

JAMES R. FAVOR & COMPANY

FRATERNITY/SORORITY RISK MANAGEMENT SURVEY

Fraternity/Sorority National Account	Branch Office
School Name	Risk Control Representative
Chapter Name	Person(s) Interviewed and Title(s)
Location Surveyed (Street Address)	Date Received
City, State, Zip Code, County	Date Completed

OVERALL EVALUATION

Good

Needs Improvement

Poor

CONTACTS RESPONSIBLE FOR INSURANCE & LIFE SAFETY / LOSS CONTROL AT THIS CHAPTER/HOUSE CORPORATION?

1. House Corporation Name: _____ Title: _____
 Address: _____ Phone: _____ Day time
 E-mail: _____

2. Active Chapter Name: _____ Title: _____
 Address: _____ Phone: _____
 E-mail: _____

RATING DATA SUMMARY

PROPERTY

1. Property Owner? (Legal Name) _____
2. I.S.O. Fire Protection Class at Risk? _____
3. I.S.O. Fire Rate Construction Class? _____
4. Occupancy? (Maximum Housing Capacity) _____
5. Number of Stories? _____

LIABILITY

1. Total Rateable Area? (Square Footage) _____
2. Parking Area? _____
3. Meal Service Revenues? _____
4. Special Exposures Noted?
 a) Swimming Pool Recreation Facilities
5. Current Chapter Membership? _____

EQUIPMENT BREAKDOWN

1. Boiler Exposure?
 Yes No
2. Air-conditioning Equipment?
 Yes No

WORKER'S COMPENSATION

1. # of Employees? _____
2. Estimated Annual Payroll? \$ _____
3. Annual Room and Board Compensation
 (If Provided)? \$ _____

NOTICE: Performance of this limited-purpose survey shall not be construed to affix responsibility or liability on **James R. Favor & Company** for the isolation or correction of identified or unidentified hazards. The responsibility for identification of all hazards and their correction remains with the Chapter/House Corporation.

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS FOR ALL RED ANSWERS IN NARRATIVE.

A. GENERAL DATA – ALL COVERAGES:

- 1. General Description of Chapter/House Corporation Operations?

- 2. Describe any Products Sold/Services Rendered/Endorsements Provided?

- 3. Annual Operating/Business Income(s)? _____
a) House Corporation: 1) Annual Rents: \$ _____ 2) Annual Board: \$ _____ 3) Misc. Income: \$ _____
b) Active Chapter: 1) Annual Dues: \$ _____ 2) Annual Social Fees: \$ _____ 3) Misc. Income: \$ _____
- 4. Type of Entity?
a) House Corporation: Individual Partnership Corporation _____
b) Active Chapter: Individual Partnership Corporation _____
- 5. # of Years Chapter Active? _____ # of Years at this location? _____
- 6. Building/Chapter House originally designed as? _____
- 7. Neighborhood Type? Commercial Industrial Residential Rural
- 8. Neighborhood Condition? Improving Stable Deteriorating
- 9. Does Chapter/House Corporation appear successful and well managed? YES NO
- 10. Management's attitude toward risk control satisfactory? YES NO

B. CONSTRUCTION INFORMATION:

- 1. Exterior wall construction? Frame: _____ Cover: _____
- 2. Floor construction? Basement: _____ First: _____ Upper floors: _____
a) Basement: Finished Unfinished Semi-finished None
- 3. Roof construction? Support: _____ Deck: _____ Cover: _____
- 4. Building Height (# of stories)? _____ Ft. per story? _____
- 5. Year Built? _____ Year Last Remodeled or Renovated? _____
- 6. Insured's interest in building? Owner General Lessee Tenant
- 7. I.S.O. Fire Rate Construction Class? Frame Joisted Masonry Masonry Non-Combustible Fire Resistive
- 8. Major concealed spaces? YES NO
- 9. Interior finish combustible? YES NO
- 10. More than one division created by firewalls? YES NO
- 11. Vertical openings (elevators, stairways, etc.)? YES NO
Protected (i.e. fire doors, etc.) Unprotected
- 12. Would upgraded Building/Zoning Codes apply if the Building were damaged? YES NO
- 13.

Floor number (include basement area only if finished & open to the public)	Occupied by (insured or other)	Use of space (dining, living, sleeping)	Area Chargeable Sq. Footage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- 14. Total rateable area chargeable to insured? (square footage) _____

C. ADJACENT EXPOSURES:

	Distance	Height	Construction	Occupancy
North	_____	_____	_____	_____
South	_____	_____	_____	_____
East	_____	_____	_____	_____
West	_____	_____	_____	_____

NOTICE: Performance of this limited-purpose survey shall not be construed to affix responsibility or liability on James R. Favor & Company for the isolation or correction of identified or unidentified hazards. The responsibility for identification of all hazards and their correction remains with the Chapter/House Corporation.

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS FOR ALL RED ANSWERS IN NARRATIVE.

