveland. It will also serve as a guide when it comes to assessing current physical conditions of existing diocesan schools and for future planned repairs / upgrades.

The survey contains questions related to the following categories and will need to be completed for each building associated with the school:

· General & Contact Information, and Site Information
· Building Structure
· Exterior-Roof, Gutters & Windows
· Interior
· Heating & Cooling
· Electrical
· Plumbing/Water, and
· Life Safety

Questions marked with an asterisk (*) are required. If you would like to download a copy of the survey questions please go to : https://www.dioceseofcleveland.org/files/resources/schoolbuildingfacilitysurveymicrosoftforms.pdf (https://www.dioceseofcleveland.org/files/resources/schoolbuildingfacilitysurveymicrosoftforms.pdf)

If you have any questions about the survey please email the Diocesan Facilities Office at: facilities@dioceseofcleveland.org (mailto:facilities@dioceseofcleveland.org).

Your time and assistance are appreciated.

* Required

* This form will record your name, please fill your name.

[   ]

GENERAL & CONTACT INFORMATION

1. Parish / School Name (please select) *

- ○ Academy of St. Bartholomew
- ○ All Saints of St. John Vianney
- ○ Archbishop Lyke Elementary School
- ○ Assumption Academy
- ○ Beaumont School
- ○ Communion of Saints School
- ○ Corpus Christi Academy
- ○ Gesu School
- ○ Holy Family - Parma
- ○ Holy Family - Stow
- ○ Holy Name Elementary
- ○ Holy Trinity School
- ○ Immaculate Heart of Mary School
- ○ Julie Billiart School of St. Sebastian Parish
- ○ Lakewood Catholic Academy
- ○ Mary Queen of Peace School
- ○ Mater Dei Academy
- ○ Metro Catholic School
- ○ Our Lady of Angels School
- ○ Our Lady of Mt. Carmel School
- ○ Our Lady of the Lake School
- ○ Sacred Heart of Jesus School
- ○ Ss. Robert & William School
- ○ St. Adalbert School
- ○ St. Agatha - St. Aloysius School
- ○ St. Albert the Great School
- ○ St. Ambrose School
- ○ St. Angela Merici School
- ○ St. Anselm School

○ St. Anthony of Padua - Akron

- ◯ St. Anthony of Padua - Lorain
- ◯ St. Anthony of Padua-Parma
- ◯ St. Augustine School
- ◯ St. Barnabas School
- ◯ St. Benedict Catholic School
- ◯ St. Bernadette School
- ◯ St. Brendan School
- ◯ St. Charles Borromeo School
- ◯ St. Christopher School
- ◯ St. Columbkille School
- ◯ St. Dominic School
- ◯ St. Edward - Ashland
- ◯ St. Francis - Cleveland
- ◯ St. Francis de Sales - Akron
- ◯ St. Francis of Assisi School
- ◯ St. Francis Xavier School
- ◯ St. Gabriel School
- ◯ St. Helen School
- ◯ St. Hilary School
- ◯ St. Ignatius Elementary
- ◯ St. Jerome School
- ◯ St. Joan of Arc School
- ◯ St. Joseph - Amherst
- ◯ St. Joseph - Avon Lake
- ◯ St. Joseph - Cuyahoga Falls
- ◯ St. Jude School
- ◯ St. Leo the Great School
- ◯ St. Mark School
- ◯ St. Mary - Akron
- ◯ St. Mary - Avon
- ◯ St. Mary - Berea
- ◯ St. Mary - Chardon

○ St. Mary - Elyria

○ St. Mary - Wooster

○ St. Mary Byzantine

○ St. Mary of the Assumption

○ St. Mary of the Falls

○ St. Michael School

○ St. Paschal Baylon School

○ St. Peter - Lorain

○ St. Peter - North Ridgeville

○ St. Raphael School

○ St. Rita School

○ St. Rocco School

○ St. Sebastian School

○ St. Stanislaus School

○ St. Thomas Aquinas School

○ St. Thomas More School

○ St. Vincent de Paul-Akron

○ Sts. Joseph & John School

○ Sts. Peter & Paul School

2. Street Address *

3. City *

4. Postal Code *

5. County (please select) *

○ Ashland

○ Cuyahoga

○ Geauga

○ Lake

○ Lorain

○ Medina

○ Summit

○ Wayne

6. Grades Taught (please select) *

○ PK-6

○ PK-8

○ K-2

○ K-4

○ K-8

○ K-12

○ 6-8

○ 7-8

○ [   ]

Other

7. Contact Name *

[   ]

8. Contact Title *

[   ]

9. Contact Phone *

[   ]

10. Contact Email (diocesan email only) *

[   ]

11. Is there more than one building associated with the school? *

○ Yes

○ No

12. Number of Buildings *

If there is more than one building associated with the school, a survey form will need to be completed for each building (do not include mobile units or storage sheds).

