

**U. S. DEPARTMENT OF ENERGY  
AMENDMENT NUMBER 24 TO THE GENERAL PURPOSE LEASE**

WHEREAS, the Parties hereto, UNITED STATES OF AMERICA, acting by and through the Department of Energy, hereinafter referred to as the "GOVERNMENT," and the Miamisburg Mound Community Improvement Corporation (renamed the Mound Development Corporation), hereinafter referred to as the "Lessee," contracted for the sale of the Government's Mound Facility from the Government to Lessee; and

WHEREAS, the Government has previously conveyed certain portions of the Mound Facility to Lessee and has previously leased other portions of the Mound Facility to Lessee; and

WHEREAS, the Government tendered executed deeds to Lessee by which the Government would convey the balance of the Mound Facility property (including Lessee's leaseholds) which the Government agreed to sell to Lessee under the aforesaid contract for sale (Parcels 6, 6A, 7, 8 and 9, herein "Parcels 6-9"); and

WHEREAS, Lessee has temporarily returned the executed deeds to the Government and the Government has temporarily accepted back the deeds to Parcels 6-9 until the date of deferred conveyance; and

WHEREAS, Lessee has advised that it is not currently in a financial position to accept title to Parcels 6-9; and

WHEREAS, the parties hereto have, contemporaneously with this agreement, entered into an amended Sales Agreement whereby the Government has agreed to a delay acceptance by Lessee of the deeds for Parcels 6-9; and

NOW, THEREFORE, for good and valuable consideration, the Parties hereto agree that the General Purpose Lease (GPL), Parts I & II, entered into on the 7th day of September, 1994, and all Amendments prior to the date hereof, between the Government and Lessee, are amended this day as follows:

(1) The real property, known as Parcels 6-9, as described in Exhibit A, is hereby included within the GPL effective as of the date of this document. The Lessee shall be responsible for maintenance of all of the facilities within Parcels 6-9, as well as all others that are part of GPL.

T Building, as noted in Exhibit A, Lessee is responsible for the maintenance of groundwater pumping in T Building regardless of occupancy in order to avoid flooding of below grade levels.

Building 28: will continue to be cold and dark until Lessee demolishes the building;

Building 61: will be placed in a stand by condition per the Stand by Status Plan as noted in Exhibit A;

Buildings 45, COS, OSE, OSW and 126. Lessee will continue to operate and maintain these buildings at the current levels as agreed to in the GPL Part II Article A (1), either occupied or unoccupied and not allowed to deteriorate due to neglect of structures, systems, roofs, or any other aspects of maintenance reasonably required to keep the properties ready for occupancy.

The Government and its contractors shall have rights to access the Premises, their trailers 1 and 16, building 300, the Pump and Treatment Station, and groundwater wells and Seep locations to continue the management of its CERCLA compliance requirements. These activities may include drilling and installation of wells, recovering wells, geoprobes, sampling existing wells and potentially modifying the Pump and Treat system. In so much as reasonably possible, such activities will be communicated to Lessee and conducted so as to minimize interfering with the ordinary and reasonable use of the site.

(2) Lessee acknowledges prior receipt of suitable environmental reports detailing all environmental conditions of the leased property.

(3) Delete from the GPL, Part I, section 5, beginning with the words, "This Lease may be renewed..." through the end of section 5. This lease is not subject to a renewal option. Notwithstanding any other provision in the GPL or any amendment to the GPL, this lease will terminate on the 30<sup>th</sup> day of September 2017.

(5) Delete from the GPL, Part I, section 8.B. in its entirety. Government will be furnishing no services to Lessee. **Lessee agrees to be responsible for all costs, expenses, maintenance, utility, and service charges of whatever sort as are needed or customarily supplied to maintain the structures and property in its current condition.**

(6) Delete from the GPL, Part II, Article A (1) the first two sentences beginning with "The government at its own expense" and ending with "load bearing standards." Delete GPL, Part II, A (2) entirely.

(8) Delete from the GPL, Part II, Article F in its entirety. Lessee agrees to obtain and maintain insurance coverage. In order to adequately address the risk of loss to the DOE due to fire or any other act of nature or other casualty, Lessee agrees to insure buildings 45, 126, COS, OSW and OSE for full replacement costs for all risks. For buildings 61 and T, Lessee agrees to insure the buildings in at least an amount equal to the values as appraised and stated in the most recent Real Estate Appraisal Report of The Mound Advanced Technology Center dated July 10, 2012, by the Pillar Valuation Group, Inc. Building 28 shall only be insured for general liability. The availability of insurance or lack thereof shall not alter or reduce the obligation of Lessee to keep the property in the agreed to condition as noted in Paragraph 1 above and Exhibit A.

