

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. Data/Internet: Yes No
- b. Surveillance: Yes No
- c. Phone: Yes No
- d. Network: Yes No

- e. Other Low Voltage Work: Yes No
 - f. Electrical: Yes No
 - g. Mechanical: Yes No
 - h. Structural: Yes No
 - i. 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.

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: _____