

GOVERNMENT QUARTER INVENTORY

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF PRISONS

FOR PRINTING ONLY – NO ELECTRONIC FILL-IN

Transaction:

Add Record

Delete Record

Change Record

1. Agency Code: 1 5 1 9 GFQ Organization Code: Quarters Identification No.: Facilities Management No.: (optional)

2. Installation Name: 3. GSA Installation Code: 4. State Code:

5. Country Code: 6. Agency Region Code: 7. Management Unit: 8. OMIS Region:

9. Nearest Established Community: 10. GSA State/Community Code:

11. Heating Degree Days: 12. Cooling Degree Days: 13. HUD MPS Code:

14. Miles (one way) between quarters and nearest established community – round to nearest mile:
Paved road/rail miles Unpaved road miles Unimproved (jeep) road miles Water and other miles Air miles

- 15. Rent Class:
A House-single-family detached
B House-single-familyplexed
C Apartment
Cabin/Lockout
Temporary
Mobile home
Reserved for future use
Travel trailer
I Dormitory/Bunkhouse
J Trailer pad
Tent
Houseboat

16. Year Constructed:

17. Number of Units:

18. Gross Finished Floor Space (square feet):
Finished basement
First floor
Other floor(s)

19. Official Use Space (square feet):
Finished basement
First floor
Other floor(s)

20. Unused Finished Space (square feet):
Finished basement
First floor
Other floor(s)

21. Unfinished Basement (square feet):

22. Number of Bedrooms:
Number used:

23. Number of Bathrooms:
Number used:

24. Total Rooms:
Number used:

- 25. Interior Condition:
A Excellent D Poor
B Good E Obsolete
C Fair F N/A trailer Pad

- 26. Exterior Condition:
A Excellent D Poor
B Good E Obsolete
C Fair F N/A trailer Pad

- 27. Primary Heat/Fuel/Energy:
A Natural Gas F Electricity (heat pump)
B L.P. gas G Coal
C Fuel oil #2 H Wood
D Fuel oil #1 I Solar
E Electricity (resistance) N None

- 28. Primary Heat Delivery System:
A Panel E Solar
B Forced Air F Stove/Heater
C Hot water/steam G Fireplace
D Heat pump N None

- 29. Insulation:
A Adequate N None
B Minimum

30. Air Conditioning:
For each central cooling system listed, insert the quantity provided by the Government and the type of fuel consumed. (E-electricity, P-propane, G-natural gas, N-N/A)

Central cooling systems: Fuel No. Type

Refrigerated	<input type="checkbox"/>	<input type="checkbox"/>
Evaporative	<input type="checkbox"/>	<input type="checkbox"/>

Window cooling units:
Number of refrigerated air units
Number of evaporative air units

- 31. Exterior Material/Siding:
A Wood H Log
B Metal I Part brick
C Brick J Asbestos
D Stucco K Canvas
E Native stone L Vinyl/Fiberglass
F Adobe T Trailer pad
G Cement block

- 32. Garage/Carport:
A Garage, one-car (unheated)
B Garage, 2+ car (unheated)
C Garage, one-car (heated)
D Garage, 2+ car (heated)
E Carport N None

33. Number of Storage Units:

34. Number of Rooms With Government Furniture:

35. Fireplaces:
 Number of working open fireplaces:
 Number with Government inserts
 Number with Government stoves
 Fireplaces/inserts/stove primary heat source? (Y, N, or D)

36. Free-Standing Stoves:
 Number of Government provided stoves
 Is Government stove primary heat source? (Y, N, or D)
 Is Government stove primary cooking source? (Y, N, or D)

37. Government-Furnished Appliances:
 For each appliance listed, insert the number provided by the Government and type of fuel consumed. (E- electricity; O-fuel oil; G-natural gas; P-propane; N-N/A)

Appliance	No.	Fuel Type
Refrigerator(s)	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Range(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher(s)	<input type="checkbox"/>	<input type="checkbox"/>
Clothes washer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Clothes dryer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Food freezer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven(s)	<input type="checkbox"/>	<input type="checkbox"/>
Trash compactor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Space heater(s)	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub(s)	<input type="checkbox"/>	<input type="checkbox"/>
Lawn mower(s)	<input type="checkbox"/>	<input type="checkbox"/>
Engine heater(s)	<input type="checkbox"/>	<input type="checkbox"/>
Water heater(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dehumidifier(s)	<input type="checkbox"/>	<input type="checkbox"/>

