



## COPE INFORMATION FOR STATE OWNED BUILDINGS

Your Agency: \_\_\_\_\_  
Agency Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_  
Contact Email: \_\_\_\_\_ Contact Fax: \_\_\_\_\_  
Exact Street Address of Premise: \_\_\_\_\_  
Building Property Name: \_\_\_\_\_

Check the type of construction that best describes the building:

- |   |  |
|---|--|
| <input type="checkbox"/> Combustible (typically wooden buildings)           | <input type="checkbox"/> Masonry structures with combustible frames or interiors |
| <input type="checkbox"/> Metal structures (all metal roof, frame & walls)   | <input type="checkbox"/> Masonry structures with masonry or metal framing        |
| <input type="checkbox"/> Buildings with a 1 to 2 hour fire resistive rating | <input type="checkbox"/> Buildings with a 2 or more hour fire resistive rating   |

Year of construction of building (if known or best guess): \_\_\_\_\_

Number of floors (do not count unfinished basement and attic): \_\_\_\_\_

Is there an unfinished basement? ☐ Yes ☐ No      Is there an unfinished attic? ☐ Yes ☐ No

Approximate total area of building – do not include unfinished basement or attic: \_\_\_\_\_ sq.ft.

Of the total area, approximate area that your agency occupies: \_\_\_\_\_ sq.ft.

Number of Elevators in building: \_\_\_\_\_ Does building have central air conditioning? ☐ Yes ☐ No

Number of boilers in this building requiring inspection: \_\_\_\_\_

Number of pressure vessels requiring inspection: \_\_\_\_\_

Are there boilers or heating units in this building that do not require State inspection? ☐ Yes ☐ No

If your agency does not occupy 100% of the useable space in this building, this section must be completed. Building Occupancy Type(s) – check as many as are applicable for this building:

- |  |                                    |                                   |  |                                  |                                     |
|--|------------------------------------|-----------------------------------|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Auditorium              | <input type="checkbox"/> Classroom | <input type="checkbox"/> Day Care | <input type="checkbox"/> Dormitory       | <input type="checkbox"/> Gym     | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Maintenance Shop        | <input type="checkbox"/> Office    | <input type="checkbox"/> Retail   | <input type="checkbox"/> Staff Residence | <input type="checkbox"/> Storage |                                     |
| <input type="checkbox"/> Other – Describe: _____ |                                    |                                   |  |                                  |                                     |

Your agency's occupancy type (check one – only most prevalent)

- |  |                                    |                                   |  |                                  |                                     |
|--|------------------------------------|-----------------------------------|--|----------------------------------|-------------------------------------|
| <input type="checkbox"/> Auditorium              | <input type="checkbox"/> Classroom | <input type="checkbox"/> Day Care | <input type="checkbox"/> Dormitory       | <input type="checkbox"/> Gym     | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Maintenance Shop        | <input type="checkbox"/> Office    | <input type="checkbox"/> Retail   | <input type="checkbox"/> Staff Residence | <input type="checkbox"/> Storage |                                     |
| <input type="checkbox"/> Other – Describe: _____ |                                    |                                   |  |                                  |                                     |

Building is: ☐ 100% sprinklered ☐ Partially sprinklered – state %: \_\_\_\_\_ ☐ Not sprinklered at all

Building has a central station smoke detection system: ☐ Yes ☐ No

Building has a central station security system: ☐ Yes ☐ No

Building has an employee key card system: ☐ Yes ☐ No