

**DDESS Facility Assessment
Berkeley Manor Elem.-Bldg. 5400
Camp Lejeune, North Carolina**

Pre-Survey Questionnaire

Please circle Yes or No and describe problem and area of the building where present if applicable.

- What are the biggest problems at the building? Do you receive continual complaints about your building systems?

AC & heat

- Please list approximate age of building and building additions. *40 yrs*

- Are you aware of any structural problems in the building related to columns, beams, floor slabs, roof decking, load bearing walls or foundations? Y or N

Description:

- Are you aware of any roof problems or roof leaks? Y or N
- Is/are your roof/roofs still under warranty? Y or N, If yes, how much longer?

Description:

*nearly contract
re-roofed abt 95*

- Are all your doors and windows operable? Y or N
If No, give examples and locations where they are not operable:

Asbestos

- Have vertical transportation systems been inspected (elevators, chairlifts)? Y or N. Can you make available Inspection Reports? Y or N.

Description:

N/A

- Have you had any problems with your fire alarm or security systems? Y or N
How are they monitored?

NONE

Description:

no Base inspects monthly

- On the outside of your building, are you aware of any dangerous or maintenance problem areas around the building whether due to traffic, storm water, tripping hazards, etc? Y or N

Description:

- Are you aware or do you suspect the presence of mold in your building? Y or N

BLDG C
RM 103/104
RM 2/3, RM 401
ANGEZIS

- Has an indoor air quality study been done on this facility and do you have a test report? Y or N. If yes, please provide.

Description:

- Have you had continual problems with the following plumbing items:
Please give examples and locations where "Y"

- | | | | |
|----------------------|------------------------------------|------------------------------------|------------------------------|
| 1) Sewer Lines | <input checked="" type="radio"/> Y | <input type="radio"/> N | B & C BUILDING, CAFE METARAH |
| 2) Bathroom Fixtures | <input type="radio"/> Y | <input checked="" type="radio"/> N | |
| 3) Water Pipes | <input type="radio"/> Y | <input checked="" type="radio"/> N | |
| 4) Kitchen Equipment | <input checked="" type="radio"/> Y | <input type="radio"/> N | STACK OVENS, SERVING LINE |
| 5) Grease Traps | <input type="radio"/> Y | <input checked="" type="radio"/> N | |
| 6) Gas Piping | <input type="radio"/> Y | <input type="radio"/> N | NA |

Descriptions:

- Do you get many complaints of "too hot", "too cold" and "stuffy" and if so, what part of the building?
Y or N

Description:

*all buildings
window AC & room heaters*

- Have recurring mechanical equipment problems been experienced? Y or N Has a piece of equipment recently failed or been replaced? Y or N

Descriptions:

- Have you experienced continual or maintenance related problems with breakers, fuses, or overloaded circuits? Y or N

Examples:

electrical upgrade abt 93

- Do you have any utility metering information that you can provide us? Y or N
- Do you have adequate lighting and power for your classrooms, labs and library? Y or N

Examples

new light intalled 3/03

RETURN TO:

Parkhill, Smith & Cooper, Inc.
c/o Allan Wolf
4222 85th St.
Lubbock, TX 79423

Return by: (Jan. 6th to On Site Survey Team)