

TEMPORARY FACILITY REPORT - Part I

Temporary Facility Elimination Plan

The Board of Education for _____
District Name and Number

in _____ County, IL, upon resolution adopted at a duly convened meeting, hereby

requests an approval for usage of temporary facility to be used in connection with the

_____ located at _____
Name of School Building *Address of School Building*

until June 30, _____.

This temporary facility will be used for:

- ☐ Classrooms
- ☐ Storage
- ☐ Library
- ☐ Gymnasium
- ☐ Auditorium
- ☐ Other _____.

This temporary facility will be:

- ☐ Relocatables
- ☐ Temporary rooms in: _____
Name of Location (rental of churches, etc)

Number of units, rooms or buildings to be used: _____.

Number of pupils to be housed in temporary housing: _____.

The Board of Education has diligently attempted to eliminate the need for this temporary facility by:

What is the plan for elimination of the code deficiencies to bring this facility into compliance with 23 Ill. Adm. Code, Part 180 or to eliminate the need to use this facility?

This plan will be accomplished by _____
Date

Date *Signature of Board President* *Date* *Signature of Board Secretary*

I have reviewed the request of School District No. _____, and approve the request for temporary housing as submitted by the Board of Education and certified by their design professional.

Date *Signature of Regional Superintendent*

TEMPORARY FACILITY REPORT - Part II

Temporary Facility Checklist

District Name/Number			Building Name		
Number of Units	Year Originally Constructed	Area Square Feet	Enrollment	Grade Level	Number of years in use

COMPLIANCE

CHECK FOR THE FOLLOWING CONDITIONS

YES NO NA

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Was the unit constructed according to 77 IL Adm Code Part 880 and the seal of approval from IDPH posted as required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Does the district have on file the compliance certificate from IDPH (pink copy)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Design Professional has verified with the IL Dept of Natural Resources/IDOT that the unit(s) is/are not located in a designated floodplain area. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is the building securely anchored to the foundation as to withstand the wind load as described in ASCE 7-95? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are there 2 exits on opposite sides of building? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is there an interconnecting door between classrooms? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is the building located in accordance with Section 175.120 of 23 IL Administrative Code, Part 175? (30 feet from adjacent building or separated by two-hour fire wall; or BOCA 705.2 20'-0" or fire wall) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are the foundation walls maintained plumb and free from open cracks and breaks and kept in such condition as to prevent entry of weather, animals and insects? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is the enclosure between the floor and ground in good condition? (Tight to prevent entrance of weather, animals and insects) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are the steel floor support members in good rust-free condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Is the general exterior appearance of the building in an acceptable, well-maintained condition free of loose strips or battens? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Is the roof and flashing in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Are stair tread and ramps maintained with non-slip finish and platforms in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Are the restrooms clean, adequate and in operable condition and properly ventilated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are the plumbing fixtures properly installed and maintained in working order, free from leaks and defects? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Are the lighting fixtures properly maintained, complete with lenses and louvers? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Do the doors lock securely without additional locks, bolts or chains? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Are doors equipped with panic hardware (If occupancy is over 100 occupants) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. When building is occupied, are all the doors free from devices or wedges to prevent normal operation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Are screened or barred windows easily opened from inside without keys or tools? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Is the exit lighting system used and all exit lights operable when the building is occupied? (rooms/corridors with more than 2 doors) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is the building equipped with an approved operable alarm and detector system? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Are utility shut-offs properly and clearly marked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Is all fuel-burning and heating equipment (flues, ducts, pumps, etc.) maintained and in serviceable condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Is automatic fuel-burning and heating equipment serviced annually by a qualified person? |

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have all heat exchanges of forced warm air furnaces and unit heater been examined to determine that they are airtight to prevent carbon monoxide and other combustion gases from getting into occupied space? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all combustible waste materials disposed of daily from classroom and building? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Is the insulation material non-combustible and interior finishing flamespread 75 or less? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Are non-flammable cleaning materials used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Are storerooms and closets free from waste accumulations and unnecessary materials? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Are enough fire extinguishers of approved type for intended use installed in the building? (75 feet max. from any point in the facility to a fire extinguisher.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. Have fire extinguishers been inspected and so tagged within the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. Is the temperature control of the heating and/or cooling system adequate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Is the supply of fresh air adequate (classroom, assemblies and toilets) as required? |

List all areas of noncompliance:

Illinois Licensed Design Professional

The State of Illinois licensed design professional, employed by this district, has certified to this Board of Education that to the best of his/her knowledge and belief, the above mentioned structure will not present a health/life safety hazard to the students housed therein for the school year 20__ - 20__. Further, such design professional has listed the area of noncompliance with the Health/Life Safety Code.

(Seal)

License Number _____ Expiration Date _____

Name and Signature of Design Professional

Name of Firm Date of Inspection

SCHOOL DISTRICT

We hereby certify that this application accurately describes the work to be performed, and that, upon approval all work will be completed in accordance with this application and all applicable laws and regulations.

Date _____ Signature of President, Board of Education _____

Date _____ Signature of District Superintendent _____

REGIONAL SUPERINTENDENT

The above Annual Inspection Checklist for a temporary facility is hereby accepted as submitted.

Date _____ Signature Regional Superintendent _____