

Department of Health and Human Services, Division of Public Health
Occupational and Environmental Epidemiology Branch
1912 Mail Service Center, Raleigh, North Carolina 27699-1912

BUILDING ASSESSMENT QUESTIONNAIRE

DATE SURVEY COMPLETED _____

Name, title, phone number and email of person completing the survey

I. FACILITY INFORMATION:

Facility Name:	
Address: (street address, city)	
Contact Person:	Title:
Phone:	Fax:
E-mail:	

II. BUILDING INFORMATION

A. GENERAL

Construction Date	
Original Use	
Current Use	
Number of floors	
Total Square Footage	
Total Number of people in building	
Total number and types of elevators	

Is the building leased _____ YES _____ NO?

Building Owner's Name	
Address	
Phone Number	
Email	

B. TENANTS

Is there more than one tenant in the building? _____ YES NO___ (list tenants below)

C. HOUSEKEEPING

Staffing	YES	NO	Remarks
Number of full time custodians			
In-house custodians			
Contract custodians			
Daily cleaning			

Describe daily cleaning activities: _____

If there is carpet, describe frequency and methods for deep cleaning _____

Where are cleaning products stored?

D. SMOKING POLICY

Is there written smoking policy? _____ YES _____ NO

No Smoking	
Smoking indoors? Where?	
Smoking outdoors? Where?	

E. AREA SURROUNDING BUILDING (all sides)

Describe area around building	Description
Industrial sites, agriculture, livestock	
Construction/Demolition near Building	
Odors outside the Building	
Other	

III. CONSTRUCTION INFORMATION

A. CONSTRUCTION (check all that apply)

Type	YES	NO	Remarks
Manufactured			
Mobile			
Site built			
Other			

B. EXTERIOR OF BUILDING (check all that apply)

Type	YES	NO	Remarks
Solid masonry			
Masonry veneer			
Wood siding			
Vinyl siding			
Metal siding			
Composite siding			
Stucco			
Synthetic stucco			
Other			

D ROOF SYSTEM

Type	YES	NO	Remarks
Flat built-up			
Metal sloped			
Pitched shingles			
Other			

Age of Roofing System _____

Describe any roof repairs in the last 2 years _____

E. RENOVATIONS OR ADDITIONS

Activity	YES	NO	Dates and scope of work
Renovations to the building (including painting, new floor coverings and new furniture)			
Additions to the building			
HVAC systems upgraded or modified during renovations/additions			
Modifications to exterior wall assemblies(including windows and doors)			

D. EXTERIOR MOISTURE MANAGEMENT

	YES	NO	Remarks / locations
Gutters			
Exterior downspouts			
Splash blocks			
Interior Roof Drains			
Perimeter (French Drains)			
Irrigation adjacent to the building			
Shrubbery within 5 feet of building			
Ground cover/mulch against building			
Ground graded away from building			

IV. INTERIOR BUILDING DESCRIPTION

A. FOUNDATION (check all that apply)

Type	YES	NO	Remarks / locations
Slab on grade			
Basement occupied			
Basement unoccupied			
Crawl space			
Wall vented			
Unvented			
Vapor retarder with 100% coverage			
Dehumidifer in crawlspace			
Other			

B. FLOOR COVERINGS (check all that apply)

Materials	YES	NO	Remarks
Carpet over particle board			
Carpet over plywood			
Carpet over hardwood			
Carpet over concrete			

Carpet over vinyl tile			
Hardwood			
Vinyl tile			
Ceramic			

C. INTERIOR WALLS (check all that apply)

Type	YES	NO	Remarks
Gypsum			
Plywood paneling			
Solid wood panels			
Masonry			
Plaster			
Vinyl wall coverings			
Fabric covered partitions			
Other			

D. CEILING (check all that apply)

Type	YES	NO	Remarks
Suspended ceiling			
Insulation above ceiling			
Plaster			
Other			

What type of lighting is provided? _____

E. WINDOWS (Check all the apply)

Type	YES	NO	Remarks / Condition of frames
Lift to open			
Slide to open			
Open out/in			
Cannot be opened			
Wood frame			
Metal frame			
Vinyl frame			

Age of windows _____

F. FIRE PROTECTION

	YES	NO	Remarks
Fire protection (sprinkler system)			
Fire Protection system inspected			Frequency?

