

Space Utilization Request and Evaluation Form

Description (completed by requesting department)

Name		Date	
Department		Phone	

Description of request, including affected buildings and rooms, type of use (admin, equipment, clinical, etc.), justification, and timeline. Use additional sheets as required.

Director Approval: yes_____ no _____

Signature

Dept.	Impact	Evaluator	Comments	Cost
Facilities	Electrical			
	Lighting			
	Plumbing			
	Finishes			
	Ventilation			
	Janitorial			
	Safety			
	Fire/Life Safety			
Security	Environmental			
	Phone			
IMD	Locks			
	Computers			
Quality Management	LAN			
	Patient Safety			
Materiel Management	Furniture			
HRO	Union Rep			
Total Cost				

Recommendation and disposition (completed by space committee and Executive Board)