

Appendix D

DD FORM 1354 DATA SHEETS FOR AIR FORCE PROJECTS

1.0. General. The DD Form 1354 Data Sheets contain a summary of project information that is used by COE construction Resident Offices in completing the official DD Form 1354 upon completion of construction and transfer of the facility to the owner agency. The A-E shall utilize his design analysis narrative and information and cost estimate quantities and costs in completing the majority of information on the data sheets. Specific instructions for completion of the Data Sheets are contained on the Data Sheets themselves. Any questions should be directed to the COE Project Manager. For your convenience these blank Data Sheets are on our Electronic Bulletin Board. For access, contact your COE PM.

2.0. Submittal Requirements.

2.1. Concept/Early Preliminary/Preliminary Submittals. No submittal required.

2.2. Final Submittal. Submit completed DD Form 1354 Data Sheets with your final design submittal package as part of your Design Analysis but bound separately (see Chapter II).

DD FORM 1354 DATA SHEET
for Air Force Projects

Date: _____

Instructions to Designer: The information you supply on this data sheet will be utilized by the COB Construction Resident Office in completing facility transfer document DD Form 1354 at time of construction completion. Complete this data sheet as it applies to your project. The data sheet is divided into two parts; Facility and Features Within the 5' Line, and Features Outside the 5' Line. Your design analysis and cost estimate will be invaluable in completing this document. If more than one type of building or facility is involved, fill out a separate data sheet for each. If additive bid items are involved, clearly identify which items are additives or fill out separate data sheets for each. If project involves alterations to an existing facility, include description of features/building being demolished and describe any upgrades to existing materials in item 10., "Description of Project" below.

(Note: The highlighted block numbers that appear in parentheses on this form refer to specific DD Form 1354 block numbers and are for COB Construction Resident Office personnel use.)

FACILITY AND FEATURES WITHIN THE 5' LINE

1. Facility Category Code (from DD Form 1391 or Project Book)(Block #18): _____
2. Facility Title (Project Title)(Block #19): _____
3. Location (i.e. Hill AFB, Utah, McClellan AFB, Ca.) (Block #9): _____
4. Drawing File Number (Block #25): _____ 5. Building Occupancy Capacity: _____
6. No. of Units (Block #20): 1 (Note: The No. of Units will always be "1" unless more than one of the same type of building/facility is included in the project.)
7. Type of Construction (Permanent [P], Semi-Permanent [S], Temporary [T])(Block #21): P (Note: If type of construction is other than "permanent", change designation accordingly.)
8. Total Building Area (sf)(Blocks 22 and 23): _____ 9. Total Project Cost (Block #24): _____
10. Description of Project (from design analysis narrative)(Block #26): _____

11. No. of Usable Floors (Block #26): _____
12. Construction Materials Used (Block #26):
 - a. Foundation (concrete, masonry, etc.): _____
 - b. Floors (wood, concrete, etc.): _____
 - c. Exterior Walls (concrete, masonry, brick, etc.): _____
 - d. Roof (built-up, standing seam metal, strip shingle, etc.): _____

13. Building Systems: From the lists below, select those systems which apply to your project and complete the package of information required for each system in the spaces provided. Restate the Category Code number, Facility and Unit of Measure provided in the lists. In the "Remarks" area, briefly describe the system type and components. A completed sample is provided as a guide. If the project has building systems other than those listed below, complete all information except the Category Code number in the spaces provided.

