

# Oregon Schools Seismic Feedback Form

## PART 1 - GENERAL INFORMATION

1. Date of submittal

09/16/15

2. County

Deschutes

3. School district or special education district

Bend LaPine Schools

4. Name and title of person submitting report

Angus Eastwood  
Facilities Development Supervisor

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

**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.*