



SPACE UTILIZATION QUESTIONNAIRE

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 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

- 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)

<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 Requirement</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

D. 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.

<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 SPACE

a. Is a huddle room required by your division? Yes No

b. Is a conference room required by your division? Yes No . If yes, how many of each type is needed?

Title	Number of Occupants	Square footage	Quantity
Small conference room	6-8	275	
Medium conference room	10-12	350	
Large conference room	14-16	500	

- c. Is a Training/seminar room required by your division? Yes No . If yes, how many of each type is needed?

Number of Occupants	Square footage	Quantity
24-32	1,000	
41-60	2,000	

- 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.

<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