PROPERTY SUPPLEMENT

A. HEATING AND AIR CONDITIONING:

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Heating Equipment? Type _____ | | | 6. A/C equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Oil <input type="checkbox"/> Electric <input type="checkbox"/> LP Gas <input type="checkbox"/> Wood/Coal | | | a) Type? <input type="checkbox"/> Central <input type="checkbox"/> Individual Unit(s) | | |
| 3. Is heating equipment located in a separate fully enclosed fire resistive room, with a self-closing door?..... | <input type="checkbox"/> | <input type="checkbox"/> | 7. Unusual heating – A/C hazards noted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Vented properly? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Heating – A/C service/maintenance contract?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Adequate clearance from combustibles? | <input type="checkbox"/> | <input type="checkbox"/> | Name of company? | | |
| | | | Date equipment last serviced? | | |

B. ELECTRICAL:

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Type of wiring? <input type="checkbox"/> Conduit <input type="checkbox"/> Romex
<input type="checkbox"/> BX <input type="checkbox"/> _____ | | | 6. Unusual Electrical appliance hazards noted?.....
(i.e. hotplates, coffee makers, etc. in sleeping rooms) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does Wiring condition Need Improvement?..... | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are electrical panels, cabinets, etc., unobstructed, clean and closed, with no signs of tampering? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Over-current protection Adequate? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are electrical outlets in good condition with Ground Fault Interrupter circuits provided in kitchen and bathrooms?.... | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Type? <input type="checkbox"/> Fuses <input type="checkbox"/> Circuit Breakers | | | 9. Any evidence of Non-standard or "Temporary" wiring? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. System properly fused? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Other electrical hazards noted? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Excessive use of extension cords? | <input type="checkbox"/> | <input type="checkbox"/> | | | |

C. PLUMBING:

- | | YES | NO | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Age of plumbing system? | | | 5. Piping adequately supported?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Type of plumbing? <input type="checkbox"/> Copper <input type="checkbox"/> Galvanized <input type="checkbox"/> PVC | | | 6. Floors and basement properly drained?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Plumbing in overall good condition?..... | <input type="checkbox"/> | <input type="checkbox"/> | 7. Sewer back-up history? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Piping subject to physical damage/freezing?..... | <input type="checkbox"/> | <input type="checkbox"/> | 8. Other plumbing hazards noted?..... | <input type="checkbox"/> | <input type="checkbox"/> |

PROPERTY EVALUATION

Good

Needs Improvement

Poor

D. FIRE PROTECTION:

- | Public Protection | | YES | NO | Private Protection Cont. | | YES | NO |
|---|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Fire Department? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Fire/Smoke Detection System covering All Common Areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Type? <input type="checkbox"/> Paid <input type="checkbox"/> Volunteer <input type="checkbox"/> None | | | a) Type? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired <input type="checkbox"/> Wireless/Remote | | | | |
| 2. Distance to Fire Department?..... | | | 9. Fire/Smoke Detection System covering All Sleeping Rooms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Number of hydrants within 500 ft.?..... | | | a) Type? <input type="checkbox"/> Battery <input type="checkbox"/> Hardwired <input type="checkbox"/> Wireless/Remote | | | | |
| 4. Risk accessible for fire fighting purposes? | <input type="checkbox"/> | <input type="checkbox"/> | 10. Is There a Fire Alarm System? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Regular Fire Department inspection?..... | <input type="checkbox"/> | <input type="checkbox"/> | a) Notification At? <input type="checkbox"/> Central Station Co. <input type="checkbox"/> Premises | | | | |
| a) Date last inspected? | | | Monitoring Co. Name: | | | | |
| b) Any outstanding recommendations?..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. Alarm System operated only by "Manual / Pull-Station"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Private Protection | | | 12. Are all Smoke Detectors tied into the Alarm System? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Adequate portable extinguishing equipment?..... | <input type="checkbox"/> | <input type="checkbox"/> | 13. Contract for Annual Inspection/Maintenance?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Type? | | | Company Name: | | | | |
| 7. Extinguishers annually tagged and serviced?..... | <input type="checkbox"/> | <input type="checkbox"/> | Date last Inspected: | | | | |

FIRE PROTECTION EVALUATION

Good

Needs Improvement

Poor

E. AUTOMATIC SPRINKLER SYSTEM:

- | | YES | NO | | YES | NO |
|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| 1. Type of System? <input type="checkbox"/> Wet <input type="checkbox"/> Dry | | | 6. Contract for Annual Inspection/Maintenance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. System Age? | | | Company Name: | | |
| 3. Percent of building sprinklered?.....% | | | Date last Inspected: | | |
| a) Is the Basement Sprinklered? | <input type="checkbox"/> | <input type="checkbox"/> | 7. Monthly Self-Inspection reports filled out and on file?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is There a Waterflow Alarm? | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are all areas with wet systems heated? | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Notification At? <input type="checkbox"/> Premises <input type="checkbox"/> Central Station Co. | | | 9. All contents at least 18-inches below sprinkler heads? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other <input type="checkbox"/> Fire Department | | | 10. Are sprinkler heads free of paint?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Water Supply Adequate?..... | <input type="checkbox"/> | <input type="checkbox"/> | 11. Are sprinkler heads and piping free of corrosion?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| a) Type? <input type="checkbox"/> Public main <input type="checkbox"/> Pressure tank | | | 12. Are sprinkler piping hangers free of damage? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Gravity tank w/Reservoir <input type="checkbox"/> Fire Pump | | | 13. Are control valves locked in the open position?..... | <input type="checkbox"/> | <input type="checkbox"/> |