○ 1

○ 2

○ 3

○ 4

○ [   ]
  Other

13. Mobile Units and/or Storage Sheds? (select all that apply) *

☐ Mobile Unit(s)

☐ Storage Shed(s)

☐ None

SITE

14. Parking Lots *

☐ Asphalt

☐ Concrete

15. Condition of Parking Lots *

◯ Good

◯ Fair

◯ Poor

16. Parking Lots - Date of last maintenance, coatings, replacement *

[   ]

17. Drainage Condition *

◯ Good

◯ Fair

◯ Poor

18. Sidewalks, Stairs and Entrance Pads / Ramps Condition *

◯ Good

◯ Fair

◯ Poor

19. Describe concerns (sidewalks, stairs, entrance pads / ramps)

[   ]

20. Retainage Walls Condition *

○ Good

○ Fair

○ Poor

○ N/A

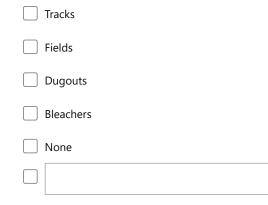21. Exterior Lighting *

☐ Building lighting

☐ Pole lighting

22. Exterior Lighting Condition *

○ Good

○ Fair

○ Poor

23. Fields and Sports (select all that apply) *

☐ Tracks

☐ Fields

☐ Dugouts

☐ Bleachers

☐ None

☐ [   ]

Other

24. Condition of Fields and Sports *

○ Good

○ Fair

○ Poor

○ N/A

25. Describe concerns (fields and sports) *

(If not applicable, please enter "N/A")

26. Playground *

○ Yes

○ No

27. Condition of Playground *

○ Good

○ Fair

○ Poor

○ N/A

28. Describe concerns (playground) *

(If not applicable, please enter "N/A")

BUILDING

29. Name of the Building: *

30. Is the building leased? *

○ Yes

○ No

BUILDING STRUCTURE

31. Number of Stories *

   ○ 1

   ○ 2

   ○ 3

   ○ 4

   ○ 5

32. Square Footage *

   [   ]

33. Year Built *

   [   ]

34. Number of Classrooms *

   [   ]

35. Number of Other Rooms *

   [   ]

36. Cafeteria *

   ○ Yes

   ○ No

37. Gymnasium *

○ Yes

○ No

38. Basement *

○ Yes

○ No

39. Below grade waterproofing *

○ Good

○ Fair

○ Poor

○ N/A

40. Elevator / Lift *

○ Yes

○ No

41. Elevator Preventative Maintenance (PM) Agreement? *

○ Yes

○ No

○ N/A

42. Date of last service / reported condition (elevator PM) *

(If not applicable, please enter "N/A")

[   ]

43. Name of Elevator PM Vendor *

(If not applicable, please enter "N/A")

[   ]

44. Is this Building ADA Compliant? *

◯ Yes

◯ No

45. Restrooms Condition *

◯ Good

◯ Fair

◯ Poor

46. Number of Restrooms (Males) *

[   ]

47. Number of Restrooms (Females) *

[   ]

48. Number of Restrooms (Unisex) *

[   ]

49. Number of Restrooms (Teacher/Admin) *

[   ]

50. Building Construction Type *

○ Load Bearing Masonry

○ Structural Concrete

○ Steel Frame

○ Wood Frame

○ Brick

○ Stone

○ Stucco

○ Metal

○ Wood

51. Building Construction Type Condition *

○ Good

○ Fair

○ Poor

52. Mortar Condition: *

○ Good

○ Fair

○ Poor

○ N/A

53. Are there walls that lean in or in danger of falling? *

○ Yes

○ No

EXTERIOR - ROOF

54. Roofing Materials Type: *

○ Asphalt Shingle

○ Slate

○ Tile

○ Metal

○ Modified Bitumous (Built up)

