



TO BE COMPLETED BY BC

PROJECT #: _____

DATE: _____

1. Room dimensions _____

2. Color and surface of walls _____

3. Type of ceiling and floor coverings _____

4. Windows (number of, size, direction, coverings) _____

(sun light position during day) _____

5. Interior noise (AC, appliances, intercom, fluorescent lights, office machines) _____

6. Exterior noise (traffic, airplanes, construction, power and ancillary machinery, farm equipment, fire/police nearby)

7. Power (adequate? and location of fusebox and amperage) _____

8. Access for equipment (what floor, interference with main activity, stairs vs. elevators and cart availability)

9. Contact person (both maintenance and/or security with phone) _____

10. Security of building _____

11. Equipment storage place when not in use _____

12. Restrooms _____

13. Eating facilities _____

14. Directions to location(s) _____

15. Potential problems _____