

Facilities Management

Construction/Renovation Special Project Review Form IP-1

TSU Facilities Management Department (FM) is accountable for providing the maintenance and operation of physical facilities, including mechanical and electrical systems; building maintenance and repairs; utilities for the campus; environmental health and safety services; construction/renovation services; ground services; custodial services; and their related activities. FM operates the steam and chiller plants, maintains the utility systems, and provides engineering and energy management support to the university.

To help Planning, Design, & Construction (PDC) facilitate the implementation of major projects involving FM (i.e. faculty grant projects, installation of new equipment, building modifications, etc.), completion of this form is required prior to planning and developing your project. Completion of this form will provide information to determine if a special project request form (IP-2) will be needed, to develop budget requirements, timelines and will help with planning your project successfully.

This form may be saved to your system with the data entered. You cannot reopen the form and finish completing. This form does NOT replace the submission of the necessary work orders, special project forms, requisitions, or purchase orders once specific needs and tasks have been identified. To submit work requests go to:

<http://scorpius.tnstate.edu/index.html>

Purpose of Form: To initiate design, formal estimating, and implementation for project request. Including Projects that consist of multiple trades.

When to Use: When a department has a need for a project to be implemented within a definite time, frame, and funding source has been identified. Examples include: departmental relocations, cubical reconfiguration, cosmetic upgrades, furniture procurement, and complete space remodels.

Prior to starting your project, consultation with FM is required. Various aspects of the project may be discussed at the consultation, including but not limited to:

1. Building modifications and code requirements (i.e. Americans with Disabilities Act (ADA) etc.
2. Additional or specific electrical requirements
3. Additional plumbing connections
4. Heating, ventilation, and air conditioning (HVAC) modifications
5. Venting requirements
6. Access control requirements
7. Security devices
8. Additional Data or communication devices
9. Space Assessment

Form IP-1

Step 1: Complete the following information:

Date Initiated: _____

Alterations, Modifications, Construction

Indicate your division: _____

Requested By: _____ **Date:** _____

Building: _____ **Telephone:** _____

Room Number: _____

Department Requesting Project: _____ **Department Currently Occupying Space:** _____

Funding FOAP: _____ **Projected Budget:** _____

Description of work requested (give as much information about the request as possible – submit only one request at a time unless they are related):

Signatures:

Primary Contact: _____ **Date** _____ **Email:** _____
Name

Department Head/ Supervisor: _____ **Date** _____
Name

Signature

Dean: _____ **Date** _____
Signature

- Complete form and forward to Planning, Design, & Constructions at Box 9585 or fax to 963-7434 or email to Steve Gillette, sgillette@tnstate.edu. Save a copy for your records.

- Once this form is received The Office of Planning Design & Construction will contact the primary contact within 7 days to set up the initial meeting.
- *Contact Steve Gillette at 936-7755, sgillette@tnstate.edu for consultations and assistance in further completion of the special project review form.

Step 2: Complete IP-2 (Initial Meeting Form) and bring to meeting with PDC

This designated project requester/primary contact is responsible for initiating and maintaining communication with all involved FM personnel.

Project Description: Describe in detail the project purpose, justification, and desired completion date.

Complete the information below to the best of your ability.

If your project requires any of the following, check yes and explain. Otherwise check no.

1. Building modifications

Yes No

2. Electrical requirement

Yes No

3. Plumbing connections

Yes No

4. HVAC Modifications

Yes No

5. Venting Requirements

Yes No

6. Access Control Requirements

Yes No

7. Security Devices

Yes No

8. Data or Telephone Communication Devices

Yes No

9. Other anticipated needs:

Yes No

Space Assessment

1. Is the space being reassigned across academic or Admin units; or is this a request for “new” space?

Yes No

2. If yes, has a space request form been submitted for space assessment?

Yes No

3. Has the request been approved?

Yes No