AUTOMATIC SPRINKLER EVALUATION

Good

Needs Improvement

Poor

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS FOR ALL RED ANSWERS IN NARRATIVE.
KITCHEN / COOKING / MEAL SERVICE SUPPLEMENT
(Answer All Questions That Apply For Equipment Type/Exposure)

A. COOKING EQUIPMENT: Commercial Equipment Domestic Equipment No Cooking Equipment

1. Volume of Cooking? Light Moderate Heavy
2. Type?.....# Broiler(s) _____ # Grill(s) _____ # Range(s) _____
 # Oven(s) _____ # Deep fat fryer(s) _____ # Other _____
3. Fuel?..... Natural gas LP gas Electricity Other _____

4. Adequate clearance between cooking appliances and unprotected combustible material?..... YES NO
5. **DEEP FAT FRYERS:** Commercial Domestic None
 - A. Controlled by thermostat? YES NO
 - B. Equipped with separate automatic high temperature limit controls?..... YES NO
 - C. Spaced at least 16" from surface flames of adjacent cooking equipment?..... YES NO

B. EXHAUST SYSTEM: Commercial Domestic None

1. Is there a metal hood provided over all grease-producing equipment (ranges, fryers, grills, etc.)?..... YES NO
2. Size of hood(s)? _____
3. Equipped with removable, non-combustible grease filters? YES NO
4. Filters cleaned? Daily Weekly Monthly Other _____
5. Is frequency of filter cleaning adequate for cooking exposure?..... YES NO
6. Exhaust ducts extend to outside? (through) Wall Roof
7. Do ducts pass through combustible concealed spaces?..... YES NO
8. Is adequate clearance provided between ducts and combustible construction?..... YES NO
 (Minimum 24" clearance or alternative reductions with supplemental non-combustible materials.)
9. Are necessary duct clean-out traps provided? (Horizontal – every 20' Vertical – at "elbow" sections)..... YES NO
10. Hood/Ductwork is Cleaned? Monthly Quarterly Semiannually Other _____
11. Is interior of hoods and ducts free from excessive grease accumulation? YES NO
12. Is a qualified cleaning company contracted?..... YES NO
 a) Name of Company? _____ Date last cleaned? _____
13. Is exhaust system equipped with manual control for shutdown of ventilating fan?..... YES NO
14. Is wiring in hood in metal conduit and in good condition?..... YES NO
15. Are lights in hood(s) enclosed in vapor-proof globes?..... YES NO

C. FIRE PROTECTION:

1. Are hoods, plenum and ducts equipped with an automatic fire extinguishing system? YES NO
 a) Manufacturer? _____
 b) Type? Auto dry chemical Auto CO₂ Auto wet chemical Other _____
2. Is a manual actuation switch provided and readily accessible?..... YES NO
3. Is there a service contract for Annual Inspection and Maintenance?..... YES NO
 a) Name of Company? _____ Date last Inspected? _____
4. Is system interlocked for automatic fuel shut-off? YES NO
5. Is surface nozzle protection provided for necessary cooking equipment?..... YES NO
6. Is a K class portable fire extinguisher provided in kitchen area? YES NO
7. Are all employees & members instructed in the proper operation/use of the Automatic extinguishing system & portable extinguishers? YES NO

D. MISCELLANEOUS:

1. Who does the cooking? Employed Cook House Parent Members Other
2. Are refrigeration compressors located at least 2' away from combustible storage or construction?..... YES NO
3. Are soiled linens placed in metal containers with metal covers? YES NO
4. Is the kitchen well supervised, cleaned daily, and operated in a sanitary manner? YES NO
5. Are dumpsters properly located away from building?..... YES NO

E. MEAL SERVICE:

1. Type of meals? _____
2. Number of meals? _____
3. Frequency served? _____
4. Annual revenues from meals served at the chapter house? _____

KITCHEN / COOKING EVALUATION

Good

Needs Improvement

Poor

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS FOR ALL RED ANSWERS IN NARRATIVE.

FRATERNITY/SORORITY LIABILITY SUPPLEMENT

A. EMERGENCY EXITS/ESCAPE & LIGHTING:		YES	NO	YES	NO																																																												
1. Do all exits & escape routes have lighted exit signs?	<input type="checkbox"/>	<input type="checkbox"/>	6. Emergency Lighting provided for all exits/escape routes?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
2. Are all exits & escape routes accessible?	<input type="checkbox"/>	<input type="checkbox"/>	7. Do all rooms have two (2) means of egress?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
3. "Emergency Escape Ladders" provided on upper floors?	<input type="checkbox"/>	<input type="checkbox"/>	8. Are all exits & escape routes clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
4. Are exterior fire escapes maintained & accessible?	<input type="checkbox"/>	<input type="checkbox"/>	9. Are Emergency lights/systems tested monthly?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
5. All areas covered by Automatic Emergency Lighting?	<input type="checkbox"/>	<input type="checkbox"/>	10. Emergency lights/systems promptly maintained/repaired?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">B. EMERGENCY PLANNING MEASURES:</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. Is there a written emergency plan established?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5. Fire drills conducted regularly?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td> a) Is the plan posted in prominent areas?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> a) Supervised by? _____</td> <td></td> <td></td> </tr> <tr> <td> b) Is the plan reviewed with employees & members?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> b) Frequency? _____</td> <td></td> <td></td> </tr> <tr> <td>2. Are evacuation plans/escape routes posted in all rooms?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> c) Timed & records kept?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Are emergency phone #'s posted at all telephones?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6. Are self-closing fire doors present where necessary?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Are Employees & members instructed in proper use/operation of Alarm system & fire extinguishers?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7. Fire doors checked regularly for proper operation?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td> a) Are door-stops and use of wedges prohibited?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						B. EMERGENCY PLANNING MEASURES:		YES	NO	YES	NO	1. Is there a written emergency plan established?	<input type="checkbox"/>	<input type="checkbox"/>	5. Fire drills conducted regularly?	<input type="checkbox"/>	<input type="checkbox"/>	a) Is the plan posted in prominent areas?	<input type="checkbox"/>	<input type="checkbox"/>	a) Supervised by? _____			b) Is the plan reviewed with employees & members?	<input type="checkbox"/>	<input type="checkbox"/>	b) Frequency? _____			2. Are evacuation plans/escape routes posted in all rooms?	<input type="checkbox"/>	<input type="checkbox"/>	c) Timed & records kept?	<input type="checkbox"/>	<input type="checkbox"/>	3. Are emergency phone #'s posted at all telephones?	<input type="checkbox"/>	<input type="checkbox"/>	6. Are self-closing fire doors present where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	4. Are Employees & members instructed in proper use/operation of Alarm system & fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	7. Fire doors checked regularly for proper operation?	<input type="checkbox"/>	<input type="checkbox"/>				a) Are door-stops and use of wedges prohibited?	<input type="checkbox"/>	<input type="checkbox"/>												
B. EMERGENCY PLANNING MEASURES:		YES	NO	YES	NO																																																												
1. Is there a written emergency plan established?	<input type="checkbox"/>	<input type="checkbox"/>	5. Fire drills conducted regularly?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
a) Is the plan posted in prominent areas?	<input type="checkbox"/>	<input type="checkbox"/>	a) Supervised by? _____																																																														
b) Is the plan reviewed with employees & members?	<input type="checkbox"/>	<input type="checkbox"/>	b) Frequency? _____																																																														
2. Are evacuation plans/escape routes posted in all rooms?	<input type="checkbox"/>	<input type="checkbox"/>	c) Timed & records kept?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
3. Are emergency phone #'s posted at all telephones?	<input type="checkbox"/>	<input type="checkbox"/>	6. Are self-closing fire doors present where necessary?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
4. Are Employees & members instructed in proper use/operation of Alarm system & fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	7. Fire doors checked regularly for proper operation?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
			a) Are door-stops and use of wedges prohibited?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C. PROPERTY SECURITY & SUPERVISION :</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. Is building access properly secured 24hrs a day?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>4. Nightly fire/security inspection conducted?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td> a) Type? <input type="checkbox"/> Keys <input type="checkbox"/> Card Key <input type="checkbox"/> Keypad Lock <input type="checkbox"/> Guards</td> <td></td> <td></td> <td>(Doors Locked, appliances off, cigarettes out, exits clear)</td> <td></td> <td></td> </tr> <tr> <td>2. Security/supervision adequate during school breaks?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> a) Person Responsible? _____</td> <td></td> <td></td> </tr> <tr> <td>3. Security/supervision adequate during extreme weather?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>5. Other fire/security hazards noted?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						C. PROPERTY SECURITY & SUPERVISION :		YES	NO	YES	NO	1. Is building access properly secured 24hrs a day?	<input type="checkbox"/>	<input type="checkbox"/>	4. Nightly fire/security inspection conducted?	<input type="checkbox"/>	<input type="checkbox"/>	a) Type? <input type="checkbox"/> Keys <input type="checkbox"/> Card Key <input type="checkbox"/> Keypad Lock <input type="checkbox"/> Guards			(Doors Locked, appliances off, cigarettes out, exits clear)			2. Security/supervision adequate during school breaks?	<input type="checkbox"/>	<input type="checkbox"/>	a) Person Responsible? _____			3. Security/supervision adequate during extreme weather?	<input type="checkbox"/>	<input type="checkbox"/>	5. Other fire/security hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>																														
C. PROPERTY SECURITY & SUPERVISION :		YES	NO	YES	NO																																																												
1. Is building access properly secured 24hrs a day?	<input type="checkbox"/>	<input type="checkbox"/>	4. Nightly fire/security inspection conducted?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
a) Type? <input type="checkbox"/> Keys <input type="checkbox"/> Card Key <input type="checkbox"/> Keypad Lock <input type="checkbox"/> Guards			(Doors Locked, appliances off, cigarettes out, exits clear)																																																														
2. Security/supervision adequate during school breaks?	<input type="checkbox"/>	<input type="checkbox"/>	a) Person Responsible? _____																																																														
