

Academic Space Management 2007-2008 Facilities Survey

Facilities Operations Use Only

**Building:** \_\_\_\_\_

**Room #:** \_\_\_\_\_

Architectural Finishes: (if applicable)

Walls:

Floors:

Ceilings:

Windows:

Acoustical:

Notes:

Mechanical: (include equipment specifications)

Heating/Ventilation/Air Conditioning requirements:

Plumbing:

Services:

Electrical: (includes specifications for all equipment)

Fluorescent Lighting:

Incandescent Lighting:

General Receptacles:

Telephone Outlets:

Computer Outlets:

Fiber Optics:

Equipment: (includes departmentally funded computers, printers) Describe in detail.

Estimate rounded to nearest \$100 \_\_\_\_\_

**Remarks:**

**Project Coordinator:** \_\_\_\_\_

**For Survey Committee Use Only**

Committee Action:

Approve \_\_\_\_\_

Comments: \_\_\_\_\_

Defer \_\_\_\_\_

\_\_\_\_\_

Disapprove \_\_\_\_\_

\_\_\_\_\_

