Building Condition Audit Form

Part 1

Inspector(s): _____

Building name: _____

Date: _____

CEILING SYSTEM

Part 2

Ceiling System Characteristics:

1. Integral Systems: Exposed Structure ☐ Attached to Structure ☐ Other ☐_____
2. Suspended System: Lay in Metal Grid ☐ Gypsum Board ☐ Concealed Spline Metal Grid ☐ Plaster ☐ Other ☐ _____
3. Materials: Mineral ☐ Wood Fiber ☐ Fiberglass ☐ Metal ☐ Wood ☐ Other ☐ _____
4. Finishes: Integral☐ Paint ☐ Fabric ☐ Other ☐ _____

Additional description _____

Part 3 **Ceiling Components**	**Prioritization Categories (See Below)**						**System Rating Total**	**Deficiency Cost**
	1	2	3	4	5	6		
1) Physical Condition								
2) Suitability								
3) Accessibility								
4) Appearance								
5) Maintainability								
6) Acoustical Quality								
Rating System Totals								

Part 4

System Rating		System Multiplier		System Deficiency		Building Value		Deficiency Cost For System
	X		Equals	0	X		Equals	$ -

Part 5

Rating Explanation:

Row	**Column**	**Notes**

Prioritization Categories
Form Updated 7/2018

1. Safety
2. Damage / Wear Out
3. Codes / Standards
4. Environmental Improvements
5. Energy Conservation
6. Aesthetics