3. Security/supervision adequate during extreme weather?	<input type="checkbox"/>	<input type="checkbox"/>	5. Other fire/security hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">D. INTERIOR CONDITIONS & HOUSEKEEPING :</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. Is there a weekly cleaning & maintenance schedule?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>6. Flammable liquids Prohibited in building?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Are all Floors & Stairs free of slip, trip, fall hazards?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>7. Interior housekeeping/maintenance good?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Are all stairways equipped with adequate handrails?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>8. Premises Lighting Adequate?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Non-slip surfaces provided in Hazardous areas?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>9. Elevators/escalators?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Smoking Properly controlled?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10. Other housekeeping/maintenance hazards noted?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						D. INTERIOR CONDITIONS & HOUSEKEEPING :		YES	NO	YES	NO	1. Is there a weekly cleaning & maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>	6. Flammable liquids Prohibited in building?	<input type="checkbox"/>	<input type="checkbox"/>	2. Are all Floors & Stairs free of slip, trip, fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	7. Interior housekeeping/maintenance good?	<input type="checkbox"/>	<input type="checkbox"/>	3. Are all stairways equipped with adequate handrails?	<input type="checkbox"/>	<input type="checkbox"/>	8. Premises Lighting Adequate?	<input type="checkbox"/>	<input type="checkbox"/>	4. Non-slip surfaces provided in Hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	9. Elevators/escalators?	<input type="checkbox"/>	<input type="checkbox"/>	5. Smoking Properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>	10. Other housekeeping/maintenance hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>																								
D. INTERIOR CONDITIONS & HOUSEKEEPING :		YES	NO	YES	NO																																																												
1. Is there a weekly cleaning & maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>	6. Flammable liquids Prohibited in building?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
2. Are all Floors & Stairs free of slip, trip, fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	7. Interior housekeeping/maintenance good?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
3. Are all stairways equipped with adequate handrails?	<input type="checkbox"/>	<input type="checkbox"/>	8. Premises Lighting Adequate?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
4. Non-slip surfaces provided in Hazardous areas?	<input type="checkbox"/>	<input type="checkbox"/>	9. Elevators/escalators?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
5. Smoking Properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>	10. Other housekeeping/maintenance hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">E. EXTERIOR CONDITIONS & HOUSEKEEPING:</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>1. Exterior Lighting illuminates around entire facility?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>10. Is there a weekly cleaning & maintenance schedule?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Any slip/trip or fall hazards on exterior stairs?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>11. Exterior housekeeping/maintenance good?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Any evidence of vandalism on building?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>12. Building well maintained and in good condition?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Broken or Cracked Windows/Doors?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>13. Sidewalks well maintained?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. All exterior building fixtures (signs, etc.) securely attached?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>14. Are all parking areas maintained?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Are grounds properly maintained & debris removed?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> a) Owned parking area (sq. ft.) _____</td> <td></td> <td></td> </tr> <tr> <td>7. Is roof access strictly prohibited?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> b) Any parking leased to non-members?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. 4' railings protect any roof areas accessible?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td> c) Income from leased parking \$ _____</td> <td></td> <td></td> </tr> <tr> <td>9. Slip/trip or fall hazards on porches, decks or balconies? ..</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>15. Other housekeeping/maintenance hazards noted?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>						E. EXTERIOR CONDITIONS & HOUSEKEEPING:		YES	NO	YES	NO	1. Exterior Lighting illuminates around entire facility?	<input type="checkbox"/>	<input type="checkbox"/>	10. Is there a weekly cleaning & maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>	2. Any slip/trip or fall hazards on exterior stairs?	<input type="checkbox"/>	<input type="checkbox"/>	11. Exterior housekeeping/maintenance good?	<input type="checkbox"/>	<input type="checkbox"/>	3. Any evidence of vandalism on building?	<input type="checkbox"/>	<input type="checkbox"/>	12. Building well maintained and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	4. Broken or Cracked Windows/Doors?	<input type="checkbox"/>	<input type="checkbox"/>	13. Sidewalks well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	5. All exterior building fixtures (signs, etc.) securely attached?	<input type="checkbox"/>	<input type="checkbox"/>	14. Are all parking areas maintained?	<input type="checkbox"/>	<input type="checkbox"/>	6. Are grounds properly maintained & debris removed?	<input type="checkbox"/>	<input type="checkbox"/>	a) Owned parking area (sq. ft.) _____			7. Is roof access strictly prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	b) Any parking leased to non-members?	<input type="checkbox"/>	<input type="checkbox"/>	8. 4' railings protect any roof areas accessible?	<input type="checkbox"/>	<input type="checkbox"/>	c) Income from leased parking \$ _____			9. Slip/trip or fall hazards on porches, decks or balconies? ..	<input type="checkbox"/>	<input type="checkbox"/>	15. Other housekeeping/maintenance hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>
E. EXTERIOR CONDITIONS & HOUSEKEEPING:		YES	NO	YES	NO																																																												
1. Exterior Lighting illuminates around entire facility?	<input type="checkbox"/>	<input type="checkbox"/>	10. Is there a weekly cleaning & maintenance schedule?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
2. Any slip/trip or fall hazards on exterior stairs?	<input type="checkbox"/>	<input type="checkbox"/>	11. Exterior housekeeping/maintenance good?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
3. Any evidence of vandalism on building?	<input type="checkbox"/>	<input type="checkbox"/>	12. Building well maintained and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
4. Broken or Cracked Windows/Doors?	<input type="checkbox"/>	<input type="checkbox"/>	13. Sidewalks well maintained?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
5. All exterior building fixtures (signs, etc.) securely attached?	<input type="checkbox"/>	<input type="checkbox"/>	14. Are all parking areas maintained?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
6. Are grounds properly maintained & debris removed?	<input type="checkbox"/>	<input type="checkbox"/>	a) Owned parking area (sq. ft.) _____																																																														
7. Is roof access strictly prohibited?	<input type="checkbox"/>	<input type="checkbox"/>	b) Any parking leased to non-members?	<input type="checkbox"/>	<input type="checkbox"/>																																																												
8. 4' railings protect any roof areas accessible?	<input type="checkbox"/>	<input type="checkbox"/>	c) Income from leased parking \$ _____																																																														
9. Slip/trip or fall hazards on porches, decks or balconies? ..	<input type="checkbox"/>	<input type="checkbox"/>	15. Other housekeeping/maintenance hazards noted?	<input type="checkbox"/>	<input type="checkbox"/>																																																												

