SPACE UTILIZATION QUESTIONNAIRE

DEPARTMENT LEVEL

(TO BE COMPLETED BY DEPARTMENT HEAD OR THEIR DESIGNEE)

A. GENERAL INFORMATION

1. Provide the following information regarding the NAME of this agency.
   Agency Name _____
   Agency Nickname_____
   CurrentAddress/Location_____
   (Check one: State Owned Space ____ Leased Space ____ & Lease #_____.)

2. Provide the following information regarding the HEAD of this agency.
   Name _____
   Title_____
   Telephone Number_____
   FAX Number _____
   E-mail address_____

3. Provide the following information regarding the INDIVIDUAL who completed this form.
   Name _____
   Title_____
   Telephone Number _____
   FAX Number _____
   E-mail address_____

B. AGENCY INFORMATION

1. Briefly summarize the overall FUNCTION of the department.
   _____
   _____
   _____
   _____
   _____

2. How many INDIVIDUALS are in the agency? Male _____ Female _____ Total _____

3. List the individual DIVISIONS within the agency and list the PERSONNEL totals for each.

Division	Total Personnel	State Address	Owned/ Leased & Number

4. List any desired CONTIGUOUS requirements for the agency (i.e., near the Capitol, near DOAS, etc.)
   _____
   _____
   _____
   _____
   _____

5. Describe any PROBLEMS you have encountered as a result of your present space or other considerations that should be considered.

_____
_____
_____
_____
_____

6. Describe any ORGANIZATIONAL/OPERATION CHANGES you anticipate during the next five (5) years.

_____
_____
_____
_____
_____

7. Describe any SPECIAL PROCEDURES OR REGULATIONS which affect your agency.

_____
_____
_____
_____
_____

8. Please attach a CURRENT ORGANIZATION CHART and LIST OF STAFF BY POSITION.

9. Describe the frequency and volume of PUBLIC OR SEMI-PUBLIC CONTACT with your agency. Describe your public access; (i.e. foot traffic; mass transit; vehicle parking needs).

_____
_____
_____
_____
_____

10. Please feel free to attach any additional pages and information.

SPACE UTILIZATION QUESTIONNAIRE

DIVISION LEVEL

(TO BE COMPLETED BY DIVISION HEAD OR THEIR DESIGNEE)

A. GENERAL INFORMATION

1. Provide the following information regarding the NAME of this division.
   Agency Name_____
   Agency Nickname_____
   Current Address/Location_____
   (Check one: State Owned Space ____ Leased Space ____ & Lease #_____.)

2. Provide the following information regarding the HEAD of this division.
   Name_____
   Title_____
   Telephone Number_____
   FAX Number _____
   E-mail address_____

3. Provide the following information regarding the INDIVIDUAL who completed this form.
   Name _____
   Title_____
   Telephone Number _____
   FAX Number _____
   E-mail address _____

B. DIVISION INFORMATION

1. Briefly summarize the overall FUNCTION of the division.
   _____
   _____
   _____
   _____
   _____

2. How many persons are in the division.
   Full Time: Male _____ Female _____ Total _____
   Part Time: Male _____ Female _____ Total _____

3. Please attach a CURRENT ORGANIZATION CHART and a separate LISTING OF ALL PERSONNEL with name, job description title, full time, part time or contractor.

4. Select one of the following: All enclosed offices, All open office workstations, OR, A combination of enclosed offices and open office workstations
   _____

5. DOAS space guidelines provide for eight categories of ENCLOSED OFFICES: Using these designations, list below the number of positions in each category in this division.

   Constitutional Officer (Elected) _____ Agency Heads _____
   Agency Deputies _____ Division Director _____
   Deputy Division Dir. _____ Manager _____
   Supervisors _____ Professional _____

6. DOAS space guidelines provide for three categories of OPEN OFFICE WORKSTATIONS: Using these designations, list below the number of positions in each category in this Division.
Manager/Supervisor _____ Professional _____ Clerical _____

7. Some agencies/divisions use SHARED WORK AREAS. If your agency does, list a description of the shared areas. Include the total number of office desks, equipment stations, and tables typically shared by employees. This is not to include individuals assigned offices or workstations. (Use additional pages if necessary)
_____
_____
_____
_____
_____

8. Are there any individuals with SPECIAL NEEDS (ADA, etc.) in your division? Please describe.
_____
_____
_____
_____

C. COMMUNICATIONS AND CONTIGUOUS WORK RELATIONSHIPS

This section evaluates communication and contiguous work relationships within your division and department (intra) and between your division and other departments (inter). Using the legend below, indicate only the functions where communications and contiguous working relationships are a critical factor. There may be more than one reason for a contiguous relationship.

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

1. INTRA-Divisional (list in priority)

	Individual or Group	with	Individual or Group	Priority	Reason
1.	_____		_____	_____	_____
2.	_____		_____	_____	_____
3.	_____		_____	_____	_____
4.	_____		_____	_____	_____
5.	_____		_____	_____	_____
6.	_____		_____	_____	_____

2. INTER-Divisional (list in priority)

Individual or Group	with	Individual or Group	Priority	Reason
1. _____		_____	_____	_____
2. _____		_____	_____	_____
3. _____		_____	_____	_____
4. _____		_____	_____	_____
5. _____		_____	_____	_____
6. _____		_____	_____	_____

D. PROJECTED DIVISION GROUP FILES AND SHELVES

For the purpose of this questionnaire, GROUP FILES AND SHELVING is those files which belong to your functional group as a whole. List those files that are for group or general use, and are not an integral part of any person's office or workstation. Files required by individuals in their office or workstation will be considered as part of a later study.

