

Facility Health Assessment - Prep List

The following information will assist you in completing the online form to create your Facility Health Assessment:

Current Expenses

- Annual utility cost _____
- Annual housekeeping/janitorial cost _____
- Annual general maintenance cost _____
- Annual designated capital reserves _____
- Number of full-time facility staff _____
- Computerized maintenance management system
YES/NO If yes, what system? _____

Basic Safety and Security

- Functioning fire alarm system? **Yes / No**
- Functioning intrusion/burglar alarm system? **Yes / No**
- Do you have security cameras monitoring critical areas of this facility? **Yes /No**
- Number of exterior doorways _____
- Number of exterior doorways with door card access _____
- Are you utilizing LED parking lot lighting? **Yes / No**
- Are your building exterior and parking lot lights illuminated all night? **Yes / No**

Life Cycle Items

Roofing/ Location						
Type						
Sq. Ft.						
Age						
Flooring/ Location						
Type						
Sq. Ft.						
Age						
Parking/ Location						
Type						
Sq. Ft.						
Age						
HVAC/ Area Served						
Type						
Make						
Model						
Model #						
Tonnage						
Age						