a. HVAC

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
890-126	A/C Window Units	Tn or SF
890-125	A/C Plant Less than 5 Ton	Tn or SF
890-121	A/C Plant 5 to 25 Ton	Tn
826-122	A/C Plant 25 to 100 Ton	Tn

b. Fire Protection

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
826-123	A/C Plant Over 100 Ton	Tn
821-115	Heating Plant 750 to 3500 MB	MB
821-116	Heating Plant Over 3500 MB	MB
880-211	Closed Head Auto. Sprinklers	SF or Head
880-212	Open Head Deluge System	SF or Head
880-231	CO2 System	EA
880-232	Foam System	EA
880-234	Halon 1301 System	EA
880-233	Other Fire Suppression System	EA
880-222	Manual Fire Alarm System	EA
880-221	Auto. Fire Detection System	SF or EA

c. Security Systems

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
872-841	Security Alarm System	EA

d. Emergency Power Systems

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
811-147	Electric Emergency Power Generator	KW

Sample:

Cat. Code (Block #18): 880-222 Facility (Block #19): Man Fire Alm Sys No. of Units (Block #20): 1
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): EA
 Total Quantity (Block #23): 10 Pull Stations Cost (Block #24): 12,764 Percent * : 1%
 Remarks (Describe per instructions above) (Block #26): System is manually operated by pull stations which are tied into alarm bells and the fire alarm panels. There are ten pull stations, 3 alarm bells, 2 fire alarm panels and associated wiring.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

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FEATURES OUTSIDE THE 5' LINE

1. Pavements. From the list below, select those pavement types which apply to your project and complete the package of information required for each pavement type in the spaces provided below. Restate the Category Code number, Facility and Unit of Measure provided. The "No. of Units" defines the number of occurrences of the "Facility." For example, if the "Facility" is a runway, and the project includes two runways, the "No. of Units" = 2. In the "Remarks" area, completely describe the pavement section from finish grade through the compacted subgrade including pavement type, thickness and types of base materials and length and width of features. Also, provide quantity breakdown by differing thicknesses of pavement surface. (Provide total quantity in the "Quantity" space.) A completed sample is provided as a guide. If the project has pavement types other than those listed below, complete all information except the Category Code in the spaces provided.

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
111-111	Runway	SY
112-211	Taxiway	SY
113-321	Apron	SY
116-642	Shoulder, Paved	SY
132-133	Pad, Equipment	SY/BA
851-142	Road, Bridge	LF
851-145	Driveway	SY
851-147	Road	SY/LF
852-262	Vehicle Parking	SY

Sample:

Cat. Code (Block #18): 851-147 Facility (Block #19): Road No. of Units (Block #20): 1
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): SY
 Total Quantity (Block #23): 10,691 SY Cost (Block #24): 63,866 Percent * : 5%
 Remarks (Describe per instructions above) (Block #26): Consists of 2" bituminous surface course over 6" stabilize aggregate base course over 6" compacted subgrade.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COR Construction Resident Office for prorating costs when actual cost data is known.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.

2. Utilities. From the list below, select those utility systems or features which apply to your project and complete the package of information required for each system/feature in the spaces provided. Restate the Category Code number, Facility and Unit of Measure provided. The "No. of Units" defines the number of occurrences of the "Facility." For example, if the "Facility" is Telephone Duct and the project has one, then the "No. of Units" = 1. In the "Remarks" area provide quantity breakdown by size/type of wire, pipe, etc. as appropriate. (Provide total quantity in the "Quantity" space.) Also describe ancillary features such as numbers of manholes, handholes, etc. A completed sample is provided as a guide. If the project has utility systems/features other than those listed below, complete all information except the Category Code in the spaces provided.