1. Indicate the total number of cabinets by type in the appropriate column for various types. Include any GROUP STORAGE that is currently located in individual office or workstations or stored in boxes. Do not list units in individual offices or workstations that are a part of the office.

Type of Filing or Shelving	Size Wide x Deep	Quantity	Location
48" lateral - 5 drawer	48" x 18"	_____	_____
48" lateral - 4 drawer	48" x 18"	_____	_____
36" lateral - 5 drawer	36" x 18"	_____	_____
36" lateral - 4 drawer	36" x 18"	_____	_____
Letter Vertical - 5 drawer	15" x 29"	_____	_____
Letter Vertical - 4 drawer	15" x 29"	_____	_____
Legal Vertical - 5 drawer	18" x 29"	_____	_____
Legal Vertical - 4 drawer	18" x 29"	_____	_____
Card files	___" x ___"	_____	_____
Check files	___" x ___"	_____	_____
Microfilms	___" x ___"	_____	_____
Microfiche	___" x ___"	_____	_____
Tape Rack	___" x ___"	_____	_____
Disk Rack	___" x ___"	_____	_____
Computer Printouts	___" x ___"	_____	_____
Supply Cabinets	___" x ___"	_____	_____
Standard Shelving	___" x ___"	_____	_____
Oversize Shelving	___" x ___"	_____	_____
Architectural/Engineering Drawings	___" x ___"	_____	_____
Security Files	___" x ___"	_____	_____
Other:_____	___" x ___"	_____	_____
Other:_____	___" x ___"	_____	_____

2. Do you have any filing or shelving STORED OUTSIDE your division, not including records retention? Yes ____ No ____.

If yes, please explain:

_____
_____
_____
_____

3. What percentage of your files can be removed to a REMOTE LOCATION?

Two Hour retrieval _____; One day retrieval _____.

4. Do any of your files or storage require SECURITY? Yes ___ No ___. If Yes:

Locked Cabinet ____ Type of Access ____ Locked Room _____ Fire Proof _____

E. EQUIPMENT

1. LIST ANY special equipment (i.e., word processing, micro computer processing, main frame, copier, terminals, printers, facsimile, network, microfiche, etc.)

Equipment	Individual Wkstation	Shared Wkstation	Total No.	Mfg./Model No. Requirements

2. How do you anticipate these REQUIREMENTS CHANGING in the next three to five (3-5) years? (Use additional paper if necessary)

_____
_____
_____
_____

F. ANCILLARY/SUPPORT AREAS

1. CONFERENCE. In the appropriate column, indicate how many individuals participate in required conferences that you or individuals in your work unit initiate, other than those at workstations, the average number per week, and the duration.

Hours used per week	Number of individuals present 4-10	11-15	16-20	20 or more
1-5 hours	_____	_____	_____	_____
6-10 hours	_____	_____	_____	_____
11-15 hours	_____	_____	_____	_____
16-20 hours	_____	_____	_____	_____
21-25 hours	_____	_____	_____	_____
26-30 hours	_____	_____	_____	_____
31-35 hours	_____	_____	_____	_____
36-40 hours	_____	_____	_____	_____

CONFERENCE ROOM REQUIREMENTS

____ Display Rail (for mounting boards, charts, etc.)
____ Chalkboard
____ Tackboard
____ Computer Connections
____ Projection: ____ Front ____ Rear ____ Other _____
____ Telephone
____ Speaker Phone
____ Sound
____ Printer Connections

2. RECEPTION. Is a Reception/Waiting area required by your division? Yes ___ No ___,
For how many guest? _____ Indicate any special requirements:
_____
_____
_____

3. KITCHEN/COFFEE STATION/BREAK AREA. If one is required, where should it be located, what will be its specific function and how many individuals will it serve at any given time?
_____
_____
_____

4. LIBRARY. If your division requires a library, can it be shared with another group, and if so, with whom can it be shared? _____
If a library is required, please complete the following:

Item	Quantity
Linear feet of shelving	_____
Work Tables	_____
Study Carrels	_____
Other:_____	_____

Does the (Library) room need to be secure? Yes ___ No ___
Are computer connections required? Yes ___ No ___

5. TRAINING ROOM. Is a training room required by your division? Yes ___ No ___
If yes, for how many individuals? _____. Indicate any special requirements:
_____
_____
_____
_____
_____

6. SPECIAL PURPOSE ROOM/AREA. List your division's requirements for any special work rooms or areas not listed elsewhere: (i.e., computer/printer work room, training room, file room, etc.). Please indicate the specific use of the room, the size required, equipment needs, whether the room needs to be secured and any special requirements: (i.e., additional air for computer rooms). Use additional paper if necessary.

Room/Area	Size	Use

G. ***SPECIAL CONDITIONS***

Does your division require any of the following SPECIAL ELEMENTS? If so, describe specific requirements. (Use additional paper if necessary)

1. Special Lighting:
_____
_____
_____

2. Physical Security:
_____
_____
_____

3. High Degree of Confidentially:
_____
_____
_____

4. Special Heating, Cooling, Ventilation:
_____
_____
_____

5. Special Acoustical Treatment:
_____
_____
_____

6. Special Plumbing:

_____
_____
_____

7. Heavy Floor Loading:

_____
_____
_____

8. Working Hours Other Than 8 a.m. - 5 p.m. / Monday-Friday:

_____
_____
_____

9. Special Fire Protection:

_____
_____
_____

10. Special Vault Requirements:

_____
_____
_____

11. Uninterruptable Power:

_____
_____
_____

12. Raised Floor:

_____
_____
_____

13. Back-Up Power:

_____
_____
_____

14. Optical Scanner:

_____
_____
_____