

Facilities Services Space Change Request Checklist

Directions: This form is to be completed by Facilities Services as part of the review process for space change request(s) submitted to the Space Management Subcommittee.

Space Change Request Name: _____

Building: _____ Floor: _____ Room(s): _____

1. **Electrical Impact:** YES _____ NO _____
Explanation: _____

2. **Plumbing Impact:** YES _____ NO _____
Explanation: _____

3. **Refrigeration/
HVAC Impact:** YES _____ NO _____
Explanation: _____

4. **Space Utilization
Impact:** YES _____ NO _____
Explanation: _____

5. **ADA Compliance:** YES _____ NO _____
Explanation: _____

RECOMMENDATIONS:

Reviewed & Completed by:

EH&S Officer Date Director, Facilities Services Date