Upon execution of this Amendment, Lessee shall provide proof of valid and current insurance as agreed to above for all properties in this agreement and naming the DOE as an insured party. This provision supersedes "RISK OF LOSS" in the 2008 Sales Agreement.

(9) Government shall not be responsible for any costs, charges, fees or expenses in maintaining, securing, insuring or taking any other action of any sort in regard to the leasehold property,

including but not limited to, Parcels 6-9. Lessee agrees to bear all costs, expenses, fees or liability of whatever sort in keeping all property under the GPL in the condition agreed to in Paragraph 1 above existing as of the date of this agreement. It is the intent of the parties that Lessee shall bear all costs and burdens of the GPL leasehold to the same extent as though title had passed to Lessee as of the date hereof.

(10) In all cases where this lease amendment conflicts with the General Purpose Lease, Parts I & II, and/or any prior amendment to the General Purpose Lease, this Amendment takes precedence and any conflicting provision of a preceding document shall be without force and effect.

IN WITNESS WHEREOF, the parties hereto have caused this Lease amendment to be executed on their behalf by their duly authorized representative effective as of the date last executed below.

MOUND DEVELOPMENT CORPORATION

THE UNITED STATES OF AMERICA

By Michael J. Grauwelman  
Title President

By [Signature]  
Title Director, EMCBC

STATE OF )  
                  ) ss:  
COUNTY OF )

The foregoing instrument was signed before me, a Notary Public, this 14 day of December 2012 by Michael J. Grauwelman as President of the Mound Development Corporation, an Ohio non profit corporation, on behalf of the corporation.

[Signature]  
Notary Public LYNN BLOUNT  
NOTARY PUBLIC, STATE OF OHIO  
MONTGOMERY COUNTY  
My Comm. Expires Sept. 5, 2016

STATE OF )  
                  ) ss:  
COUNTY OF )

The foregoing instrument was signed before me, a Notary Public, this 14 day of December, 2012 by Jace Craig, U.S. Department of Energy, of The United States of America, on behalf of the United States of America.

[Signature]  
Notary Public  
LYNN BLOUNT  
NOTARY PUBLIC, STATE OF OHIO  
MONTGOMERY COUNTY  
My Comm Expires Sept 5, 2016

## EXHIBIT A

### REQUIRED ACTIVITIES RELATED TO BUILDINGS 61, 126, OSE, AND T BUILDING OVERSIGHT ONGOING ACTIVITIES

The identified Parcels 6-9 are described as follows; Parcel 6 is 13.65 acres, Parcel 6A is 3.32 acres, Parcel 7 is 42.3, Parcel 8 is 45.2 acres and Parcel 9 is 23.1 acres, more detailed descriptions are contained in the deeds for each property. These parcels include a number of the buildings that are the focus of the required activities the Mound Development Corporation (MDC) are to perform

