

DOA - State Property Office & OSFM - Risk Management

Property Reporting Form

(Dual Reporting for DOA and OSFM)

Department or University		Division	
Department/Division #	Complex # - -	Asset #	(if assigned)
Building Name		Street Address	
City	County	Zip Code -	
<small>(Please provide zip code for the building location, not for the mailing address)</small>			
Latitude	Longitude	(Units: Decimal Degrees)	
Your Name	Phone # () -	Ext	Email
New Building <input type="checkbox"/> Acquisition <input type="checkbox"/> Renovation <input type="checkbox"/> Addition <input type="checkbox"/> Lease <input type="checkbox"/> Demolished <input type="checkbox"/> <small>(Check appropriate category. If more than one category is checked, please explain)</small>			

New Building:	Date Accepted by State <small>(m/d/y)</small>	Year Constructed	Construction Cost \$
Acquisition:	Date of Acquisition <small>(m/d/y)</small>	Year Constructed	Acquisition Cost \$
	Method of Acquisition <small>(check method)</small>	Construction <input type="checkbox"/>	Purchase <input type="checkbox"/> Lease/Purchase <input type="checkbox"/>
		Condemnation <input type="checkbox"/>	Donation <input type="checkbox"/> Transfer <input type="checkbox"/> Other <input type="checkbox"/>
Renovation:	Date of Acceptance <small>(m/d/y)</small>	Renovation Cost	
	Renovation Type <small>(check type)</small>	Add space <input type="checkbox"/>	Reduce Space <input type="checkbox"/> Expanded Rooms <input type="checkbox"/> None <input type="checkbox"/>
	Increased Gross Sq. Ft.	Decreased Gross Sq. Ft.	
	Increased Net Sq. Ft.	Decreased Net Sq. Ft.	

Main Use(s) of Building <small>(e.g., office, dormitory, automobile maintenance, furniture storage, produce sales, laboratory, etc.)</small>			
Building Occupants			

Gross Sq. Ft.	Net Sq. Ft.	National Register of Historic Places: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total # of Floors	Floors Above Ground	Floors Below Ground	
Fire Alarm: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fire Sprinkler System: Yes <input type="checkbox"/> No <input type="checkbox"/>	Flood Zone <small>(e.g., A, A1, B, C, V, X, etc.)</small>	
Fire Department or Fire District (providing primary response)			
Heat System	Forced Air <input type="checkbox"/>	Steam <input type="checkbox"/>	Hot Water <input type="checkbox"/> Resist <input type="checkbox"/> None <input type="checkbox"/> Space Heater <input type="checkbox"/>
Heating Fuel	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Fuel Oil <input type="checkbox"/> Coal <input type="checkbox"/> Wood <input type="checkbox"/> Solar <input type="checkbox"/> Other <input type="checkbox"/>
A/C System	Chiller <input type="checkbox"/>	Central <input type="checkbox"/>	Window <input type="checkbox"/> None <input type="checkbox"/>

Roof Construction			
Floor Construction			
Exterior Wall Construction			

Insurance Coverage

Dept/Div #	Coverage For (Bldg or Confs)	Funding (Gen. or Spec.)	Type of Coverage (Fire, EC, VMM, "All Risk"(Special), "All Risk" (Computers/Misc), etc.)	Replacement Value (\$)

Send a copy to DOA - State Property Office & OSFM - Risk Management
 Dept. of Administration - State Property Office, 1321 Mail Service Center, Raleigh, NC 27699-1321 or e-mail: John.Cox@doa.nc.gov
 Office of State Fire Marshal – Risk Management Division, P. O. Box 26387, Raleigh, NC 27611-6387 or e-mail: Kyla.Bryant@ncdoi.gov