

COPE Property Profile Data Form

Location _____
 UID _____
 Member _____
 County _____
 Street Address _____
 City/State/Zip _____
 Date of Visit: _____
 Visited by: _____

COPE DATA Construction

	A	B	C	D	S
Primary Type	FR <input type="checkbox"/>	NC <input type="checkbox"/>	Masonry <input type="checkbox"/>	Frame <input type="checkbox"/>	Pre-Engineered <input type="checkbox"/>
Condition	Excellent <input type="checkbox"/> V. Good <input type="checkbox"/>	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>
Quality	Low <input type="checkbox"/>	Average <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>	
Walls	Brick <input type="checkbox"/>	Brick Veneer <input type="checkbox"/>	Hollow Block (Brick Faced) <input type="checkbox"/>	Metal Clad <input type="checkbox"/>	All Metal <input type="checkbox"/>
	Poured Concrete <input type="checkbox"/>	Frame <input type="checkbox"/>	Other (Specify): _____		
Heating	Age: _____	Forced Air <input type="checkbox"/>	Window Unit <input type="checkbox"/>	Wall Unit <input type="checkbox"/>	Other: _____
Cooling	Age: _____	Forced Air <input type="checkbox"/>	Window Unit <input type="checkbox"/>	Wall Unit <input type="checkbox"/>	Other: _____
Heat/AC Fuel	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Oil <input type="checkbox"/>	Diesel <input type="checkbox"/>	Other: _____
Basement	<input type="checkbox"/> Yes <input type="checkbox"/> No	Attic/Penthouse	<input type="checkbox"/> Yes <input type="checkbox"/> No	Yr. Built	Yr. Renovated
Floor Height in Feet	Number of Floors	Sq. Footage	Building Value	Contents Value	= \$ Per Sq. Ft

Occupancy Classification

Airport <input type="checkbox"/>	Armory <input type="checkbox"/>	Assembly <input type="checkbox"/>	Community Center <input type="checkbox"/>	Educational <input type="checkbox"/>	Fire Station <input type="checkbox"/>
Gymnasium <input type="checkbox"/>	Hospital <input type="checkbox"/>	Industrial <input type="checkbox"/>	Jail/Detention <input type="checkbox"/>	Library <input type="checkbox"/>	Mercantile <input type="checkbox"/>
Office <input type="checkbox"/>	Park Garage <input type="checkbox"/>	Parks & Recreation <input type="checkbox"/>	Public Building <input type="checkbox"/>	Public Safety <input type="checkbox"/>	Residence <input type="checkbox"/>
School <input type="checkbox"/>	Shop <input type="checkbox"/>	Warehouse <input type="checkbox"/>	Piers <input type="checkbox"/>	Bulkheads <input type="checkbox"/>	Boardwalk <input type="checkbox"/>
Docks <input type="checkbox"/>	Bridges <input type="checkbox"/>	Other <input type="checkbox"/>	Vacant <input type="checkbox"/> Yes <input type="checkbox"/> No Owned <input type="checkbox"/> Yes <input type="checkbox"/> No Leased <input type="checkbox"/> Yes <input type="checkbox"/> No		

Protection Features

	YES	NO		YES	NO		YES	NO
Fire Extinguishers Inspection Current?	<input type="checkbox"/>	<input type="checkbox"/>	MPB Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hydrants	<input type="checkbox"/>	<input type="checkbox"/>
Manual Pull Box Fire Alarm	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Security System	<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler Protection	<input type="checkbox"/>	<input type="checkbox"/>	Detector Supervision	<input type="checkbox"/>	<input type="checkbox"/>	Fire Department	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Heat Detectors	<input type="checkbox"/>	<input type="checkbox"/>	Security Supervision	<input type="checkbox"/>	<input type="checkbox"/>			

Exposures

Light <input type="checkbox"/>	Moderate <input type="checkbox"/>	Severe <input type="checkbox"/>
Flood Zone A <input type="checkbox"/> Yes <input type="checkbox"/> No	Wind Prone <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Hazards <input type="checkbox"/> Yes <input type="checkbox"/> No

Additional Information

WWTP Avg. Gals. Per Day ____	Max Gals Per Day ____	Max Gals Per Day Design Capacity ____
WTP Avg. Gals. Per Day ____	Max Gals Per Day ____	Max Gals Per Day Design Capacity ____
Number of Pumping Stations ____	Sewer ____	
Water Tower(s) 1, 2, 3, 4		
Gallons	Capacity	Height
Gallons	Capacity	Height
Gallons	Capacity	Height
Gallons	Capacity	Height
		Year Built
		Year Built
		Year Built
		Year Built

Comments/Recommendations:

Date Information Entered: _____

Entered by: _____