LIABILITY EVALUATION Good Needs Improvement Poor

SWIMMING POOL SUPPLEMENT

(Photos Are Required)

F. (Complete only if applicable)		YES	NO	YES	NO
1. Operating days and hours?			12. Adult supervision required for children?	<input type="checkbox"/>	<input type="checkbox"/>
2. Months in operation?			13. Provisions for keeping children from deep end?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is admission charged?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is diving board provided?	<input type="checkbox"/>	<input type="checkbox"/>
Annual receipts: \$ _____			Height above water? _____		
4. Construction: <input type="checkbox"/> Concrete <input type="checkbox"/> Tile <input type="checkbox"/> Other			15. Ladders and other accessories in good condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Size: (Width) _____ x (Length) _____			16. Are sanitation conditions satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
Depth: (Minimum) _____ (Maximum) _____			17. Are pool rules and regulations clearly posted?	<input type="checkbox"/>	<input type="checkbox"/>
6. Depths clearly marked and properly located?	<input type="checkbox"/>	<input type="checkbox"/>	18. Is lifeguard on duty when pool is in use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Walkways/surfaces of non-skid material?	<input type="checkbox"/>	<input type="checkbox"/>	a) Sign posted no lifeguard on duty?	<input type="checkbox"/>	<input type="checkbox"/>
8. Lighting in/around pool for night activities?	<input type="checkbox"/>	<input type="checkbox"/>	19. Are life rings, buoys, and reaching probes provided?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any exposed electrical switches, wiring or fixtures?	<input type="checkbox"/>	<input type="checkbox"/>	20. First aid kit on premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Pool area enclosed?	<input type="checkbox"/>	<input type="checkbox"/>	21. Pool professionally inspected/maintained?	<input type="checkbox"/>	<input type="checkbox"/>
11. Pool area locked after hours?	<input type="checkbox"/>	<input type="checkbox"/>	22. Inspection Company name?		

POOL EVALUATION Good Needs Improvement Poor

NOTE: EXPLAIN OR MAKE IMPROVEMENT SUGGESTIONS FOR ALL RED ANSWERS IN NARRATIVE.

EARTHQUAKE / FLOOD & WATER DAMAGE SUPPLEMENT

A. FLOOD & WATER DAMAGE:

NOTE: (Flood information is obtained by physical observation and interview only. Army Corps of Engineers or Third Party inquiry is not a part of this service.)

FLOOD		YES	NO	WATER		YES	NO
1.	Any history of flooding in area known to insured?	<input type="checkbox"/>	<input type="checkbox"/>	8.	Surface water drainage away from building?.....	<input type="checkbox"/>	<input type="checkbox"/>
2.	Distance to nearest body of water?_____mi.			9.	Storm drains provided to carry surface water?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Type? <input type="checkbox"/> Ocean <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Creek			10.	Adequate Roof drains provided?.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	Observed area protection?	<input type="checkbox"/>	<input type="checkbox"/>	11.	Evidence of water stains on ceiling?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Building located in low ground area?	<input type="checkbox"/>	<input type="checkbox"/>	12.	Windows/doors/skylights watertight?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Building subject to flooding from surface water?	<input type="checkbox"/>	<input type="checkbox"/>	13.	Contents susceptible to water damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
7.	Protected by permanent flood protection features?....	<input type="checkbox"/>	<input type="checkbox"/>	14.	Contents stored in basement?	<input type="checkbox"/>	<input type="checkbox"/>
				15.	Other water damage exposures?.....	<input type="checkbox"/>	<input type="checkbox"/>

FLOOD & WATER EVALUATION Good Needs Improvement Poor

B. EARTHQUAKE:

NOTE: (Earthquake information is obtained by physical observation and interview only. Army Corps of Engineers or Third Party inquiry is not a part of this service. Damage intensities Rated on the Modified Mercalli Intensity Scale.)

