

# FACILITIES CONDITIONS AUDIT

## Building Systems/Conditions Audit Summary

Building Name \_\_\_\_\_ Date of Audit \_\_\_\_\_  
 Agency Building Number \_\_\_\_\_ Risk Management Bldg # \_\_\_\_\_  
 Construction Date \_\_\_\_\_ Gross Square Feet \_\_\_\_\_  
 Building Type \_\_\_\_\_ Number of Stories \_\_\_\_\_  
 Current Replacement Value (year) (insured value) \_\_\_\_\_

Current Replacement Cost (insured value):				\$0
Building Systems	System Rating	System Multiplier	System Deficiency	System Deficiency Cost
Foundation	0.00	0.00	0.00	\$0
Columns and Exterior walls	0.00	0.00	0.00	\$0
Floors	0.00	0.00	0.00	\$0
Roof	0.00	0.00	0.00	\$0
Ceiling	0.00	0.00	0.00	\$0
Interior walls and Partitions	0.00	0.00	0.00	\$0
Windows	0.00	0.00	0.00	\$0
Doors	0.00	0.00	0.00	\$0
Cooling / Ventilation	0.00	0.00	0.00	\$0
Heating	0.00	0.00	0.00	\$0
Plumbing	0.00	0.00	0.00	\$0
Electrical	0.00	0.00	0.00	\$0
Conveying	0.00	0.00	0.00	\$0
Safety / Standards	0.00	0.00	0.00	\$0
Totals			0.00	\$0
Facilities Condition Index (FCI) = (1 – system deficiency total) x 100				100