Diocese of Saginaw Parish Structure Evaluation Form

Parish Name: __________________________________________________________
Address: __________________________________________________________

Parking Lot
Concrete, Black Top, Gravel Parking Lot: _________________________________________
General Condition: __________________________________________________________
Last Seal Coat: ______________________________________________________________
Last Crack Fill: ______________________________________________________________
Last Striping: _______________________________________________________________
Next expected Service: _______________________________________________________
Contractor last used:_________________________________________________________

Sidewalks
Concrete, Black Top, Gravel Parking Lot: __________________________________________
General Condition: ___________________________________________________________
Last Seal Coat if blacktop: ______________________________________________________
Contractor used: _____________________________________________________________

Exterior Parking lot Lighting
Lights (Mercury, Sodium vapor, Halogen, etc): ______________________________________
Condition of Lights: ___________________________________________________________
Is the lighting sufficient?________________________________________________________
Contractor used to change bulbs: ________________________________________________

Outbuilding (garage, free-standing shed, etc)
Year Building Built: __________________________________________________________________
Type (Brick, Stucco, Wood, Siding): __________________________________________________________________
Any exterior changes, year done: __________________________________________________________________
Last exterior treatment (brick sealer, Paint, etc): __________________________________________________________________
Size of building: __________________________________________________________________
Use of building: __________________________________________________________________
Complete this form for every building (Make copies of form as needed)

Building Use (Rectory, Hall, Church, etc.): ________________________________________________

Address if different from above: _______________________________________________________

Yearly Maintenance budget (excluding employee wages): _________________________________

Number of building maintenance employees and full or part time: ________________________

Interior cleaning by employees or vendor (company name): ______________________________

Roof

Type (Flat Rubber, Asphalt Shingle): _____________________________________________________

When Installed, Installer Name: _______________________________________________________

Warranty until: ___________________________________________________________________

General Condition: __________________________________________________________________

Any Leaking Present: __________________________________________________________________

Next expected Inspection: __________________________________________________________________

Building Exterior

Year Building Built: __________________________________________________________________

Type (Brick, Stucco, Wood, Siding): _____________________________________________________

Any exterior changes, year done: __________________________________________________________________

Last exterior treatment (brick sealer, Paint, etc): __________________________________________________________________

Contractor used: ___________________________________________________________________

Expected Next Treatment: __________________________________________________________________

General Condition: ___________________________________________________________________

Tuck pointing required? __________________________________________________________________

Last tuck pointing and by whom: __________________________________________________________________

Windows

Stained Glass Windows Condition: __________________________________________________________________

Stained Glass Frame condition: __________________________________________________________________

Any Protective Covering (Glass, Plexi-Glass, Storms): __________________________________________________________________

Are Stained Glass Windows Vented? __________________________________________________________________

Regular Windows (Slider, Double Hung, Fixed): __________________________________________________________________

Window Frame (Vinyl, Aluminum, Steel, Wood): __________________________________________________________________

Window and Frame condition: __________________________________________________________________

Year Windows Installed: __________________________________________________________________

Are Storm Windows Installed? __________________________________________________________________
**Building Exterior Lighting** (Parking lot lights description is on page 1.)

Building Exterior Lights (Can lights, Flood lights, etc): _______________________________________
Are lights adequate for safety and security? ________________________________________________
Are lights on sensors or time clocks? ____________________________________________________
Model of bulb and ballast used: _________________________________________________________

**Handicap Accessibility**

Handicap Door system available? _______________________________________________________
System Installer and model: _____________________________________________________________
Are ramps available? _________________________________________________________________
Do you have Handicap Bathrooms available? _____________________________________________
Number of men’s and women’s bathrooms: ______________________________________________

**HVAC System**

Heating Type (Hot Water, Steam, Forced Air): ___________________________________________
Make, Model and Serial Number: _______________________________________________________
Location of Unit: _______________________________________________________________________
Last inspection, CSD-1 test: _____________________________________________________________
Last Cleaning of unit: _________________________________________________________________
Contractor that provides inspection: ____________________________________________________
Installer, year installed, any warranty: _________________________________________________
Expected Replacement Date: ___________________________________________________________
Delivery System (Baseboard, Coils, Unit Ventilators, Radiators): __________________________
Last time cleaned (Coils, Registers, ducts, etc): _________________________________________
Filter Sizes and changing time: _________________________________________________________
Pump model/location: _________________________________________________________________
Belts: Size / location: ________________________________________________________________
Air Conditioning (yes or no): ___________________________________________________________
Make, Model and Serial Number: _______________________________________________________
Installer, Year Installed, Warranty: ______________________________________________________
Condition of Unit / expected life: _______________________________________________________
Type / Location (rooftop unit, Condenser unit, Chilled Water): _____________________________
Last inspection and by whom: ___________________________________________________________
Last Cleaning/cycle done (Coils, Condenser fins, fan blades): _______________________________
Interior Structure

Wall Type (block, brick, drywall, plaster,): ____________________________________________

General Condition: __________________________________________________________________

Last time Painted and by whom: __________________________________________________________________

Doors (Metal, Wood) (Stained, Painted): __________________________________________________________________

Flooring (carpet, tile, vinyl, Terrazza, etc): __________________________________________________________________

Installer, date installed, warranty: __________________________________________________________________

Replacement plan: __________________________________________________________________

Lighting system (can, florescent, bulb, etc): __________________________________________________________________

Has upgrade to energy efficiency been done? __________________________________________________________________

Ceilings (drop, drywall, plaster): __________________________________________________________________

General condition: __________________________________________________________________

Key System brand (Schlage, electronic, etc.): __________________________________________________________________

When was the last time that the building was rekeyed? __________________________________________________________________

Locksmith you use for key system: __________________________________________________________________

Do you have a updated listing of who has keys? __________________________________________________________________

Replacement plan: __________________________________________________________________

Is there any property off-site or added to the original parish property? If so, please state the address, attach a copy of the deed and provide a description of the property’s use.

________________________________________________________________________

Do you have any projected renovation plans that have not been stated above? Estimated cost?

________________________________________________________________________

Do you have security issues that need to be addressed?

________________________________________________________________________

Signature by Preparer: ____________________________ Date: ____________________________

I have read and approve of this report.

____________________________________________
Pastor/Pastoral Administrator