V. HEATING VENTILATING AND AIR-CONDITIONING (HVAC)

A. HEATING SYSTEM DESCRIPTION

Type	YES	NO	Remarks
Forced warm air			Gas Oil Electric
Radiant steam/hot water			Gas Oil
Electric radiant/baseboard			
Heat pump			

Other			
No heat in building			
Age of heating systems _____			

B. AIR CONDITIONING (MECHANICAL COOLING)

Type	YES	NO	Type coolant
Central forced air			
Mounted fan coil			
Window unit			
Packaged through the wall			
Central chiller			
Heat pump			
No cooling			

Age of Cooling Systems _____

C. AIR DUCTS

Type	YES	NO	Remarks
Metal			
Flexible			
None			
Ductboard			
Exterior insulation			
Interior insulation			

D. LOCATION OF AIR DUCTS

	YES	NO	Remarks
Above the ceiling			
In the walls			
In the crawlspace			
Under building			
Ducted Return air			
Return Air plenum			

E. HVAC FILTRATION

Type	YES	NO	Remarks
Standard fabric/fiberglass			
Electronic			
Pleated			
Electrostatic			
Carbon			
Other			

F. HVAC Maintenance

	YES	NO	Remarks
Scheduled of filter changing			
Scheduled HVAC cleaning			
HVAC staff in-house			
Contract HVAC Service			

Biocides in HVAC			
Condensate drains functional			

G. HVAC Controls

	YES	NO	Remarks
Remotely controlled			
Occupant Controlled			
Set-backs during unoccupied times			
Humidity Control			
Economizer			

H. SUPPLEMENTAL OR SPACE HEAT

Type	YES	NO	Remarks
Unvented kerosene or gas			
Vented kerosene or gas			
Fireplace			
Woodstove			
Electric			
Other			

I. OUTSIDE AIR

	YES	NO	Remarks
Outside air brought into system			
Amount of outdoor air			
Location of air inlet			
Loading dock or parking near inlet			
Exhaust stack near inlets			
Dumpsters near inlet,			
Organic materials near inlet			
Bird/bat roosts near inlet			
Standing water near inlet			
Automatic air dampers			
Manual damper			

VI. POTENTIAL SOURCES OF INDOOR AIR POLLUTANTS

A. EXHAUST VENTILATION

	YES	NO	Remarks
Functional exhaust fans in bathrooms			
Functional exhaust fans janitorial rooms			
Other local exhaust ventilation			

B. PEST CONTROL

Source	YES	NO	Remarks, locations, frequency
In-house pest control			
Contract pest control			

Frequency of pest applications			
Names of pesticides			
Pesticide application methods			

C. VISIBLE MOLD GROWTH

	YES	NO	Describe locations
Mold on building materials			
Mold on Contents or furnishings			
Musty or damp odors			
Water Stains			

D. EXTERIOR WATER DAMAGE

	YES	NO	Remarks, locations
Peeling paint			
Stained / deteriorated siding			
Stained / deteriorated fascia / soffits			
Deteriorated window frames			
Rusted window frames			
Efflorescence			

E. INTERIOR WATER DAMAGE

	YES	NO	Remarks and locations
Peeling paint			
Stained / deteriorated plaster			
Stained / deteriorated drywall			
Stained / damaged ceiling materials			
Rotted / soft flooring/floor joists			
Rotted / soft framing			
Wet windows or components			
Efflorescence			

F. SOURCES OF EXCESS Moisture

	YES	NO	Remarks, describe locations
Roof leaks			
Plumbing leaks			
Window leaks			
Condensation			
Standing water in crawl space			
Standing water in basement			
Standing water on roof			
Standing water along exterior walls			

List any other information about sources or pathways for pollutants to accumulate in the building or any other pertinent information.

NOTE:

If possible, please attach a diagram, such as a fire escape plan of the facility and list any important features.