

# SPACE CONDITION REPORT

The purpose of this report is to document the condition of the leased space at the time of move in, move out, for alterations to space, and for the 5 year physical asset review.\* The survey must include all of the space we occupy. Lessor signature is not required for 5 year reviews.

Comments made on the general condition and appearance of the premises should be reported below. Special attention should be given to deficiencies, such as defaced or damaged walls, damaged or broken fixtures, or inoperative mechanical equipment.

**Check one:**

Move In       Move Out       Alterations       5 Year Review   
(see attachment)

Lease Number: 57-6395-\_\_\_\_\_ Date of Report: \_\_\_\_\_

Building Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rooms Occupied: \_\_\_\_\_ Square Footage Occupied: \_\_\_\_\_  
(actual measurement)

\*\*\*\*\*  
Describe condition, appearance, and any deficiencies:

Continue on reverse side

\*\*\*\*\*  
**REQUIRED SIGNATURES:**

\_\_\_\_\_  
Realty Specialist

\_\_\_\_\_  
Lessor

\_\_\_\_\_  
Program Representative

\_\_\_\_\_  
Title

FORWARD ORIGINAL TO:      **USDA, MRPBS, ASD, REALTY  
BUTLER SQUARE WEST, SUITE 610C  
100 NORTH SIXTH STREET  
MINNEAPOLIS, MN 55403-1588**

\* When completing this for a 5 year review, please reference attached data sheet to confirm or change the information provided

## CPAIS RPM Requirements For Owned Property

This form will be completed in order to comply with the Federal real property reporting guidelines for agencies, pursuant to Executive Order (EO) 13327. The data elements below apply to all USDA owned property and this information will also be verified in the CPAIS system.

### REQUIRED ELEMENTS

1. Owned Property Type (land, building, structure) \_\_\_\_\_
2. Owned Property Predominant Use \_\_\_\_\_
3. Legal Interest - USDA Owned Building and Land? \_\_\_\_\_
4. Status (active, disposed) \_\_\_\_\_
5. Historic Status Yes \_\_\_\_\_ No \_\_\_\_\_
6. Agency \_\_\_\_\_
7. Org (4 digit agency Bureau Code) \_\_\_\_\_
8. Size (SF for buildings, Acres for land) \_\_\_\_\_  
a. Office \_\_\_\_\_ Lab \_\_\_\_\_ Storage \_\_\_\_\_ Other \_\_\_\_\_
9. Utilization # FTE (fulltime employees) \_\_\_\_\_ # Work Stations \_\_\_\_\_ Other Emp \_\_\_\_\_  
utilization for other than office determined by design capacity vs. occupied capacity
10. Value (owned property CRV) \_\_\_\_\_
11. Condition Index – determined by CPAIS formula \_\_\_\_\_
12. Mission Dependency \_\_\_\_\_  
(1. Mission Critical, 2. Mission Dependent, not critical, 3 Not Mission Dependent)
13. Annual Operating Costs \_\_\_\_\_
14. Main location Street Address \_\_\_\_\_
15. Real Property Unique Identifier (assigned) \_\_\_\_\_
16. City \_\_\_\_\_
17. State \_\_\_\_\_
18. Country \_\_\_\_\_
19. County \_\_\_\_\_
20. Congressional District \_\_\_\_\_
21. Zip Code \_\_\_\_\_
22. Installation ID (assigned) \_\_\_\_\_
23. Restrictions \_\_\_\_\_ Not Applicable \_\_\_\_\_
24. Disposition \_\_\_\_\_

Date of Owned Property Review \_\_\_\_\_

Inventory Reconciliation in CPAIS Date \_\_\_\_\_