

CAPITAL ASSETS ACCOUNTING
BUILDING INVENTORY DATA COLLECTION FORM

Capital Assets Accounting use only

Institution No: Campus No.: Building No:

Building Name: Construction Date:

Address: City: St:

Acquisition Year: Est. Replacement Cost:

Gross SQFT: Net Assignable SQFT:

Number of Floors: Number of Basements:

Total Cost: Land Value (If applicable):

Ownership Codes (Check One):

- 1 Owned Simple Fee
2 Institutional Amortization
3 Holding Co. Amortization
4 Leased or Rented
5 Nominal Rate
6 Not Owned, Shared (Lower Ed)
7 Not Owned, Shared (College)
8 Other

Construction Material (Check One):

- 01 Block 03 Frame 05 Poured Concrete 07 Stone
02 Brick 04 Metal 06 Pre-Stressed Concrete 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: