

Office of Business Services

FMR Ref #:

## Clark Atlanta University

### Facilities Modification Request Form

Date:

#### I Building /Room Information

Building (Name & Number):

Room Number(s):

Department/Unit

  

Has funding been approved for this request?

Yes:

No:

If yes, please provide funding source and contract:

College/School:

Current Use:

Proposed Use:

Estimated Start Date:

Estimated Completion Date:

Description of the Work: Briefly describe the work that you are requesting in this FRM (include both interior and exterior changes):

Office of Business Services  
Modification Request

Facilities

**II Endorsements/Colleges and Department Contacts**

Requested by:	Name of Department/Unit Contact Person
	<input type="text"/>
	Campus Address:
Signature of Dept./Unit Head (date)	<input type="text"/>
Signature of College Dean/Assoc. Dean (date)	<input type="text"/>

Signature of College CIO (OITC), If applicable (date)	
Signature of College Facilities Director (date)	Phone Number;
(NOTE: This section requires original signatures)	

### III Design Information


Has design work for this project been previously requested? Yes:

No:

If yes, please provide the following information:

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- Work Order Number (please attach a copy of the work order request)

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- Project Number (If Assigned)

Design and construction work shall **NOT** proceed until the Facilities Modification Request is approved.

### IV Occupancy and Re-occupancy


Will staff and/or faculty need to be moved to temporary offices? Yes:

No:

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If yes, for how long?

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If yes, has temporary space been identified?


Will classes need to be moved? Yes:

No:

If yes, for how long?

If yes, has temporary space been identified?

If temporary space has been identified where is it?

  

Will there be a disruption in utilities?

Yes:

No:

If yes, for how long?

## V Hazardous Materials Information

Please complete the following section. If the requested modification involves space that has been OR will be using hazardous processes or chemicals, please complete items B, C, and D.

- Not applicable (the area to be modified has not/will not involve hazardous processes/chemicals).

- **List processes and identify specific hazards.** (FOR EXAMPLE: Chemical Vapor Deposition System – Uses toxic, pyrophoric and corrosive gasses: high voltage, RF and heat).

- **Hazardous Chemicals/Chemical Class** (Check the chemicals/and chemical classes to be used and provide amounts. If there are other chemicals to be used, fill in 'Other' and provide details/amounts).



Flammables:  
material

Amount of this hazardous

Acid: Amount of this hazardous material

Bases: Amount of this hazardous material

Compressed Gas: Amount of this hazardous material

Oxidizer: Amount of this hazardous material

Carcinogens: Amount of this hazardous material

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Other:

- **Engineering & Ventilation** Controls (For example: scrubber, toxic gas monitors, fume hoods, gas cabinets, etc.)

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### VI Modification **Information**


Will the proposed modification impact the existing network server?

Yes:

No:

If **yes**, please provide detailed specification that will be taken to ensure continuous performance and no network server interruptions. If **no**, please provide detailed specifications confirming no impact.

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Will the proposed modification have any impact to the existing mechanical system?

Yes:

No:

If **yes**, please provide detailed specification that will be taken to ensure continuous performance and no mechanical service interruptions.

If **no**, please provide detailed specifications confirming no impact.

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Will the proposed modification impact the existing electrical system?

Yes:

No:

If **yes**, please provide detailed specification that will be taken to ensure continuous performance and no electrical service interruptions.

If **no**, please provide detailed specifications confirming no impact.


Will the proposed modification impact the existing plumbing system?

Yes:

No:

If **yes**, please provide detailed specification that will be taken to ensure continuous performance and no plumbing service interruptions.

If **no**, please provide detailed specifications confirming no impact.

Will the proposed modification impact to the Facility Structural System?

Yes:

No:

If **yes**, please provide detailed specification that will be taken to ensure continuous performance and no structural interruptions.

If **no**, please provide detailed specifications confirming no impact.

Office of Business Services

FMR Ref #:

**Clark Atlanta University**

**Facilities Modification Request Form**

**Space Requirement**

**Name of Project:**

\_\_\_\_\_

**By:**

\_\_\_\_\_

**Date:**

**College/Department:**

\_\_\_\_\_

**Revised:**

**Programmed Area:**

\_\_\_\_\_

**No. of Rooms:**

A

**Purpose/Mission:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B

**Activities:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C

**Spaces:**

Proposed – Office and Workstations:

Enrollment Target: 3800 4000 4500

Comments: \_\_\_\_\_

- Faculty Offices  
\_\_\_\_\_
- Staff Offices  
\_\_\_\_\_
- Other Offices  
\_\_\_\_\_

Proposed – General:

- Work Area  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Proposed-Files/Storage/Equipment:

- Work Area  
\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

D

**Site:**

1 Is there a need for direct pedestrian access?

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2 Is there a need for direct service access? Loading?

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3 What are the vehicular service requirements?

\_\_\_\_\_

- Who may need daily access to your unit/department?

\_\_\_\_\_

\_\_\_\_\_

- What site features should be considered: benches, landscape?

\_\_\_\_\_

\_\_\_\_\_

- What consideration, if any, should be given for outdoor activities? (Use of the Courtyard)

\_\_\_\_\_

\_\_\_\_\_

E **Other:**

1 Provide strong adjacency to the following program(s):

\_\_\_\_\_

\_\_\_\_\_

2 Other Special Requirements

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**ARCHITECTURAL (Room Data)**

<b>A.</b>	<b>Finish Materials</b>				
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Notes:

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<b>B.</b>	<b>Casework / Millwork / Furnishings &amp; Accessories</b>				
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Notes:

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<b>ENGINEERING</b>	
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<b>C.</b>	<b>Mechanical</b>
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1 Normal Requirements 7

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2 Ventilation Only 8

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3 Exhaust controls \_\_\_\_\_ Notes: list any special environment

4 Pressurization  
\_\_\_\_\_

5 Room Control  
\_\_\_\_\_

6 Zone Control  
\_\_\_\_\_

**D. Plumbing**

Fixtures

1 lavatory

2 sink

Utilities

1 cold water

2 hot water

3 drain connection

4 distilled water

5 steam

6 oxygen

7 vacuum

<b>E.</b>	<b>Electrical</b>
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Lighting

1 fluorescent

Power

1 120 V 1 phase

Systems

1 telephone outlet

2 incandescent	2 208 V 1 phase	2 cctv outlet
3 dimmer	3 208 V 3 phase	3 cc camera outlet
4 switched outlet network	4 emergency power	4 computer
5 corr/call light	5 casework outlet	5 printer outlet
6 warning light	6 furniture j-box	6 clock 12 hr
		7 intercom
		8 patient monitor
		9 paging speakers

**EQUIPMENT**

<u>No.</u>	<u>Item</u>	<u>Manufacturer</u>	<u>Model No.</u>	<u>Furn.</u>
<u>by</u>	<u>Installed</u>	<u>Size</u>		
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_  
 Date: \_\_\_\_\_