

Oregon Schools Seismic Feedback Form

PART 1 - GENERAL INFORMATION

1. Date of submittal

9/28/2015

2. County

Josephine

3. School district or special education district

Three Rivers School District

4. Name and title of person submitting report

Karreen Ghena, Administrative Assistant

5. Year for reporting – Please submit a separate form for each school report

2015

[Click here to mail the completed form to DOGAMI](#)

PART 2 - REPLACED STRUCTURES

6. Did the district REPLACE any school structures with new buildings during the reporting year?

Yes *If yes, be sure to complete a separate seismic feedback form for EACH structure that was replaced.*

No *If no, go to page 3.*

i. Name and address of the school where structure was replaced

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ii. Exact structure or structures that were replaced (for example, gymnasium, main building, etc.)

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iii. Type of replacement building (for example, tilt-up, masonry, wood frame, etc.)

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iv. Maximum occupancy of new structure

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v. Date the new structure became occupied

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PART 3 - MODIFIED STRUCTURES

7. Did the district MODIFY an existing school building in a manner that may affect the seismic risk category of a school?

Yes *If yes, be sure to complete a separate seismic feedback form for EACH structure that was modified.*

No *If no, you are finished. Please go to page 1 for submittal instructions.*

i. Name and address of the school where structure was modified

ii. Exact structure or structures that were modified (for example, gymnasium, main building, etc.)

iii. Type of modification to the building (for example, awnings anchored, structural reinforcement, etc.)

iv. Date the structure was re-occupied after modification

c. Optional: Submit a copy of the seismic rehabilitation or structural engineering report

Please attach to email when you submit this form.

d. Optional: Cost and method of seismic rehabilitation funding (grant through Seismic Rehabilitation Grant Program, local school bond, etc.)

Thank you! Please return to page 1 for instructions on submitting this form.