

**DDESS Facility Assessment  
Walker Intermediate  
Fort Knox, KY**

**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? **No**

- Please list approximate age of building and building additions.

**Main Building constructed 1962-45,000 sq. ft., Annex Addition constructed 1985-4,500 sq. ft., Media Center constructed 1987-3,905 sq. ft., Chillers Buildings (2 ea.) constructed 1986-600 sq. ft. ea., Freezer Building constructed 1997, 300 sq. ft.**

- 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? **Current gym re-roof project that has not been finalized calls for 20-year warranty on SSSM roof over gym area only.**

Description:

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

3) Grease traps  
4) Grease traps

Description:

- Have vertical transportation systems been inspected (elevators, chairlifts)? Y or N. Can you make available Inspection Reports? Y or N. **NOT APPLICABLE**

Description:

- Have you had any problems with your fire alarm or security systems? Y or N  
How are they monitored? **Security system is monitored by MP station via dedicated line. Fire Alarm system is monitored by fire station by Monaco BT2-3 transceiver.**

Description:

**Fire panel is Notifier AFP-200 with addressable devices.  
Security panel is Sonitrol 3500.**

- 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
- 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       | Y | <input checked="" type="radio"/> |
| 2) Bathroom Fixtures | Y | <input checked="" type="radio"/> |
| 3) Water Pipes       | Y | <input checked="" type="radio"/> |
| 4) Kitchen Equipment | Y | <input checked="" type="radio"/> |
| 5) Grease Traps      | Y | <input checked="" type="radio"/> |
| 6) Gas Piping        | Y | <input checked="" type="radio"/> |

Descriptions:

...  
 ...per, Inc.  
 ... Wolf  
 ... St  
 ... 2023

Return by: \_\_\_\_\_

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

Description:

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

Descriptions:

**There currently is a design from PSC awaiting funding for replacement of the antiquated boilers and heating system in the main building.**

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

Examples:

- 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

**There is not adequate power in this facility to support the number of recently added LAN drops. Major power upgrades are needed.**

RETURN TO:

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

Return by: \_\_\_\_\_

**DDESS Facility Assessment  
Walker Intermediate  
Fort Knox, Kentucky**

MR. REED

**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?

NO

- Please list approximate age of building and building additions. MAIN Bldg - 1962  
Addition - ?

- 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: NO

- 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?

new roof - 2002

Description: yes

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

yes

Descriptions:

- 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? *no*

Description:

- 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: *no*

- Are you aware or do you suspect the presence of mold in your building? Y or N *no*
- 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: *not sure*

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

- |                      |   |                                     |
|----------------------|---|-------------------------------------|
| 1) Sewer Lines       | Y | <input checked="" type="checkbox"/> |
| 2) Bathroom Fixtures | Y | <input checked="" type="checkbox"/> |
| 3) Water Pipes       | Y | <input checked="" type="checkbox"/> |
| 4) Kitchen Equipment | Y | <input checked="" type="checkbox"/> |
| 5) Grease Traps      | Y | <input checked="" type="checkbox"/> |
| 6) Gas Piping        | Y | <input checked="" type="checkbox"/> |

Descriptions:

Remain by (10.6" to On the Survey Form)

- Do you get many complaints of “too hot”, “too cold” and “stuffy” and if so, what part of the building?  
Y or N *no*

Description:

- 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:

- Do you have any utility metering information that you can provide us? Y or N *unknown*

- Do you have adequate lighting and power for your classrooms, labs and library? Y or *N*

Examples

RETURN TO:

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

Return by: (Jan. 6<sup>th</sup> to On Site Survey Team)