

PROJECT OVERVIEW

PART 1



(to be completed by Principal investigator)

Date:	
Researcher's Name:	
Researcher's Current Phone #:	State:
Current email:	Alternate email:
Timeframe (arrival date):	
College or Department:	
Department Contact:	Phone #:
Department Contact email:	
Funding Source:	
Timeframe (need to be in by date):	
Schedule Conflicts (grand deadline, end of year, start of semester, etc.)	
Need Swing Space	YES NO
Classroom Building:	YES NO

Type of Research:

"Dry Lab"

Cognitive Computer Observation

"Wet Lab"

Chemistry BioScience Pharmacy Diagnostic

Physics (nuclear/particle) Physics (conventional)

Astronomy Other (please specify): _____

Clean Room (please specify): _____ Please List Class: _____

Drug Mfgr. Bioinformatics Biocontainment

Materials Research Other _____

HAVE/USE:

- | | | | |
|--|--------------------------------------|--|---|
| <input type="checkbox"/> Animals | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Specialized Equipment | <input type="checkbox"/> Speciality Water (RO, DI, Ect) |
| <input type="checkbox"/> Audio/Video Equipment | <input type="checkbox"/> Ice Machine | <input type="checkbox"/> Cold Room | <input type="checkbox"/> Photo Development |

Customer-Provided Narrative:

(Please describe the type of research you do and the lab you currently have/would like to have. Provide a diagram of lab space with equipment marked.)

PROJECT OVERVIEW: For Department

PART 2



FPDC SPACE EVALUATION AND ASSESSMENT (of current space)
(to be completed by FPDC)

Requires Cleaning	YES	NO	Call Custodial / Other
Requires Environmental Remediation	YES	NO	Call OEHS
- Refrigerant, Radiation, Old Chemicals, etc.	YES	NO	Call Grounds / Other
Requires Equipment/Furniture Removal	YES	NO	Contract Abatement Co.
Requires Abatement	YES	NO	Specify:
Requires Major Renovation	YES	NO	
Requires Consultant	YES	NO	Specify:
Has Defined Maintenance Issues	YES	NO	Specify:
Requires Other Repairs	YES	NO	Specify:
Verify Building Capacities with Engineer	YES	NO	Specify:
Furniture is included with Project	YES	NO	Specify:
Involves Moving Equipment/Furniture	YES	NO	Specify:
Requires Change in Signage			

PROJECT OVERVIEW: For Researcher

PART 2



(to be completed by Principal investigator)

Space Concerns

Please list processes and procedures in MAIN LAB space, including amount of benchtop required, number of people seated at the benchtop, and major equipment used (provide any plans or design ideas):

Linear footage of casework:
Standing Bench
Seated Bench
Upper Cabinet Storage (full doors, glass?)
Upper Cabinet Storage (sliding door)
Open Shelving
Lower Cabinet Storage (drawer)
Lower Cabinet Storage (cabinet)

List any secondary support spaces required:

- Tissue Culture Microscopy Procedure Room DNA / RNA Work
 Freezers Observation
(-20 or -80, exceeding 2) Other (please specify): _____
 PI Office within the Lab Server Room Undergrad Space
 Space for Second PI RA/GA Space
 Other (please specify): _____

Do you require:

- | | | |
|---|-----|----|
| Waiting Area for Visitors/Patients | YES | NO |
| Hours of Operation _____ | YES | NO |
| Special Accessibility Needs / Requirements (ADA) | YES | NO |
| Conference Area | YES | NO |
| Can it be a shared space? | YES | NO |
| Lab Certification (Radiation, Chemicals, etc.) | YES | NO |
| Special Consideration for Tissue / Blood / Fluid Work | YES | NO |
| Special Consideration for AIC / HIC Protocols | YES | NO |
| Following DEA Protocol for Narcotics | YES | NO |
| Adjacencies to Other Labs or Services | YES | NO |

If yes, please specify: _____

** PLEASE LIST ALL CHEMICALS USED, THEIR QUANTITY AND FREQUENCY.
** PLEASE ATTACH EQUIPMENT LIST INCLUDE EQUIPMENT DIMINTIONS, WEIGHT OR UTILITY CONFIGUATION REQUIRMENTS.

Benchtop				
Electrical	YES	NO		
Compressed Air	YES	NO		
Vacuum	YES	NO		
Data	YES	NO		
Gas	YES	NO		
Other				
Water / Sinks				
Lab Sink	YES	NO		
Cup Sink	YES	NO		
Other	YES	NO		
RO / DI Water	YES	NO	Quantity Per Week:	
Polisher	YES	NO		
Ice Machine	YES	NO	Quantity Per Month:	
Floor Drains	YES	NO		
Equipment				
Fume Hood			Number:	Size:
Specify: Basic, Acid, Solvent, Other:				
Laminar Flow Hood	YES	NO	Number:	Size:
Bio-Safety Cabinet	YES	NO	Number:	Size:
Cold-room	YES	NO		
Incubators	YES	NO	Number:	Size:
Microscopy	YES	NO	Number:	Size:
Clean Room	YES	NO	Class:	
Freezers (-20, -80)	YES	NO	Number:	Size:
Other (please list)				
Audio / Visual				
Video Recording	YES	NO		
Audio Recording	YES	NO		
One-way Observation Room	YES	NO		
C & IT / Network Services				
Specific Equipment Needs (please fill out on equipment list)				
Phone Numbers		Quantity		Location
Networking Needs	YES	NO		
- Fax, Copier, etc.				
Wireless Capabilities Available	YES	NO		

Finishes (please list any special requirements)						
Ceiling:						
Walls:						
Base:						
Floor:						
i.e. tile or solid surface, static dissipative, epoxy paint, carpet, etc.)						
Doors:						
	Soundproofing	YES	NO	Vision Panel Required	YES	NO
Hardware:						
Window Treatments:						
Other:						
Security						
Building Alarm / One Card Security:						
Requirements:						
Access:						
Equipment Alarms:						
(to pagers / public safety)						
Additional Furniture						
	Existing to Move:	YES	NO			
	New to Obtain:	YES	NO			
Number of Filing Cabinets / Size:						
Additional Pieces Requested:						
Tables:						
Storage Cabinets:						
Mobile Benches:						
Other:						

Please list any other furniture / equipment concerns / requirements: