

Diocese of Saginaw Parish Structure Evaluation Form

Parish Name: _____

Address: _____

Parking Lot

Concrete, Black Top, Gravel Parking Lot: _____

General Condition: _____

Last Seal Coat: _____

Last Crack Fill: _____

Last Striping: _____

Next expected Service: _____

Contractor last used: _____

Sidewalks

Concrete, Black Top, Gravel Parking Lot: _____

General Condition: _____

Last Seal Coat if blacktop: _____

Contractor used: _____

Exterior Parking lot Lighting

Lights (Mercury, Sodium vapor, Halogen, etc): _____

Condition of Lights: _____

Is the lighting sufficient? _____

Contractor used to change bulbs: _____

Outbuilding (garage, free-standing shed, etc)

Year Building Built: _____

Type (Brick, Stucco, Wood, Siding): _____

Any exterior changes, year done: _____

Last exterior treatment (brick sealer, Paint, etc): _____

Size of building: _____

Use of building: _____

Complete this form for every building (Make copies of form as needed)

Building Use (Rectory, Hall, Church, etc.): _____

Address if different from above: _____

Yearly Maintenance budget (excluding employee wages): _____

Number of building maintenance employees and full or part time: _____

Interior cleaning by employees or vendor (company name): _____

Roof

Type (Flat Rubber, Asphalt Shingle): _____

When Installed, Installer Name: _____

Warranty until: _____

General Condition: _____

Any Leaking Present: _____

Next expected Inspection: _____

Building Exterior

Year Building Built: _____

Type (Brick, Stucco, Wood, Siding): _____

Any exterior changes, year done: _____

Last exterior treatment (brick sealer, Paint, etc): _____

Contractor used: _____

Expected Next Treatment: _____

General Condition: _____

Tuck pointing required? _____

Last tuck pointing and by whom: _____

Windows

Stained Glass Windows Condition: _____

Stained Glass Frame condition: _____

Any Protective Covering (Glass, Plexi-Glass, Storms): _____

Are Stained Glass Windows Vented? _____

Regular Windows (Slider, Double Hung, Fixed): _____

Window Frame (Vinyl, Aluminum, Steel, Wood): _____

Window and Frame condition: _____

Year Windows Installed: _____

Are Storm Windows Installed? _____

Building Exterior Lighting (Parking lot lights description is on page 1.)

Building Exterior Lights (Can lights, Flood lights, etc): _____

Are lights adequate for safety and security? _____

Are lights on sensors or time clocks? _____

Model of bulb and ballast used: _____

Handicap Accessibility

Handicap Door system available? _____

System Installer and model: _____

Are ramps available? _____

Do you have Handicap Bathrooms available? _____

Number of men's and women's bathrooms: _____

HVAC System

Heating Type (Hot Water, Steam, Forced Air): _____

Make, Model and Serial Number: _____

Location of Unit: _____

Last inspection, CSD-1 test: _____

Last Cleaning of unit: _____

Contractor that provides inspection: _____

Installer, year installed, any warranty: _____

Expected Replacement Date: _____

Delivery System (Baseboard, Coils, Unit Ventilators, Radiators): _____

Last time cleaned (Coils, Registers, ducts, etc): _____

Filter Sizes and changing time: _____

Pump model/location: _____

Belts: Size / location: _____

Air Conditioning (yes or no): _____

Make, Model and Serial Number: _____

Installer, Year Installed, Warranty: _____

Condition of Unit / expected life: _____

Type / Location (rooftop unit, Condenser unit, Chilled Water): _____

Last inspection and by whom: _____

Last Cleaning/cycle done (Coils, Condenser fins, fan blades): _____

Interior Structure

Wall Type (block, brick, drywall, plaster,): _____

General Condition: _____

Last time Painted and by whom: _____

Doors (Metal, Wood) (Stained, Painted): _____

Flooring (carpet, tile, vinyl, Terrazza, etc): _____

Installer, date installed, warranty: _____

Replacement plan: _____

Lighting system (can, florescent, bulb, etc): _____

Has upgrade to energy efficiency been done? _____

Ceilings (drop, drywall, plaster): _____

General condition: _____

Key System brand (Schlage, electronic, etc.): _____

When was the last time that the building was rekeyed? _____

Locksmith you use for key system: _____

Do you have a updated listing of who has keys? _____

Replacement plan: _____

Is there any property off-site or added to the original parish property? If so, please state the address, attach a copy of the deed and provide a description of the property's use.

Do you have any projected renovation plans that have not been stated above? Estimated cost?

Do you have security issues that need to be addressed? _____

Signature by Preparer: _____ Date: _____

I have read and approve of this report.

Pastor/Pastoral Administrator