**SITE ASSESSMENT CHECKLIST**
**FOR DEMOLITION AND RENOVATION PROJECTS**
**INSERT BUILDING NAME**
**FSU BUILDING NUMBER XXX**
**CAMPUS OF FLORIDA STATE UNIVERSITY**
**TALLAHASSEE, FLORIDA**


***Prepared for Florida State University***
***Facilities Planning& Construction***
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# SITE ASSESSMENT CHECKLIST
# FOR DEMOLITION AND RENOVATION PROJECTS

## 1. General Information

### 1.1. Building Information

FSU Building Number _____
Building Name _____
Address _____
_____
Building Contact - Name _____
Phone _____
Current Use of the Building _____
Past Use of the Building _____
_____
Occupied or Unoccupied _____

### 1.2. Type of Construction Project

| | | |
|---|---|---|
| Demolition | yes | no |
| Renovation | yes | no |
| New construction | yes | no |

### 1.3. Demolition/Renovation Project Description

_____

### 1.4. Project Design By

FSU (In-house) yes no
if "yes"
Name of Designer _____

A/E Firm yes no
If "yes"
Name of A/E Firm _____

Lessee yes no
If "yes"
Name of Lessee _____

### 1.5. Site Assessment By

FSU (In-house) yes no
If "yes "
Name of Inspector _____
Date of Site Assessment _____

A/E Firm (Environmental Consultant) yes no

If "yes"

Name of A/E Firm _____

Name of Inspector _____

Date of Site Assessment _____

**1.6. Project Construction By**

FSU (In-house) yes no

if "yes "

Name of Project Manager _____

Contractor Firm (Construction Manager) yes no

If "yes"

Name of A/E Firm _____

Lessee yes no

If "yes"

Name of Lessee _____

**1.7. Building Construction Information**

**1.7.1.** Construction Year _____

**1.7.2.** Area under renovation _____

(include floor plan) _____

**1.7.3.** Building Contact Name: _____

Phone Number _____

**1.7.4.** Heating Unit

a) Energy or Fuel Source _____

b) Condition of units _____

**1.7.5.** Cooling Unit

a) Energy or Fuel Source _____

b) Condition of units _____

c) Drains / Sumps _____

**1.7.6.** Describe structural components of the buildings, number of floors, exterior walls, interior walls, floors, ceilings, and roof.

*1.* _____
*2.* _____
*3.* _____
*4.* _____
*5.* _____
*6.* _____
*7.* _____

## 2. Record Review

### 2.1. Identify pertinent findings based on the record review.

| | Record Description | Pertinent Findings |
|---|---|---|
| (a) | _____ | _____ |
| *(b)* | _____ | _____ |

## 3. Personnel Interview

### 3.1. Identify pertinent findings based on the personnel interview.

| | Name of Person (include time and date of conversation) | Pertinent Findings |
|---|---|---|
| *a)* | _____ | _____ |
| *b)* | _____ | _____ |
| *c)* | _____ | _____ |
| *d)* | _____ | _____ |

## 4. Site Inspection

### 4.1. Asbestos-containing material (ACM)

**4.1.1.** Previous asbestos survey available. yes no

If "NO' go to 4.1.2
If "yes"

a) Does it include all suspect asbestos-containing materials or equipment?
yes no

- If "yes" list all ACM, quantity, location and condition as separate attachment to this checklist.
- If "no" list all ACM and suspect-ACM quantity, location and condition as a separate attachment to this checklist.

**4.1.2.** Describe quantity, location and condition of any suspect ACM at the site as a separate attachment to this checklist.

## 4.2. Lead-Based Paint (LBP) & RCRA Metals

**4.2.1.** Demolition/Renovation will disturb painted building materials or equipment. yes no

If "yes" answer next questions.

**4.2.2.** Previous survey information. yes no

If "yes" describe findings.

**4.2.3.** Any cracked or peeling paint. yes no

If "yes" describe location and condition.

