

Building Attributes Worksheet



Building Name: _____ **Contact:** _____
Building Address: _____

Attribute Information – Required

Year of Construction *

Location *

- Urban
 Suburban
 Industrial

Number of Floors *

Square Footage *

Primary Use(s) (check all that apply) *

- Healthcare Office
 Laboratory Manufacturing (Open)
 Manufacturing (Closed) School
 Recreational Other

Closed Space (% building area separated by walls) *

- Less than 25%
 Between 25% & 50%
 Between 50% & 75%
 Greater Than 75%

Basement *

- Yes
 No

Operable Windows (capable of being opened by occupants) *

- Less than 10% Between 10% & 50%
 Greater Than 50%

HVAC Equipment (check all that apply) *

- None Air Handlers → Handler Count
 Heat Pumps Fan Coil Units Unit Ventilators

Boiler or Furnace (check all that apply) *

- Electric Natural Gas Oil None

Cooling Tower *

- Yes No

Special Features (check all that apply) *

- Print Shop Automotive Repair
 Photo Lab Smoking Allowed
 Laboratory Computer Room
 Kitchen Loading Dock
 None Parking Garage

Elevators (if both, then chose "Hydraulic") *

- Hydraulic
 Cable

Occupied Days *

- Mo Tu We Th Fr Sa Su

Occupied Hours *

24 Hrs

From _____
 To _____

Event Information (Within the last 6 months)	
Recent Flood or Leak	
Event Date :	<input type="text"/> / <input type="text"/> (mm/yyyy)
History (if any):	
Recent Fire	
Event Date :	<input type="text"/> / <input type="text"/> (mm/yyyy)
History (if any):	
Recent Construction or Renovation	
Event Date :	<input type="text"/> / <input type="text"/> (mm/yyyy)
History (if any):	