

**PLANT ASSETS INVENTORY  
BUILDING INVENTORY DATA COLLECTION FORM**

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*Plant Assets use only*

Institution No: \_\_\_\_\_ Campus No.: \_\_\_\_\_ Building No: \_\_\_\_\_

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Building Name: \_\_\_\_\_ Construction Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_

Acquisition Year: \_\_\_\_\_ Est. Replacement Cost: \_\_\_\_\_

Gross SQFT: \_\_\_\_\_ Net Assignable SQFT: \_\_\_\_\_

Number of Floors: \_\_\_\_\_ Number of Basements: \_\_\_\_\_

Original Cost: \_\_\_\_\_

**Ownership Codes (Check One):**

- |   |   |
|---|---|
| <input type="checkbox"/> 1 Owned Simple Fee           | <input type="checkbox"/> 5 Nominal Rate                 |
| <input type="checkbox"/> 2 Institutional Amortization | <input type="checkbox"/> 6 Not Owned, Shared (Lower Ed) |
| <input type="checkbox"/> 3 Holding Co. Amortization   | <input type="checkbox"/> 7 Not Owned, Shared (College)  |
| <input type="checkbox"/> 4 Leased or Rented           | <input type="checkbox"/> 8 Other                        |

**Construction Material (Check One):**

- |                                   |                                   |   |                                   |
|-----------------------------------|-----------------------------------|---|-----------------------------------|
| <input type="checkbox"/> 01 Block | <input type="checkbox"/> 03 Frame | <input type="checkbox"/> 05 Poured Concrete       | <input type="checkbox"/> 07 Stone |
| <input type="checkbox"/> 02 Brick | <input type="checkbox"/> 04 Metal | <input type="checkbox"/> 06 Pre-Stressed Concrete | <input type="checkbox"/> 08 Other |

**Condition of Building (Check One):**

- 1 Satisfactory. Normal Maintenance.
- 2 Remodeling-A. Restoration cost 1-25% of Replacement Cost.
- 3 Remodeling-B. Restoration cost 26-50% of Replacement Cost.
- 4 Remodeling-C. Restoration cost >50% of Replacement Cost.
- 5 Demolition. Should be demolished or abandoned.
- 6 Termination. Planned relinquishment of occupancy.

**Handicapped Accessibility (Check One):**

- 1 One ramp entry to building.
- 2 All entrances accessible by wheelchair.
- 9 No handicapped accessibility.

Does building have an elevator?  Yes  No

Number of elevators: \_\_\_\_\_ Type of elevator:  Passenger  Freight  Both

**Please attach a copy of building plan/key drawing of building described above.**

**COMPLETED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_