



Facility Condition Assessment Form

Bldg ID: 2115 ✓ **Bldg Name:** TILLER CONFERENCE ROOM *Riverside Retreat*
Admin Org: 061502 **Admin Org Name:** TILLER RANGER DISTRICT ✓
Land Unit ID: 2702 **Land Unit Name:** TILLER R.S. ADMIN SITE ✓
Land Unit Type: ADMINISTRATIVE_SITE **Bldg Type:** COMPLEX ✓
Category: OTHER INSTITUTIONAL USES - **Status:** EXISTING - ACTIVE
Subcategory: Conference ✓ **Historic Status:** NOT EVALUATED
Ownership: NATIONAL FOREST (FS) ✓ **Gross SqFt:** 1056
Year Constructed: 1982 **Master Plan:** RETAIN FOR EXISTING USE ✓
CRV: \$287,500.22 **Planning Action:** UNCHANGED ✓

Inspector Signature: *Dylan Hokanson*
Inspection Date: *1-3-2020*
Inspector Name: *Dylan Hokanson*
Date of Last Inspection: 07/20/2010
RP Inventory Req'd: Y *42,92736 elev 1072*
Maintenance Level: 3 *-122,44963*
Estimated Travel Time (Hrs): 1
Latitude: 42.926375 **Longitude:** -122.9504

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units	1-Resource 2-Mission 3-H&S		
01001	Other	Building Replacement, Complete Remarks:	50		LS			<input type="checkbox"/>
02001	Site Improvements	Parking lot, repair and seal coating Remarks: <i>seal cracks + seal coat</i>	5		MSF			<input type="checkbox"/>
02002	Site Improvements	Parking lot, repair and resurface: Remarks: <i>ok ~ 20% of area</i>	10		MSF			<input type="checkbox"/>
02003	Site Improvements	Concrete, sidewalk or curb, Remove/Replace Remarks:	25		LF			<input type="checkbox"/>
02004	Site Improvements	Fence, All, Remove/Replace or Install New Remarks:	20		LF			<input type="checkbox"/>
02005	Site Improvements	Electric, Outdoor Pole lights, Remove/Replace or Install New Remarks: <i>2, on power poles</i>	20		EA			<input type="checkbox"/>
03001	Foundation	Concrete Slab or Stem Wall, Minor Repair Spalls & Cracks Remarks: <i>modular building</i>	15		SF			<input type="checkbox"/>
04001	Roofing	Basic Roof, Fiberglass Shingles, Removal/Replacement Remarks:	20		SQ			<input type="checkbox"/>



Facility Condition Assessment Form

Bldg ID: 2115

Bldg Name: TILLER CONFERENCE ROOM

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason 1-Resource 2-Mission 3-H&S	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units			
04002	Roofing	Premium Roof, Metal/Membrane/Shakes, Removal and Replacement Remarks: <i>Metal Roof, OK</i>	30		SQ			<input type="checkbox"/>
04003	Roofing	Skylight, Remove/Replace Remarks:	30		EA			<input type="checkbox"/>
04004	Roofing	Gutters/downspouts, Remove/Replace Remarks: <i>clear, otherwise appear functional</i>	15		LF			<input type="checkbox"/>
05001	Superstructure	Steps, Exterior, Remove/Replace Remarks: <i>Replace steps on south side ramp/deck</i>	20	4	STEP, EA			<input type="checkbox"/>
05002	Superstructure	Wood decks, Removal/Replace Remarks: <i>Replace wood ramp on south side</i>	20	80	SF			<input type="checkbox"/>
05003	Superstructure	Railing, Porch & Deck, Remove/Replace Remarks: <i>Replace railing on southside</i>	20	30	LF			<input type="checkbox"/>
06001	Exterior Closure	Siding, All Types, Remove/Replace Remarks: <i>OK</i>	25		CSF			<input type="checkbox"/>
06002	Exterior Closure	Door, Exterior, Remove/Replace Remarks: <i>Doors beginning to delaminate</i>	20	4	EA			<input type="checkbox"/>
06003	Exterior Closure	Door, Garage, Overhead Door Remarks:	35		EA			<input type="checkbox"/>
06004	Exterior Closure	Painting, Exterior, includes prep, prime and paint Remarks: <i>Paint just starting to peel</i>	5		SF			<input type="checkbox"/>
07001	Interior Construction	Doors, Interior, Remove/Replace Remarks: <i>OK</i>	30	-	EA			<input type="checkbox"/>
07002	Interior Construction	Toilet Partitions, Per Stall, Remove/Replace Remarks:	20		EA			<input type="checkbox"/>



