

**SPACE UTILIZATION QUESTIONNAIRE**

1. **AGENCY INFORMATION**

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **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.

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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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. **STAFF SPACE REQUIREMENTS**

SPC Space Standards provide for categories of workspace determined by the function of the work performed. Using the chart below, list the current number of positions and projected growth positions, if any, in each category.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title / Function | Type | Allocated SF | Current | Projected Growth |
| Executive Director, Commissioner, Agency Head | Office | 220 |  |  |
| Deputy Executive Director, Deputy Commissioner, Division Director, Regional Director, Local Manager | Office | 120 |  |  |
| Manager, Supervisor, Coordinator  (5 or more direct reports) | Workstation | 64 (8x8) |  |  |
| Professional Staff, Administrative, Tech | Workstation | 49 (7x7) |  |  |
| Hoteling / Call Center | Workstation | 20 (5x4) |  |  |
| Total |  |  |  |  |

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 REASON

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)

|  |  |  |
| --- | --- | --- |
| Group With | Group | Priority/Reason |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

II. SHARED WORK AREAS (i.e. copy areas/centers, file rooms, mail rooms, etc.)

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.

|  |  |  |
| --- | --- | --- |
| Equipment | Total Number | Space Requirement |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **DIVISION / OFFICE GROUP FILES AND SHELVES**

GROUP FILES AND SHELVING. Refers 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Filing or Storage | Size W x D | Quantity | Location | Secured |
| 48” lateral | 48” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| 36” lateral | 36” x 18” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Letter Vertical | 15” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Legal Vertical | 18” x 29” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Card files | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_” x \_\_\_” | \_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | ☐ |

1. **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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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III. CONFERENCE SPACE

1. Is a huddle room required by your division (number of occupants for a huddle room is 1-4)?

Yes ☐ No ☐

1. Is a conference room required by your division? Yes ☐ No ☐

If yes, please provide the number of occupants expected to be in the room at any one time and how many rooms are needed based on the expected number of occupants.

|  |  |
| --- | --- |
| Number of Occupants | Quantity of Rooms |
|  |  |
|  |  |

1. Is a Is a Training/Classroom/Seminar room required by your division? Yes ☐ No ☐

If yes, please provide the number of occupants expected to be in the room at any one time and how many rooms are needed based on the expected number of occupants.

|  |  |
| --- | --- |
| Number of Occupants | Quantity of Rooms |
|  |  |
|  |  |

IV. KITCHEN/BREAK AREA. Is a kitchen/break area required by your Division/Office? Yes ☐ No ☐

What is the expected occupancy (individuals)? \_\_\_\_\_\_.

V. 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.

|  |  |  |
| --- | --- | --- |
| Room/Area | Size | Use |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **SPECIAL CONDITIONS**

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

Comments

|  |  |  |
| --- | --- | --- |
| 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 ☐

If yes, what are the other work hours? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_