**4.2.4.** Describe location and extent of suspected lead-based paint.

_____

_____

_____

**4.2.5.** Describe demolition waste stream material which may contain material with LBP.

_____

_____

_____

Does demolition waste stream require TCLP testing for metals ?

yes no

**4.2.6.** Pressure Treated Wood Containing Chromium, Cooper, and Arsenic (CCA)?

yes no

_____

## 4.3. Lead containing building material

**4.3.1.** List lead containing building material other than LBP.

a) Lead plaster (X-ray Room) yes no
b) Plumbing yes no
c) Lead solder yes no
d) Lead / lead acid batteries yes no
e) Vent pipe roof flashing yes no
f) Drain pipe seal yes no
g) Other suspect material _____

## 4.4. PCB (Polychlorinated biphenyls) containing material/equipment

**4.4.1.** List suspect PCB-containing or contaminated building material/equipment.

| | | | |
|---|---|---|---|
| a) | Transformers | yes | no |
| b) | Capacitors | yes | no |
| c) | Condensers | yes | no |
| d) | Ballasts of light fixtures | yes | no |
| e) | Hydraulic systems (elevators etc.) | yes | no |
| f) | Vacuum pumps | yes | no |
| g) | Gas transmission turbines | yes | no |
| h) | Television sets | yes | no |
| i) | Air conditioners | yes | no |
| j) | Other | | |

**4.4.2.** If PCB-containing material and/or equipment present, describe type of equipment, manufacturer, installation date, labels, fluid, ownership, location, quantity and condition. Inspect for signs of discharge, any staining of surrounding area.

**4.4.3.** Provide information on past usage or spills.

## 4.5. Mercury-containing devices

**4.5.1.** List mercury containing devices present in the building.

| | | | |
|---|---|---|---|
| a) | Fluorescent lamps | yes | no |
| b) | High Intensity Discharge (HID) lamps | yes | no |
| c) | Thermostats | yes | no |
| d) | Electric mercury switches and relays | yes | no |
| e) | Thermometers | yes | no |
| f) | Manometers | yes | no |
| g) | Mercury batteries | yes | no |
| h) | Other | | |

**4.5.2.** If mercury-containing devices are present, describe location, quantity and condition.

**4.5.3. Presence of fume hoods at the project site. yes no**

If "yes" describe

a) Type _____
b) Currently in use _____
c) Contaminant collection media, if present _____
d) List contents _____
e) Radioactive material _____
f) Presence of transite (asbestos) _____
g) Other findings _____

## 4.6. Chemicals / Solvents

**4.6.1.** Presence of any containers (empty, partial or full) of chemicals/solvent/paint/acids/caustics at the project site.

yes no

If "yes" describe content, quantity, location, condition, size of the containers. Describe any corrosion or leakage. Also indicate if MSDS is available, and if so, attach copy with this report.

_____

**4.6.2.** Describe the storage area for chemicals. Note location of floor drains or spill pathways.

_____

**4.6.3.** Describe any evidence of noxious odors at site.

_____

**4.6.4.** Describe any evidence of spills or floor stains at the site.

_____

## 4.7. Flammable Material

**4.7.1.** Presence of any flammable material at the project site.

yes no

If "yes" describe content, quantity, location, condition, size of the containers.

_____

## 4.8. Underground Storage Tanks (UST)

**4.8.1.** Presence of USTs, now or previously located based on the record review and/or site inspection.

yes no

If "yes" provide following information.

| | Tank # 1 | Tank # 2 |
|---|---|---|
| Location | | |
| Present at site (yes/no) | | |
| Substance stored | | |
| Installation Date | | |
| Date of initial operation | | |
| Registration Number | | |
| Corrosion protection | | |
| Leak detection tests (yes/no) | | |
| Result of testing | | |
| Date taken out of operation | | |
| Other information | | |

**4.8.2.** Is there any visible evidence of leaks or spills (stained soils, stressed vegetation ) in the vicinity of the tank?

_____

If the presence of UST's is unknown, complete the following.

a) Are there current operations that require use of USTs ? If so, describe.

_____

_____

b) Are there past operations conducted that required use of USTs? If so, describe.

_____

c) Is there visible evidence of fill pipes, vent pipes, or fill caps that indicate the presence of USTs ? If so, describe.

_____

d) Is there visible evidence of stained soils or stressed/dead vegetation at the site ? If so, describe.

_____

e) Is any of the building heated with an oil-fired boiler ? If so, is the fuel supply stored in an UST ?

