

- I. This section describes the contiguous work relationships or adjacencies within your division / office. Using the legend below, indicate only the functions where contiguous work relationships are a critical factor.

<u>Priority</u>	<u>Reason</u>
A. Important to be close	1. Extensive face-to-face contact
B. No importance	2. Shared tasks/projects
C. Must be separated	3. Shared files/equipment (specify)
	4. Other (specify)

<u>Group with</u>	<u>Group</u>	<u>Priority/Reason</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

II. Shared Work Areas

Include the total number of office desks, equipment stations and tables typically shared by employees. This does not include individually assigned offices or work stations.

III. Shared Equipment

List any shared special equipment (i.e., servers, copiers, printers, facsimile, etc.). Please indicate the space requirements (counter/floor) for proper equipment operation.

<u>Equipment</u>	<u>Total Number</u>	<u>Space Requirements</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. DIVISION / OFFICE GROUP FILES AND SHELVES

GROUP FILES AND SHELVING refer to those which belong to the functional group as a whole. List those files that are for group or general use; do not include those which are part of any individual office or work station. Indicate the total number of cabinets by type in the appropriate column. Do not list units in individual offices or work stations.

<u>Type of Filing or Storage</u>	<u>Size W x D</u>	<u>Quantity</u>	<u>Location</u>	<u>Secured</u>
48" lateral	48" x 18"	_____	_____	<input type="checkbox"/>
36" lateral	36" x 18"	_____	_____	<input type="checkbox"/>
Letter Vertical	15" x 29"	_____	_____	<input type="checkbox"/>
Legal Vertical	18" x 29"	_____	_____	<input type="checkbox"/>
Card files	" x "	_____	_____	<input type="checkbox"/>
Other: _____	" x "	_____	_____	<input type="checkbox"/>
Other: _____	" x "	_____	_____	<input type="checkbox"/>

E. ANCILLARY/SUPPORT AREAS

- I. RECEPTION / WAITING AREA. Is a reception / waiting area required by your Division / Office?
 Yes No Number of guests? _____. Indicate any special requirements:

II. Describe the frequency and volume of PUBLIC CONTACT with your Division / Office. Describe your public access; (i.e., services, meetings / training, vehicle parking needs, etc.)

III. CONFERENCE / MEETING ROOMS. Is a conference / meeting room required by your Division / Office? Yes No What is the expected occupancy (participants)? _____. Tables / Chairs Chairs

IV. TRAINING ROOM. Is a training room required by your Division / Office? Yes No What is the expected occupancy (participants)? _____.

V. Can the Conference / Meeting Room and Training Room be combined? Yes No

VI. KITCHEN / BREAK AREA. Is a kitchen / break area required by your Division / Office? Yes No What is the expected occupancy (individuals)? _____.

VII. Special Purpose Room. List all requirements (i.e., file / storage room, drug/paternity testing area, etc.). Please specify the use or purpose of the room, size, any equipment needs, security issues, etc.

<u>Room/Area</u>	<u>Size</u>	<u>Use</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. SPECIAL CONDITIONS

Does your Division / Office require any special features? If so, please indicate below.

- 1. Lighting
- 2. Physical Security
- 3. Heating, Cooling, Ventilation
- 4. Heavy Floor Loading
- 5. Vault Requirements
- 6. Back-Up Power
- 7. Raised Floor
- 8. Optical Scanner

Are there required work hours other than 8 a.m. – 5 p.m. / Monday – Friday? Yes No