#### As a follow up to the meeting on 10/31, MDC's understanding of the path forward will include:

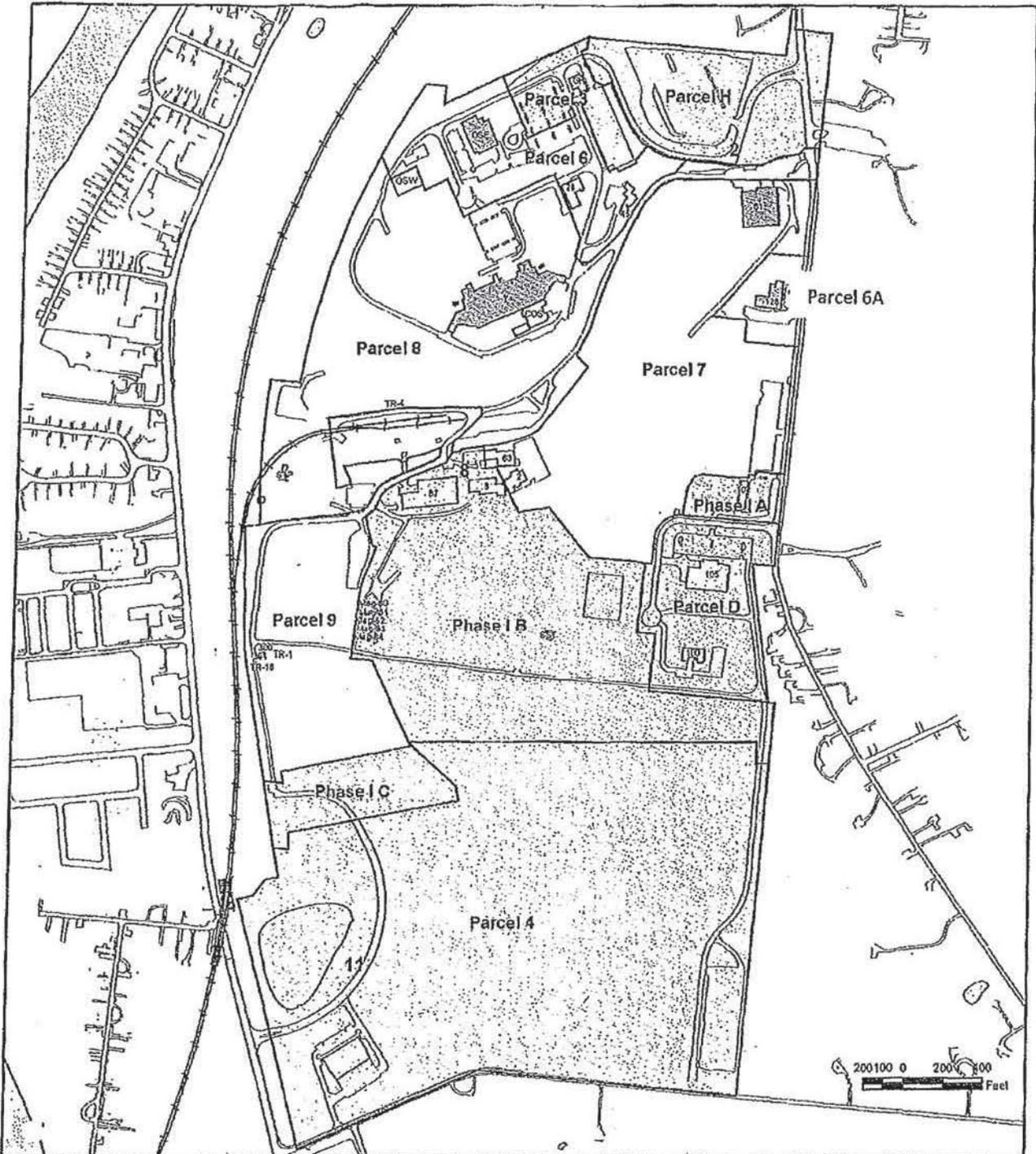
- T - Building: MDC will operate the building similarly to the way DOE currently operates the facility. Exceptions include: reducing the lighting levels in areas that will not to be frequently inspected/visited.
- MDC intends on conducting an evaluation to determine if there is a safe and effective way to further reduce the building operational cost while protecting the building from health/industrial concerns (e.g., water overflowing the sumps). MDC will provide any proposed modifications in the building operation to DOE for approval.
- Building 61: MDC will place Building 61 in a stand by condition per the Stand by Status Plan that follows;
  1. Reduce number of Wall Packs units that are operational (if possible)
  2. Reduce lighting on building interior except for emergency lights in Stairways
  3. Do not restart Boiler – make-up water tank needs to be drained, as well as the condensation lines (Leave in summer standby condition for future use)
  4. Drain all pumping lines that service toilets, faucets, and kitchen area to protect from freezing
  5. Drain and cap Sprinkler System to protect from freezing
  6. Install timer or modify HVAC controls (if possible following discussion with HVAC controls personnel) for HVAC FAN ONLY operations during limited hours (TBD based on discussions with HVAC personnel)
  7. Conduct monthly building walk-thru to check building status.
- Building 28: MDC will continue to be cold and dark until MDC demolishes the building

BUILDINGS 45, COS, OSE, OSW AND 126:

- The balance of the buildings (45, COS, OSE, OSW and 126) will continue to be operated and maintained at the current levels, either occupied or unoccupied.
- MDC and DOE agree to work together on any requests that significantly change the building operating conditions.
- MDC is working with DOE's EM/LM or its contractor to take a few air samples in T building. This is for MDC's evaluation to understand what's going in T-building now as a baseline for our evaluation.
- MDC & DOE will conduct quarterly walk-thru of the buildings to review building conditions, and determine if adjustments are necessary to maintain building structural and operational integrity.

**EXHIBIT A, CONTINUED**  
PARCELS 6, 6A, 7, 8, & 9 MAP  
BUILDINGS 45, 61, 126, COS, OSE, OSW AND T BUILDING  
CONDITION REVIEW REPORTS  
OCTOBER 31, 2012 WALK THROUGH

# PARCEL MAP



## Legend

Parcel - DOE	<b>Building Ownership</b>	Road - paved
Parcel - MDC	DOE	Railroad
River	Leased by MDC	
Pond	MDC	

U.S. DEPARTMENT OF ENERGY  
MAAMISBURG, OHIO

Wholly Performed by  
**S.M. Stoller Corporation**  
Under DOE Contract  
No. DE-AC01-01-MO0029

## Mound Site Points of Interest

DATE PREPARED

November 11, 2009

FILENAME:

S0527400.mxd

BUILDING CONDITION REVIEW

Building: # 45

Initial Conditions:	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDC	At Parcel transfer

Building Designation: 45  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable:	Corrective Action:
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A MDC will replace ceiling tiles as necessary
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards - packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: 45  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: 411

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action:
screens or grating present?		
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES/COMMENTS

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Building Designation: 45  
Floor: All  
Quadrant: \_\_\_\_\_  
Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance:			
Co./Dept.	Name (Print):	Signature:	Signature Date:
DOE			
MDC			
LM/Stoll EA	Gary Weidenbach		

Approved by DOE:

Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC)

Name (print) \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: # 61

Initial Preparations:		
Personnel relocated?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Utilities Decentralized and/or removed from site system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDC	At Parcel transfer

Building Designation: 61  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Safety agreement.

	Conditions Acceptable?	Corrective Action
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards -- packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building has leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: Col  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/AMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action:
screens or grating present?		
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES/COMMENTS

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Building Designation: 61  
Floor: A11  
Quadrant: \_\_\_\_\_  
Room: A11

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMC/C Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance:			
Co./Dept.	Name (Print):	Signature:	Signature Date:
DOE			
MDC			
LM/Stoll	Gary Weidenbach		

Approved by DOE:  
Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC):  
Name (print) \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: # 126

Initial Operations	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDC	At Parcel transfer

Building Designation: 126  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

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NOTE: All items identified below will not exceed requirements listed in the current DOE/MCIC Site Safety agreement

	Conditions Acceptable?	Corrective Action
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DOB equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards - packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: 126  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

: Page 3 of 4

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Covered by Agreement?
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES/COMMENTS

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Building Designation: \_\_\_\_\_  
Floor: \_\_\_\_\_  
Quadrant: \_\_\_\_\_  
Room: \_\_\_\_\_

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MDCIC Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance:

Co./Dept.	Name (Print):	Signature:	Signature Date:
DOE			
MDC			
LM/Slip/EB	Gary Weidenbach		

Approved by DOE:  
Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC):  
Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: COS

Critical Requirements:	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to	Date Transmitted
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDCs	At Parcel transfer

Building Designation: COS  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement.

	Conditions Acceptable?	Corrective Action:
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards -- packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A



Building Designation: COS  
Floor: ATU  
Quadrant: \_\_\_\_\_  
Room: ATU

Page 4 of 4

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance.

Co./Dept.	Name (Print)	Signature:	Signature Date:
DOE			
MDC			
LM/Stoll EA	Gary Weidenbach		

Approved by DOE:

Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC):

Name (print) \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: OSE

Initial Preparations:	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Utilities Decentralized and/or removed from site system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDC	At Parcel transfer

Building Designation: OSE  
 Floor: ALL  
 Quadrant: \_\_\_\_\_  
 Room: ALL

NOTE: Aditions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action:
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards -- packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Atrium windows in progress of repairs by DOE
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: OSE  
 Floor: A11  
 Quadrant: \_\_\_\_\_  
 Room: A11

Page 3 of 4

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action
screens or grating present?		
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES/COMMENTS

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Building Designation: OSE  
Floor: ALL  
Quadrant: \_\_\_\_\_  
Room: ALL

Page 4 of 4

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MDCIC Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance:

Co./Dept.	Name (Print):	Signature:	Signature Date:
DOE			
MDC			
LM/Stoller	Gary Weldenbach		

Approved by DOE:

Name (Print): \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC):

Name (print) \_\_\_\_\_  
Title: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: OSW

Initial Preparations	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDCs	At Parcel transfer

Building Designation: OSW  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action:
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A CH2M
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards - packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: OSW  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action:
screens or grating present?		
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

NOTES/COMMENTS

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Building Designation: OSW  
Floor: All  
Quadrant: \_\_\_\_\_  
Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

The following individuals have inspected this building and have determined that its condition is suitable for conveyance:

Co./Dept.	Name (Print):	Signature:	Signature Date:
DOB			
MDC			
LM/Staller	Gary Weidenbach		

Approved by DOE:

Name (Print): \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by Mound Development Corporation (MDC):

Name (print) \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

BUILDING CONDITION REVIEW

Building: "T"

Initial Preparations	
Personnel relocated?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Personal Property Disposition completed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Utilities Decentralized and/or removed from site system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Hazardous Materials and Chemicals removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Supporting Documents	Transmitted to:	Date Transmitted:
Maintenance Records and O & M manuals	MDC	At Parcel transfer
Preventive Maintenance Plan	MDC	At Parcel transfer
Building Data Package (BDP)	MDC	At Parcel Transfer
Phase I Environmental Assessment	MDC	
Action Memorandum	NA	
Work Planning Documents	NA	
Verification Sampling and Analysis Plans	NA	
OSC Report	NA	
Building Drawing Package	MDC	At Parcel transfer
Building Floor Plan	MDC	At Parcel transfer

Building Designation: T-Building  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Safety agreement

	Conditions Acceptable?	Corrective Action
<b>Housekeeping / Cleanliness</b>		
1. Signs and labeling removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Storage areas clean?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Floors and general areas "broom clean"?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Coatings and coverings for ceilings, walls, floors in serviceable condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
5. DOE equipment identification stickers have been removed from all (low value) equipment remaining in the building?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
6. Any chemicals, including cleaning supplies, have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Records have been removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Lighting meets minimum safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Industrial Safety</b>		
9. Walls structurally sound?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
10. Compressed gas bottles and/or tanks removed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
11. Area free of tripping/slipping hazards (e.g., hoses, piping, holes in floor)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
12. Roof is free of obvious signs of leakage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
13. Dry in the immediate vicinity of energized equipment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
14. Aisle ways have protection devices or warnings for protrusions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
15. Operating equipment has guards installed, safety signs, etc. as needed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
16. Fire barriers are intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
17. Fire hazards - packing boxes, flammables, etc., are in authorized containers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
18. Stairs and ramps are safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
19. Emergency lighting illuminates egress paths and exits are clearly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Material Conditions</b>		
20. Building free of leaks/spills (e.g., water, steam, oil)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
21. Drains/drain holes are clear and	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A

Building Designation: T-Building  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

Page 3 of 4  
 Date: \_\_\_\_\_

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Condition Acceptable?	Corrective Action
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Turned off & No annual checks

NOTES/COMMENTS

Mold in room 28 to be remediated by DOE (see attached EHS Mold Report)

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Building Designation: T-Building  
 Floor: All  
 Quadrant: \_\_\_\_\_  
 Room: All

Page 3 of 4  
 Date: \_\_\_\_\_

NOTE: Actions identified below will not exceed requirements listed in the current DOE/MMCIC Site Sales agreement

	Conditions Acceptable?	Corrective Action
screens or grating present?		
22. Vent and drain caps are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
23. Plumbing fixtures operational?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
24. Electrical and telecommunications lines are properly contained?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
25. Lines/pipes supported and insulation present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
26. Electrical box covers are properly installed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
27. Electrical power disconnects/panels/transformers are accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
28. Motors and/or generator noise/vibration within acceptable limits?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
29. Equipment is accessible (unobstructed access)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
30. Piping, valves, and electrical circuits visibly labeled to identify contents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
31. Piping, valves, and electrical circuits are free of visible signs of deterioration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
32. Door hardware in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> N/A
33. Elevators are operational?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Turned off & No annual checks

NOTES/COMMENTS

Mold in room 28 to be remediated by DOE (see attached EHS Mold Report)

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