_____

## 4.9. Aboveground Storage Tanks (AST)

**4.9.1.** Presence of ASTs, now or previously located based on the record review and/or site inspection.

yes no

If "yes" provide following information

| | Tank # 1 | Tank # 2 |
|---|---|---|
| Type/Description | _____ | _____ |
| Location | _____ | _____ |
| Present at site (yes/no) | _____ | _____ |
| Substance stored | _____ | _____ |
| Corrosion protection | _____ | _____ |
| Evidence of leak (yes/no) | _____ | _____ |
| Date taken out of operation | _____ | _____ |
| Hazardous material present | _____ | _____ |
| Other information | _____ | _____ |

**4.9.2.** Is there any visible evidence of stained floor in the vicinity of tank? If so, describe.

_____

## 4.10. Miscellaneous Hazardous Material / Waste

**4.10.1.** List miscellaneous hazardous material / waste present at the building (including empty containers).

| | | | |
|---|---|---|---|
| a) | Batteries | yes | no |
| b) | Adhesive glues | yes | no |
| c) | Pressurized gas cylinders | yes | no |
| d) | Poisons | yes | no |
| e) | Oxidizers | yes | no |
| f) | Freon/CFCs | yes | no |
| g) | Mineral spirit | yes | no |
| h) | Gasoline | yes | no |
| i) | Paint thinner | yes | no |
| j) | Aerosol can | yes | no |
| k) | Adhesive remover | yes | no |
| *l)* | Other _____ | | |

## 4.11. Freon/CFC (Refrigerants)

**4.11.1.** Describe any equipment which may contain refrigerant.

_____

**4.11.2.** Note any evidence of leaking equipment.

_____

**4.11.3.** Note if the system containing refrigerant has been drained. If so, describe when and by whom.

_____

## 4.12. Radioactive material

**4.12.1.** Describe any evidence of past or present use of radioactive material at the project site.

_____

**4.12.2.** Note any evidence of presence of radioactive waste at the project site.

## 4.13. Biological Hazard

**4.13.1.** Describe any evidence of past or present biological hazards at the project site.

_____

**4.13.2.** Note any evidence of presence of biological / medical waste at the project site.

## 4.14. Pesticide

**4.14.1.** Presence of any containers including (empty, partial or full) of pesticides at the project site.

yes no

If "yes" describe content, quantity, location, condition, size of the containers. Describe any corrosion or leakage. Also indicate if MSDS is available, and if so, attach copy with this report.

**4.14.2.** Describe the past use or storage of pesticides at the project site.

_____

**4.14.3.** Describe any evidence of spills or contamination of building material or soil with pesticides at the project site.

_____

## 4.15. Used Oil

**4.15.1.** Presence of any used oil containers at the project site.

yes no

If "yes" describe content, quantity, location, condition, size of the containers.

## 4.16. Water and Wastewater

**4.16.1.** Water supply to the project site.

| | | |
|---|---|---|
| City water supply | yes | no |
| Well water supply | yes | no |
| Other _____ | | |

**4.16.2.** Wastewater discharged to:

| | | |
|---|---|---|
| Sanitary sewer | yes | no |
| Storm water drain | yes | no |
| Septic system | yes | no |
| Other _____ | | |

**4.16.3.** Describe presence of floor drains and sumps at site and what is discharged through these drains.

_____

## 5. Summary of Findings and Conclusions

*The following materials and conditions were noted to be of concern:*
*1)*
*2)*
*3)*
*4)*
*5) …… etc,*

## Recommendations

*1)*
*2*
*3)*
*4)*
*5) ……..etc.*

## 6. Personnel Information

**Site Inspection Performed By:**

Signature: _____ _____
Date: _____ _____
Name: _____ _____
Title: _____ _____
Firm: _____ _____
Address: _____ _____
_____ _____
_____ _____
Phone Number: _____ _____
Facsimile Number:

_____ _____

**Report / Checklist Prepared By:**

Signature: _____ _____
Date: _____ _____
Name: _____ _____
Title: _____ _____
Firm: _____ _____
Address: _____ _____
_____ _____
_____ _____
Phone Number: _____ _____
Facsimile Number: _____ _____

**Report / Checklist Reviewed By:**

Signature: _____ _____
Date: _____ _____
Name: _____ _____
Title: _____ _____
Firm: _____ _____
Address: _____ _____
_____ _____
_____ _____
Phone Number: _____ _____
Facsimile Number: _____ _____

## 7. Final Inspection

| Action Recommended | Action | Final Disposition |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Final Inspection Performed By:**

Signature: _____ _____
Date: _____ _____
Name: _____ _____
Title: _____ _____
Firm: _____ _____
Address: _____ _____
_____ _____
_____ _____
Phone Number: _____ _____
Facsimile Number: _____ _____

## 8. Recommendation Concerning Building Demolition / Renovation