Field Data Collection Sheet   IU#_____

Inspection Date:_____

Inspector Name: **ID#:**

LOCATION: Where am I?

SITE	
AREA-BUILDING NUMBER	
ASSET	
FLOOR	
ROOM	
SPECIFIC LOCATION	

WORK BREAKDOWN STRUCTURE:

❑ A10 Foundations	❑ C10 Int. Const.	❑ D30 HVAC	❑ G10 Site Prep
❑ A20 Basement Const.	❑ C20 Int. Stairs	❑ D40 Fire Protect	❑ G20 Site Improvements
❑ B10 Superstructure	❑ C30 Int. Finishes	❑ D50 Electrical	❑ G30 Site Mech. Utilities
❑ B20 Ext. Closure	❑ D10 Conveying	❑ F10 Specialty Sys.	❑ G40 Site Elec. Utilities
❑ B30 Roofing	❑ D20 Plumbing	❑ F20 Bldg. Demo	❑ G90 Sitework Other

INSPECTION UNIT (COMPONENT AND TYPE): What am I looking at? (Example: Roof,Floor,Light Fix.)

DESCRIPTION	
Equipment Number:	
_____	

Component CONDITION: ❑ Excellent   ❑ Good   ❑ Adequate   ❑ Fair   ❑ Poor   ❑ Fail

URGENCY: ❑ **Immediately** ❑ **Within 1YR**   ❑ **1 to 2YRS**   ❑ **3 to 5YRS**   ❑ **Exceeds Design Life**

Repair Cause: _____   **RS MEANS #**_____

QUANTITY:_____ **UNIT OF MEASURE**:_____ **OPTIMUM YEAR**_____

Description of Deficiencies What is wrong with it? (Example: Cracked, worn, blistered, missing parts, noisy, etc.)	Percent of Coverage				
	Light	Moderate	Severe	Fail	NSIP
Exceeds Design Life?					

COMMENTS: