

# Oregon Schools Seismic Feedback Form

## General information:

1. Date of submittal

August 21, 2012

2. County

Grant

3. School district or special education district

Long Creek School District #17

4. Name and title of person submitting report

Roy E Durfee, Superintendent

5. Year for reporting – Please submit separate forms for each year of reporting

2012

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**Specific information:**

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

Yes

No

a. If No please go to question #7

b. If Yes please fill out the following information FOR EACH STRUCTURE that was replaced

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

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

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

iv. Maximum occupancy of new structure

v. Date the new structure became occupied

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

Yes

No

a. If No you are finished – Please go to the end of the form for submittal instructions

b. If Yes please fill out the following information FOR EACH STRUCTURE that was modified

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.)

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**Please submit your completed report to:**  
**[seismic.feedback@dogami.state.or.us](mailto:seismic.feedback@dogami.state.or.us)**

**Thank you for your cooperation.**