		YES	NO
1.	Earthquake Zone		
	<input type="checkbox"/> Zone 0 - No damage I to IV	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Zone 1 - Minor damage; Intensities V to VII	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Zone 2 - Moderate damage; Intensity VIII	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Zone 3 - Major damage; Intensity IX and higher	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Zone 4 - Zone 3 areas proximate to major faults	<input type="checkbox"/>	<input type="checkbox"/>
2.	Noticeable structural deficiencies or cracking observed?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Risk exposed to adjacent elevated structures such as water tanks, stacks, antennas, or towers?.....	<input type="checkbox"/>	<input type="checkbox"/>
4.	Contents unusually susceptible to breakage?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Masonry brick, block, or tile bearing walls?	<input type="checkbox"/>	<input type="checkbox"/>

EARTHQUAKE EVALUATION Good Needs Improvement Poor

FRATERNITY/SORORITY HOUSE SUPPLEMENT

C. SUPPLEMENTAL INFORMATION:

1. Legal name of Chapter? _____
2. Legal name of House/Alumni Corp? _____
3. Who is held responsible for maintenance and upkeep of the building? _____
4. Who is held responsible for housekeeping, both interior and exterior? _____
5. Total current membership? Actives: _____ Pledges: _____ Other: _____
6. Is the facility occupied year round (12 months) or School Year (approx. 9 months)? _____
7. Any nonmember supervision? (Describe): _____
8. Facility(s) ever rented/leased to outside agencies/groups? (Explain): _____
 - a) Certificates of insurance obtained? Yes No
9. Any services contracted for? (Explain): _____
 - a) Certificates of insurance obtained? Yes No
10. Any overnight non-member sleep-in guests permitted? _____
11. Frequency of dances, parties, or socials held at this Chapter? _____
 - a) Describe number and type of events: _____
 - b) Alcoholic beverages served?..... Yes No..... Alcoholic beverages sold? Yes No
12. Who supervises the parties/socials? _____
13. Any "hazing" activities? (Describe in narrative): Yes No
14. Any extra-curricular athletic events engaged in/sponsored by members/Chapter? (Describe in narrative, type and where): .. Yes No
15. Any off premises sponsored events or trips, (camping, boating, theatrical, etc.)? (Describe in narrative, type and where): Yes No
16. Any fund raising activity conducted on/off premises? (Describe in narrative): Yes No
17. Any computer, amusement machines, video games, etc? (Describe in narrative): Yes No
18. Any swimming pool, sauna, steam rooms, exercise equipment/room? (Describe in narrative, including supervision/controls): Yes No
19. Are Fireplaces or Chimneys properly enclosed? Yes No Combustibles kept clear of Hearth? Yes No
 - a) Is it Inspected and Cleaned by a Qualified Company at least Annually? Yes No
20. Are Fire Arms Prohibited in the Facility? Yes No
21. Any laundry facilities? (Describe in narrative): ... Yes No
22. Past Claims history? (Describe in narrative): Yes No

National Acct. _____

School _____ Chapter Name _____

NARRATIVE SUPPLEMENT/COMMENTS & RECOMMENDATIONS

NOTICE: Performance of this limited-purpose survey shall not be construed to affix responsibility or liability on **James R. Favor & Company** for the isolation or correction of identified or unidentified hazards. The responsibility for identification of all hazards and their correction remains with the Chapter/House Corporation.

