DO Facilities Use Only
FMR No: _____
Form 2

Facility Modification Request – AR 6601
Form 2 (Facilities Assessment)

Date:_____
Name of Facilities Assessor:_____
Site/Location Visited:_____
Provide Building:_____ Room Number:_____ Other Location:_____

Describe Observations and Existing Conditions (Please attach additional pages if necessary):

Findings:

1. **Does the scope of work associated with the modification request require any of the following:**
   a. **DSA Fire Life Safety Review: Yes ◯ No ◯**
   b. **DSA Structural Review: Yes ◯ No ◯**
   c. **DSA Access Compliance Review: Yes ◯ No ◯**
   d. **Other Agency Review: Yes ◯ No ◯ If yes, please describe.**

   e. **Corrective Action: Yes ◯ No ◯ If yes, please describe.**

2. **Does this modification change the FUSION Space Inventory TOP code? Yes ◯ No ◯ If yes, please describe (e.g. change in use of space, reconfiguration).**

3. **Does this modification impact any of the following:**
   a. **Furniture/Workstations: Yes ◯ No ◯**
   b. **Data/Internet: Yes ◯ No ◯**
   c. **Surveillance: Yes ◯ No ◯**
   d. **Phone: Yes ◯ No ◯**

e. **Network: Yes ◯ No ◯**
f. **Other Low Voltage Work: Yes ◯ No ◯**
g. **Electrical: Yes ◯ No ◯**
h. **Mechanical: Yes ◯ No ◯**
i. **Structural: Yes ◯ No ◯**
j. **Other (Please describe):**

4. **Does this request require professional consultants or licensed consultants such as an architect, engineer or surveyor, other? Yes ◯ No ◯**

    a. **If yes, please describe what professional consulting assistance is required.**

    b. **If you require professional consulting assistance to complete a preliminary investigation, please describe what services are needed.**

5. **Are there potential unforeseen conditions or concerns that may trigger secondary effects or impacts? Yes ◯ No ◯ If yes, please describe.**

6. **Do you need further information from the requestor or others to complete this review? Yes ◯ No ◯ If yes, please describe.**

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Summary Overview of Scope of Work:
Please describe proposed scope of work necessary and/or options or other considerations associated with the request for modification, including whether or not a preliminary investigation is needed with the assistance of professional consultants to develop a scope of work, and if there are any secondary effects/impacts. Please attach additional pages if necessary.

Estimated Budget: Check All That Apply

- ☐ **A. The total project estimated budget is: $_____**
  - ☐ **See attached Budget Summary Worksheet**
- ☐ **B. A preliminary investigation was completed and the revised total project estimated budget is: $_____**
  - ☐ **See attached Budget Summary Worksheet**
- ☐ **C. A preliminary investigation is needed and the estimated budget is: $_____**
  - ☐ **See attached Budget Summary Worksheet**
- ☐ **D. The total project budget cannot be determined until a preliminary investigation is completed.**

Estimated Schedule:

A. The estimated duration of time needed to implement this request for modification is:
_____

B. The estimated duration to complete a preliminary investigation is (if applicable):
_____

DO Facilities Recommendation: Check One Below

FMR is:
- ◯ **Recommended to proceed to Form 3 – Approval of request**
- ◯ **Recommended to proceed to Form 3 – Preliminary investigation is required**
- ◯ **Not recommended to proceed**
- ◯ **Other: Please describe**

_____

DO Facilities Form 2 Assessment Cost (to be reimbursed): $_____
DO Facilities Reviewers:
Director (Name):_____ Director Initials:_____ Date:_____
Assistant Vice Chancellor (Name):_____

Signature:_____ Date:_____