38. Government-Provided Joint Use
 Appliances (Y or N)
 Washer(s) Dryer(s) Freezer(s)

39. Tenant-Owned Appliances:
 For each appliance listed, insert the number owned and used by tenant, and the type of fuel consumed. (E- electricity; O-fuel oil; G-natural gas; P-propane; N-N/A)

Appliance	No.	Fuel Type
Refrigerator(s)	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen Range(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher(s)	<input type="checkbox"/>	<input type="checkbox"/>
Clothes washer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Clothes dryer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Food freezer(s)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave oven(s)	<input type="checkbox"/>	<input type="checkbox"/>
Trash compactor(s)	<input type="checkbox"/>	<input type="checkbox"/>
Space heater(s)	<input type="checkbox"/>	<input type="checkbox"/>

39. Tenant-Owned Appliances (cont):
 (E- electricity; O-fuel oil; G-natural gas; P-propane; N-N/A)

Appliance	No.	Fuel Type
Window A/C Unit(s)	<input type="checkbox"/>	<input type="checkbox"/>
Hot tub(s)	<input type="checkbox"/>	<input type="checkbox"/>
Satellite dish(es)	<input type="checkbox"/>	<input type="checkbox"/>
Engine heater(s)	<input type="checkbox"/>	<input type="checkbox"/>
Dehumidifier(s)	<input type="checkbox"/>	<input type="checkbox"/>

40. Electric Credits (metered service only):
 enter the number of units each:

Well pump	<input type="checkbox"/>	Sump pump	<input type="checkbox"/>
Base radio	<input type="checkbox"/>	Sewer list	<input type="checkbox"/>
Remote Control	<input type="checkbox"/>	Radon gas	<input type="checkbox"/>

41. Utilities provided at the Quarters:
 A = Government provides-metered-in rent
 X = Government provides-metered-not-in rent
 B = Government provides-unmetered
 C = Tenant pays private supplier
 D = not provided

Electricity	<input type="checkbox"/>	Fuel oil	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>	Water	<input type="checkbox"/>
Propane	<input type="checkbox"/>	Sewer	<input type="checkbox"/>

42. Monthly Metered Usage for Government
 Provides Metered Utilities: (enter 0's if unmetered or not Government provided or not in the rent)

Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Propane	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. Other Government Provided Services:
 Trash removal? (Y or N)
 Lawn care (Y or N)
 Television reception:
 Government cable **A**
 Government satellite dish **B**
 Government doesn't provide reception **C**
 Number of Government provided premium TV Channels
 Maid service? (Y or N)
 Swimming pool? (T, C or N)
 Firewood (No. cords per year)
 Snow removal? (Y or N)

44. Additional Charges: \$.
 45. Additional Deductions: \$.

46. Amenities (Y or N)

Adequate water service	<input type="checkbox"/>
Adequate electric service	<input type="checkbox"/>
Adequate fuel storage/delivery	<input type="checkbox"/>
Adequate police protection	<input type="checkbox"/>
Adequate sanitation service	<input type="checkbox"/>
Telephone service:	
Phone in area but not in quarters	<input type="checkbox"/>
Phone in quarters (S-private line, P-Party line, N-none)	<input type="checkbox"/>
Noise/odors ok	<input type="checkbox"/>
Miscellaneous improvements	
Paved streets	<input type="checkbox"/>
Sidewalks	<input type="checkbox"/>
Street lights	<input type="checkbox"/>

47. Misc. Administrative Adjustments

Loss of privacy (%)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Excessive heating and cooling (% deduction)	\$ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> . <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Excessive size (%)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Inadequate size (%)	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>

48. Number of Planned Unrelated Occupants:

49. Number of Actual Unrelated Occupants:

50. Quarters Occupied (Y or N):

51. Seasonal Use Y or N (year-round):

52. Justification (Y or N):
 Necessary services
 Isolation
 Protection

53. Date Justification Approved: / /

Sign and Date:

Property Officer

Occupant

Housing Committee Chairman