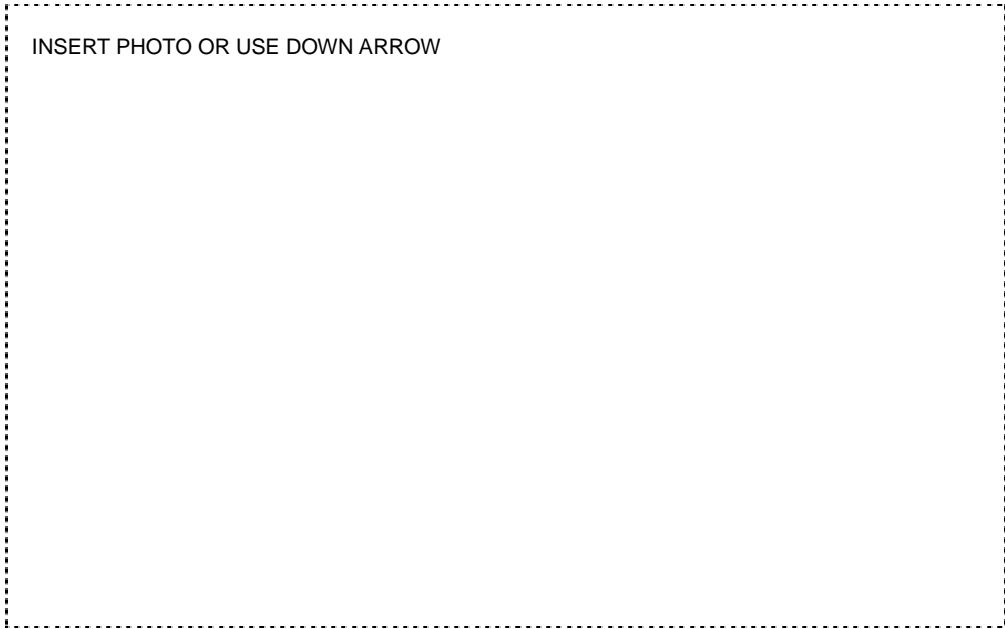
National Acct. _____

School _____

Chapter Name _____

PHOTO MOUNTING SHEET

INSERT PHOTO OR USE DOWN ARROW



PICTURE NUMBER _____

DESCRIPTION _____



PICTURE NUMBER _____

DESCRIPTION _____

National Acct. _____

School _____

Chapter Name _____

PHOTO MOUNTING SHEET

INSERT PHOTO OR USE DOWN ARROW



PICTURE NUMBER _____

DESCRIPTION _____



PICTURE NUMBER _____

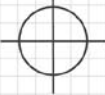
DESCRIPTION _____

National Acct. _____

School _____ Chapter Name _____

DIAGRAM

SCALE: 1" = _____ feet **INCLUDE:** Arrow indicating "North" direction; construction, dimensions and height of insured's building; construction, occupancy, height, distance to adjacent exposures; streets / roads; location and distance to hydrants; firewalls (wall thickness and height of parapet); and other pertinent data.

 INDICATES NORTH							

COMMERCIAL ESTIMATOR VALUE

Marshall and Swift Computerized Estimator Program

- 1. CHAPTER NAME _____
- 2. SCHOOL _____
- 3. PROPERTY ADDRESS _____
- 4. CITY _____
- 5. STATE _____
- 6. ZIP/POSTAL CODE _____
- 7. SURVEY BY _____
- 8. DATE SURVEYED _____

BUILDING DATA:

_____ OCCUPANCY NUMBER (Maximum of 2 occupancies by % SF – See Instructions)

Marshall And Swift Classes		–	ISO Construction Classes	
A Fireproof Structural Steel Frame	M Mill Type		1 Frame/Combustible	4 Masonry
B Reinforced Concrete Frame	P Pole Frame		2 Joisted Masonry	5 Modified Fire Resistive
C Masonry Bearing Walls	S Metal Frame & Walls		3 Noncombustible	6 Fire Resistive
D Wood or Steel Frame Walls	W Slant Wall			
H Hoop Frame				

_____ STORY HEIGHT (Where heights vary, divide total building height by number of stories)

_____ RANK 1 Low 2 Average 3 Above Average 4 High

_____ TOTAL FLOOR AREA (sq. ft.) (Total of all floors **EXCLUDING** basements, mezzanines or balconies)

_____ NUMBER OF STORIES

_____ PERIMETER (linear feet) (Ground floor perimeter or average perimeter of all floors when shape varies)

_____ EFFECTIVE AGE (Actual age deducting for effect of renovations, remodeling & improvements)

BUILDING COMPONENTS:

_____ WALLS (Please see available choices attached)

_____ HEATING & COOLING (If multiple HVAC systems used indicate type and % of SF each system)

601 Electric	607 Steam	613 Hot and Chilled Water	620 Electric Panels
602 Electric Wall	608 Steam, without boiler	614 Heat Pump	621 Space Heaters, Radiant
603 Forced Air Unit	609 Ventilation Only	615 Floor Furnace	622 Space Heaters Steam Coil w/boiler
604 Hot Water	610 Wall Furnace	616 Individual Thru-Wall Heat Pump	623 Space Heaters Steam Coil w/o boiler
605 Hot Water, Radiant	611 Package Unit	618 Evaporative Cooling	624 Heat pump, Ground Loop
606 Space Heaters	612 Warmed and Cooled Air	619 Refrigerated Cooling	625 Refrigerated Cooling, Package

_____ SPRINKLERS (% of SF Served & Type): 682 - Dry Sprinklers 683 - Wet Sprinklers

_____ ELEVATOR(S) (SF Area Served)

_____ FIRE ALARM SYSTEM (SF Area Served)

_____ BALCONY (SF)

BASEMENT DATA:

_____ FINISHED (SF) _____ SEMI-FINISHED (SF) _____ RESIDENT UNITS (SF)

_____ UNFINISHED (SF) _____ STORAGE (SF) _____ PARKING (SF) ONLY IF UNDER HOUSE

BASEMENT COMPONENTS:

_____ HEATING & COOLING (codes above) (If multiple HVAC systems used indicate type and % of SF each system)

_____ SPRINKLERS (% of SF Served & Type): 682 - Dry Sprinklers 683 - Wet Sprinklers

ADDITIONAL ITEMS ENTERED WITH KNOWN COST

DESCRIPTION	COST	CODE
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____