○ Rubber

○ Stone Ballasted

○ Thermoplastic Single Ply Membrane (TPO)

55. Roof Type: *

○ Flat

○ Sloped

56. Roof Age: *

57. Roof Condition: *

○ Good

○ Fair

○ Poor

○ Hazardous

58. Roofing Preventative Maintenance (PM) Contract? *

○ Yes

○ No

59. Date of last service / reported items (Roofing PM) *

60. Name of Roofing PM Vendor *

(If not applicable, please enter "N/A")

EXTERIOR - GUTTERS & WINDOWS

61. Gutters Material Type: *

○ Copper

○ Aluminum

○ Steel

○ PVC

62. Gutters Condition: *

○ Good

○ Fair

○ Poor

63. Windows Type (select all that apply) *

☐ Double Hung

☐ Casement

☐ Bow

☐ Wood

☐ Metal

☐ PVC

☐ Fixed

☐ Stained

64. Windows Condition: *

○ Good

○ Fair

○ Poor

65. Windows Condition Description (select all that apply) *

☐ Broken

☐ Disrepair

☐ Leaking

☐ N/A

EXTERIOR - OBSERVED PROBLEMS

66. Unsafe Masonry (select all that apply): *

☐ Loose Brick/Stone

☐ Lintels (horizontal support of timber, stone, concrete, or steel across the top of a door or window)

☐ Crack

☐ N/A

67. Structural Cracks / Decay (select all that apply): *

☐ Walls

☐ Roofs

☐ Ground

☐ N/A

68. Roofing (select all that apply): *

☐ Sagging

☐ Rotten

☐ Unsound

☐ Ponding

☐ N/A

69. Steel Condition *

○ Significant Steel Erosion

○ N/A

70. Steel Condition Description *

(If not applicable, please enter "N/A")

[   ]

71. Water penetrations causing material damage *

○ Yes

○ No

72. Location of water penetration *
(If not applicable, please enter "N/A")

[   ]

INTERIOR

73. Floor Type: *

- ◯ Structural Concrete
- ◯ Slab on Grade
- ◯ Wood Joists
- ◯ Steel Truss

74. Finished Floors (select all that apply): *

- ☐ Wood T&G
- ☐ VCT
- ☐ Tile
- ☐ Terrazo
- ☐ Concrete
- ☐ Carpet

75. Floor Condition: *

- ◯ Good
- ◯ Fair
- ◯ Poor

76. Floor Problems (select all that apply): *

- ☐ Rotting
- ☐ Sagging
- ☐ Buckling
- ☐ Cracks/Crevices
- ☐ N/A

77. Location of floor problems *

(If not applicable, please enter "N/A")

[   ]

78. Interior Walls Surface (select all that apply): *

☐ Block/Tile

☐ Plaster

☐ Drywall

79. Interior Walls Surface Condition: *

○ Good

○ Fair

○ Poor

80. Construction Pre-1978? *
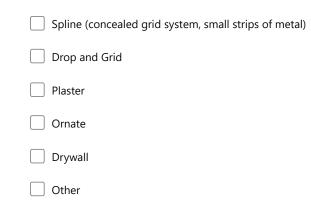
○ Yes

○ No

81. Loose, Flaky Plaster / Paint? *

○ Yes

○ No

82. Location of loose, flaky plaster / paint? *

(If not applicable, please enter "N/A")

[   ]

83. Ceiling Finishes (select all that apply): *

☐ Spline (concealed grid system, small strips of metal)

☐ Drop and Grid

☐ Plaster

☐ Ornate

☐ Drywall

☐ Other

84. Ceiling Condition: *

○ Good

○ Fair

○ Poor

○ Serviceable

○ Replace

85. Visible Roof Leaking (select all that apply): *

☐ Minor

☐ Several

☐ Severe

☐ Hazardous

☐ Mold / Decay

☐ N/A

86. Location of visible roof leaking *

(If not applicable, please enter "N/A")

[   ]

87. Water penetration causing material damage or health hazard? *

○ Yes

○ No

88. Location of water penetration *

(If not applicable, please enter "N/A")

[   ]

89. Structural Cracks / Decay? *

○ Yes

○ No

90. Location of structural cracks / decay *

(If not applicable, please enter "N/A")

[   ]

91. Friable Asbestos (typically floor tiles and old duct wrap) *

○ Yes (Assumed)

