

**DDESS Facility Assessment
Brewster Middle-Bldg. 883
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?

DOORS NEED CONSTANT ATTENTION

- Please list approximate age of building and building additions. 1 1/2 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:

yearly contract

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

Some doors need occasional repair - main bus entrance
DOOR CLOSURES UNITS BREAK
DUE TO NO DOOR STOPS

NO
Asbestos

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

Description:

recently inspected

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

Description:

*yes, repaired
by base Fire Dept*

NONE

- 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:

*roof drains onto sidewalk area,
creating algae slime in summer and
ice in winter*

- 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 | <input type="radio"/> Y | <input checked="" type="radio"/> N | <i>biggest prob in locker rooms</i> |
| 2) Bathroom Fixtures | <input type="radio"/> Y | <input checked="" type="radio"/> N | <i>water spickets</i> |
| 3) Water Pipes | <input type="radio"/> Y | <input checked="" type="radio"/> N | |
| 4) Kitchen Equipment | <input checked="" type="radio"/> Y | <input type="radio"/> N | <i>STACK OVENS, SERVING LINE</i> |
| 5) Grease Traps | <input checked="" type="radio"/> Y | <input type="radio"/> N | <i>some, under investigation by</i> |
| 6) Gas Piping | <input type="radio"/> Y | <input type="radio"/> N | <i>N/A base</i> |

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:

*BOTH But building is new
and maintenance is working
them*

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

Descriptions:

various parts have been worked on

- 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

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)

**DDESS Facility Assessment
Brewster Middle-Bldg. 883
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? *Doors - in need of constant adjustment*

- Please list approximate age of building and building additions: *1 1/2 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:

yearly contract

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

Doors throughout the school need

Regular Repair:

A) Door closure units continue to break due to no door stops

no asbestos

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

Description:

recently inspected

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

Description:

- We have had problems with our alarm system. The problems have been corrected. The Base Fire Dept. has maintenance workers to service the alarm system.
- WE HAVE NO SECURITY SYSTEM

- 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:

- Root drain at bus entrance drains onto the sidewalk. During summer months the moisture creates algae/slime. During the winter - ice.
- Corner seal in gutters leaks - B-wing + Art room joint creating mildew problem

outside walls -
not in the building

- 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 | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | Jewer drain lines for locker rooms keep backing up. |
| 2) Bathroom Fixtures | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | Unable to keep water spicket tight. |
| 3) Water Pipes | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | |
| 4) Kitchen Equipment | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | STACK OVERS, SERVING LINE |
| 5) Grease Traps | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | - SEWER drain problem - under investigation by BASC |
| 6) Gas Piping | <input checked="" type="radio"/> Y | <input checked="" type="radio"/> N | N/A |

Descriptions:

There is inadequate water supply to flush toilets. This problem is being addressed.

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

Description: "Complaints" ARE often - most common - a teacher is too cold or too hot.

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

Descriptions: OUR AC/Heating man has replaced various parts pertaining to the heating/cooling system.

- 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

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