



# SPACE UTILIZATION QUESTIONNAIRE

Please use tab key to advance through fields.

**A. AGENCY INFORMATION**

Agency Name: \_\_\_\_\_  
 Agency Contact Name: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Agency / Division Contact Name: \_\_\_\_\_

**B. DIVISION / OFFICE INFORMATION**

I. Division / Office Name: \_\_\_\_\_  
 Current Address / Location: \_\_\_\_\_  
 Division / Office Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email address: \_\_\_\_\_

Check one:                      State Owned Space       Leased Space       Lease # \_\_\_\_\_

II. Please attach a CURRENT ORGANIZATIONAL CHART including STAFF BY POSITION for Division / Office.

III. Briefly summarize the overall FUNCTION of the Division / Office.  
 \_\_\_\_\_  
 \_\_\_\_\_

IV. Number of employees: Full Time:    Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_  
    Part Time:    Male \_\_\_\_\_ Female \_\_\_\_\_ Total \_\_\_\_\_

V. Are there employees with special needs (i.e., ADA, etc.) in the Division / Office? If so, please describe the special needs requirements to be addressed:  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. STAFF SPACE REQUIREMENTS**

SPC Space Standards provide for categories of CLOSED OFFICE workspace and OPEN OFFICE / WORK STATIONS. Using the charts below, list the **current** number of positions and **projected growth** positions, if any, in each category. Please refer to SPC Space Standards on the SPC website (link).

CLOSED OFFICES			
Code	Space Allocation (SF)	Quantity	
		Current	Projected Growth
A	300		
B	250		
C	175		
D	150		
E	120		
<b>Total number of closed offices</b>			

OPEN OFFICE / WORK STATIONS			
Code	Space Allocation (SF)	Quantity	
		Current	Projected Growth
E	120		
F	96		
G	84		
H	36		
<b>Total number of open office / work stations</b>			

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.

Priority

- A. Important to be close
- B. No importance
- C. Must be separated

Reason

- 1. Extensive face-to-face contact
- 2. Shared tasks/projects
- 3. Shared files/equipment (specify)
- 4. Other (specify)

Group with	Group	Priority/Reason
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.

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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