○ No

○ Unknown

92. Asbestos Management Plan? *

○ Yes

○ No

93. Describe Asbestos Management Plan *

HEATING & COOLING

94. Heat (select all that apply): *

- [ ] Hot Water Boiler
- [ ] Steam Boiler
- [ ] Electrical Resistance
- [ ] Forced Air
- [ ] Central
- [ ] Rooftop
- [ ] Individual Window Units
- [ ] Chemical Feed
- [ ] Condensate Tank (If yes, then Age / Years)

95. Please indicate age of each piece of equipment selected from above. *

96. Adequate Combustion Air? *

- ( ) Yes
- ( ) No

97. Air Conditioning (select all that apply): *

☐ Central

☐ Room Units

☐ Roof Top

☐ Ground Condenser

☐ Chiller

☐ Cooling Tower

98. Please indicate age of each piece of equipment selected from above. *

99. If a Cooling Tower is present is there a water treatment program in place? *

○ Yes

○ No

○ N/A

100. Name of vendor providing water treatment *
(If not applicable, please enter "N/A")

101. Air Purification System *

○ Yes

○ No

102. Citations / Code Violations? *

   ○ Yes

   ○ No

103. Describe Citations / Code Violations *

   (If not applicable, please enter "N/A")

   [ ]

104. Energy Source *

   ○ Fuel Oil

   ○ Natural Gas

   ○ Liquid Propane

   ○ Electric

   ○ Coal

105. Energy Source Condition *

   ○ Good

   ○ Fair

   ○ Poor

   ○ Serviceable

106. Mechanical Preventative Maintenance (PM) Contract? *

   ○ Yes

   ○ No

107. Date of last service / reported items (Mechanical PM) *

108. Name of PM Contract Vendor: *
    (If not applicable, please enter "N/A")

ELECTRICAL

109. Electrical Panel *

- ◯ Fused
- ◯ Breaker
- ◯ Main Disconnect Switchgear

110. Electrical System Upgrades? *

- ◯ Yes
- ◯ No

111. If yes, please indicate year electrical system was upgraded: *

(If not applicable, please enter "N/A")

[ ]

112. Wiring *

- ◯ Knob & Tube
- ◯ Romex
- ◯ Conduit
- ◯ Unknown

113. Wiring Condition: *

- ◯ Good
- ◯ Fair
- ◯ Poor
- ◯ Hazardous
- ◯ Unknown

114. Citations / Code Violations *

○ Yes

○ No

115. Describe Citations / Code Violations *

(If not applicable, please enter "N/A")

116. Emergency Lighting on separate circuit? *

○ Yes

○ No

117. Standing water hazard? *

○ Yes

○ No

118. Location of standing water hazard? *

(If not applicable, please enter "N/A")

119. Lighting System Upgrades / Retrofits Completed *

○ Yes

○ No

120. If yes, please indicate year lighting system was upgraded / retrofitted: *
(If not applicable, please enter "N/A")

PLUMBING / WATER

121. Water Source *

    ◯ Municipal

    ◯ Well

122. Sewerage *

    ◯ Municipal

    ◯ Septic System (on-site)

123. Sufficient Pressure – Sinks and Toilets *

    ◯ Yes

    ◯ No

124. Backflow Check Valve Present *

    ◯ Yes

    ◯ No

    ◯ Unknown

125. Last backflow check valve inspection (date)? *

(If not applicable, please enter "N/A")

126. Fire Alarm / Sprinkler System (select all that apply): *

    ☐ Sprinkler Standpipe

    ☐ Sprinkler Check Valve

    ☐ Emergency Alarms

    ☐ Emergency Bells

LIFE SAFETY

127. Check all that are present: *

    ☐ Door Hardware / Panic Bars

    ☐ Key Fobs

    ☐ Cameras

    ☐ Exit Signage

    ☐ Emergency Lighting

    ☐ Evacuation Maps

    ☐ Double Entry System (Locked)

128. Fire Alarm System (select all that apply): *

    ☐ Fire Alarm Panel

    ☐ Pull Stations

    ☐ Smoke Detectors

    ☐ Heat Detectors

    ☐ Hardwired

    ☐ Battery Operated

    ☐ Inspected Annually

Additional Comments

Please add any other details you feel may be important to this survey. If there are no other buildings, congratulations the survey is complete. If you have additional buildings to survey please submit a survey for each. Again, thank you for your time and assistance.

129. Additional Details