U.S. GSA Form gsa-1204

GENERAL SERVICES ADMINISTRATION
PUBLIC BUILDINGS SERVICE

CONDITION SURVEY REPORT

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DATE OF SURVEY

Check one: ☐ INITIAL ☐ FINAL

BUILDING NAME AND ADDRESS	LESSOR'S NAME AND ADDRESS

ROOM NUMBERS OR OTHER IDENTIFICATION	LEASE NUMBER

SUGGESTED ITEMS *(Incomplete)*

1. BUILDING EXTERIOR
2. BUILDING ENTRANCES
3. CEILING
   a. MATERIAL
   b. PAINT
4. CORRIDORS
5. DOORS
   a. MATERIAL
   b. LOCKS
   c. TRANSOMS
6. ELECTRICAL SYSTEM
   a. LIGHT FIXTURES (NUMBER AND TYPE)
   b. SWITCHES
   c. OUTLETS
7. ELEVATORS (NUMBER AND TYPE)
8. FIRE ESCAPES
9. FIRE PROTECTION EQUIPMENT
   a. FIRE EXTINGUISHERS (TYPE)
   b. HOSE RACKS AND/OR REELS
   c. FIRE ALARM SYSTEM (TYPE)
   d. SPRINKLERS
10. FLOORS
    a. MATERIAL
    b. COVERING
11. HEATING AND AIR CONDITIONING SYSTEMS
    a. HEATING PLANT (TYPE)
    b. RADIATORS
    c. SPACE HEATERS
    d. AIR DUCTS AND OUTLETS
    e. FANS
12. LAVATORIES (OFFICE)
13. REST ROOM FACILITIES
    a. LAVATORIES
    b. WATER CLOSETS
    c. URINALS
    d. MIRRORS
    e. WASTE RECEPTACLES
    f. TOWEL DISPENSERS
    g. TOILET PAPER DISPENSERS
    h. SANITARY PAD DISPENSERS
14. SKYLIGHTS
15. STAIRS
16. VENTILATORS
17. WALLS
    a. MATERIAL
    b. PAINT
18. WINDOWS
    a. FRAME
    b. SASH
    c. VENETIAN BLINDS
    d. ROLLER SHADES
    e. SCREENS
    f. AWNINGS

NARRATIVE REPORT

REPORT ON ALL PERTINENT ITEMS, COMMENTING AS TO THEIR GENERAL CONDITION AND APPEARANCE, TYPE OF CONSTRUCTION, CONDITION OF PAING OR OTHER FINISH, ETC. USE REVERSE OF THIS FORM IF MORE SPACE IS NEEDED.

We, the undersigned, do hereby certify that this report represents our opinion of the tru and correct condition of the above described premises as of

_____ 19 ____ .

SIGNATURE AND TITLE

SIGNATURE AND TITLE

SIGNATURE OF LESSOR *(If not obtained, explain on reverse)*