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>
135-583	Telephone Duct	LF
135-586	Telephone Pole	LF
136-661	Light, Approach	LF
136-664	Light, Runway	LF
136-666	Light, Airfield	BA
136-667	Light, Taxiway	LF
812-223	Prim Dist Line OH	LF
812-224	Sec Dist Line OH	LF
-	Power Poles	LF
812-225	Prim Dist Line UG	LF
812-226	Sec Dist Line UG	LF
890-187	Utility Vault (4 or more XFMS)	SF
812-926	Ext Area Lighting	BA
813-231	Elec Substation	KV
822-245	Hot Water Mains	LF
822-248	Hot Water Pump Stations	SF
822-265	Steam Heat Mains	LF
822-268	Cond Pump Station	SF
824-464	Gas Mains	LF
831-169	Sewer Septic Tank	KG
832-255	Ind Waste Main	LF
832-266	San Sewer Main	LF
832-267	San Sewer Pump Station	SF
841-166	Water Well	KG
842-245	Water Dist Mains	LF
842-249	Water Pump Station	SF
843-315	Fire Hydrants	BA
871-183	Storm Drain	LF
871-185	Stm Drain Pump Station	SF
890-144	Compressed Air Dist	LF
890-269	Cathodic Protection Sys	BA
890-272	EMCS Field Equip	BA
890-273	EMCS Data Link	BA

Sample:

Cat. Code (Block #18): 832-266 Facility (Block #19): San Sewer Main No. of Units (Block #20): 1
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): LF
 Total Quantity (Block #23): 2805 LF Cost (Block #24): 59,500 Percent * : 25%
 Remarks (Describe per instructions above)(Block #26): Consists of 1595 LF of 8" VCP and 1210 LF of 6" VCP
connected to existing main. Includes 12 manholes and 2 cleanouts.

* Insert percentage that represents the percent of this item as related to the total project cost shown in item # above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.

3. Miscellaneous. From the list below, select those items which apply to your project and complete the package of information for each item in the spaces provided. Restate the Category Code number, Facility and Unit of Measure provided. The "No of Units" defines the number of occurrences of the "Facility." For example, if the "Facility" is Curbs and Gutters and the project has one set of Curbs and Gutters, then the "No. of Units" = 1. If the "Facility" is Retaining Wall and the project has two distinct Retaining Walls, then the "No. of Units" = 2. In the "Remarks" are using the key words from the Remarks column below, provide a complete description of the item. A completed sample is provided as a guide. If the project has miscellaneous items other than those listed below, complete all information except the Category Code in the spaces provided.

<u>Cat. Code</u>	<u>Facility</u>	<u>Unit of Measure</u>	<u>Remarks</u> (Include the Following)
851-143	Curbs and Gutters	LF	Type, Size, Mat'l, Length
852-289	Sidewalk	SY	Mat'l, Width, Length, Subgrade Mat'l
860-617	Railroad Track	LF	lb. Rail, Length, Turnouts, etc.
871-187	Retaining Wall	SY/LF	Mat'l, Width, Height, Length
872-247	Fence, Security	LF	Type, Height, Length, Gates
872-248	Fence, Interior	LF	Type, Height, Length, Gates
932-681	Site Preparation	SY	Landscaping, Sprinkler Sys
934-277	Erosion Control	CY	Type
821-112	Htg Fuel Stor Tank	EA	Type, Size, Fuel
-	Other Stor Tanks	EA	Type, Size, Mat'l Stored
890-158	Load and Unload Platform	SF	Type, Mat'l, Dimensions

Sample:

Cat. Code (Block #18): 852-289 Facility (Block #19): Sidewalk No. of Units (Block #20): 1
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): SY
 Total Quantity (Block #23): 7560 SY Cost (Block #24): 55,000 Percent * : 5%
 Remarks (Describe per instructions above) (Block #26): Consists of 17,010 LF of 4' wide, 4" thick class "A" Portland Cement Concrete over 6" compacted subgrade.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
 Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
 Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
 Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

Cat. Code (Block #18): _____ Facility (Block #19): _____ No. of Units (Block #20): _____
Type (Permanent [P], Semi-Permanent [S], Temporary [T]) (Block #21): P Unit of Measure (Block #22): _____
Total Quantity (Block #23): _____ Cost (Block #24): _____ Percent * : _____
Remarks (Describe per instructions above) (Block #26): _____

* Insert percentage that represents the percent of this item as related to the total project cost shown in item 9 above. This figure will be used by the COB Construction Resident Office for prorating costs when actual cost data is known.