Facility Condition Assessment Form

Bldg ID: 2115

Bldg Name: TILLER CONFERENCE ROOM

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason 1-Resource 2-Mission 3-H&S	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units			
07003	Interior Construction	Drywall, Install & Taped, Remove/Replace Remarks: <i>OK</i>	75	-	SF			<input type="checkbox"/>
07004	Interior Construction	Cabinets, Kitchen, Remove/Replace Remarks: <i>good</i>	30	-	LF			<input type="checkbox"/>
07005	Interior Construction	Cabinets, Laboratory, Remove/Replace Remarks:	40		LF			<input type="checkbox"/>
07006	Interior Construction	Window, Remove/Replace Remarks: <i>single pane windows</i>	30	<i>8</i>	EA			<input type="checkbox"/>
08001	Stairs	Stairs, Interior, Remove/Replace Remarks:	40		STEP, EA			<input type="checkbox"/>
08002	Stairs	Railing, Stair, Guards and Handrails, Remove/Replace Remarks:	45		LF			<input type="checkbox"/>
09001	Interior Finishes	Painting, Interior Walls and Ceiling, Includes prep, prime and one coat latex Remarks: <i>OK</i>	5		SF			<input type="checkbox"/>
09002	Interior Finishes	Flooring, Carpet, Repair/Replacement Remarks: <i>OK</i>	8		SF			<input type="checkbox"/>
09003	Interior Finishes	Flooring, Tile, Remove/Replace Remarks:	30		SF			<input type="checkbox"/>
09004	Interior Finishes	Flooring, Wood, Sand and refinish Remarks:	10		SF			<input type="checkbox"/>
09005	Interior Finishes	Flooring, Vinyl, Remove/Replace Remarks: <i>OK</i>	18		SF			<input type="checkbox"/>
09006	Interior Finishes	Ceiling, Acoustic, Remove/Replace Remarks: <i>OK</i>	20		CSF			<input type="checkbox"/>



Facility Condition Assessment Form

Bldg ID: 2115

Bldg Name: TILLER CONFERENCE ROOM

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason 1-Resource 2-Mission 3-H&S	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units			
10001	Plumbing	Toilet/urinal Fixture, Remove/Replace Remarks: <i>ok</i>	35		EA			<input type="checkbox"/>
10002	Plumbing	Lavatory Fixture, Remove/Replace Remarks: <i>ok</i>	35		EA			<input type="checkbox"/>
10003	Plumbing	Tub/shower Complete, Remove/Replace Remarks:	25		EA			<input type="checkbox"/>
10004	Plumbing	Drinking Fountain, Remove/Replace Remarks:	10		EA			<input type="checkbox"/>
10005	Plumbing	Eye wash, Remove/Replace Remarks:	25		EA			<input type="checkbox"/>
10006	Plumbing	Water Heater, Remove/Replace Remarks: <i>new instant water heater</i>	15	-	EA			<input type="checkbox"/>
10007	Plumbing	Gas/LP Yard Line, Remove/Replace Remarks:	12		LF			<input type="checkbox"/>
11001	HVAC	Pump, Circulation, Water or HVAC, Remove/Replace Remarks:	20		EA			<input type="checkbox"/>
11002	HVAC	Boiler, Remove/Replace Remarks:	30		EA			<input type="checkbox"/>
11003	HVAC	Cooling Tower, Remove/Replace - Average 50 Ton Remarks:	15		EA			<input type="checkbox"/>
11004	HVAC	Chiller, water cooled, Remove/Replace - Average 50 Ton Remarks:	20		EA			<input type="checkbox"/>
11005	HVAC	Chiller, Air cooled, Remove/Replace Remarks:	15		EA			<input type="checkbox"/>



Facility Condition Assessment Form

Bldg ID: 2115

Bldg Name: TILLER CONFERENCE ROOM

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason 1-Resource 2-Mission 3-H&S	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units			
11006	HVAC	Replace Condenser, air cooled, 5 ton Remarks: <i>OK</i>	15	-	EA			<input type="checkbox"/>
11007	HVAC	Replace Furnace Remarks: <i>in ceiling? didn't check</i>	15		EA			<input type="checkbox"/>
11008	HVAC	Replace Package Terminal HVAC Unit Remarks:	10		EA			<input type="checkbox"/>
11009	HVAC	Unit Heater, Remove/Replace Remarks:	15		EA			<input type="checkbox"/>
12001	Equipment	Compressor, Air, Remove/Replace Remarks:	25		EA			<input type="checkbox"/>
12002	Equipment	Elevator, Remove/Replace Remarks:	50		EA			<input type="checkbox"/>
12003	Equipment	Laboratory Fume Hood/Exhaust Hood, Remove/Replace Remarks:	30		EA			<input type="checkbox"/>
13001	Electrical	Main Service Switchgear, < 1200 Amps, Remove/Replace Remarks:	20		EA			<input type="checkbox"/>
13002	Electrical	Disconnects or enclosed circuit breakers, Remove/Replace Remarks: <i>OK</i>	25		EA			<input type="checkbox"/>
13003	Electrical	Electrical panel, Remove/Replace Remarks: <i>OK</i>	30		EA			<input type="checkbox"/>
13004	Electrical	Light fixtures, Remove/Replace Remarks: <i>new lighting</i>	20		EA			<input type="checkbox"/>
13005	Electrical	Emergency Light fixture, Remove/Replace Remarks: <i>OK</i>	20		EA			<input type="checkbox"/>



Facility Condition Assessment Form

Bldg ID: 2115

Bldg Name: TILLER CONFERENCE ROOM

Work Item #	1st Level	Work Items	Typical Life Cycle (Yrs)	Measurements		Reason 1-Resource 2-Mission 3-H&S	Date Needed (mm/dd/yyyy)	Critical (If yes, check box)
				Quantity	Units			
13006	Electrical	Fire Alarm and/or Security system, Install Remarks: <i>I didn't see any</i>	20		SYSTEM			<input type="checkbox"/>
13007	Electrical	Lightning Protection System, Remove/Replace Remarks:	25		SYSTEM			<input type="checkbox"/>
14001	Fire Protection	Fire Sprinkler System, Remove/Replace Remarks:	40		SF			<input type="checkbox"/>
15001	Accessibility	ADA Mitigation Remarks:	0		LS			<input type="checkbox"/>
16001	Hazard	Lead Based Paint/Asbestos Mitigation Remarks:	0		LS			<input type="checkbox"/>
16002	Hazard	Environmental Mitigation Remarks:	0		LS			<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>
								<input type="checkbox"/>