

Program Questionnaire

Introduction

This is a planning study to determine your current and projected operational space needs. This questionnaire is designed to help communicate your department's needs in a format that can be analyzed by the University of Houston's Facilities Planning and Construction Department.

Instructions

The questionnaire requires your time and concentration. Your response will assist in setting a direction for the project and will establish a basis for explaining your areas needs.

- Please take a few minutes to read through the complete questionnaire before beginning.
- These forms can be typed or hand written. If you need additional space, please feel free to copy any of the forms for additional space.
- When completing this form, please think about your departments current and projected needs. The projections should be through the year 2020.
- If certain areas do not apply to your department, please leave those areas blank.
- In areas where you are asked to ✓ items that apply to your department, you may select more than one option.
- If you feel that the questionnaire missed something that your department requires, please use the last sheet to list these additional notes.
- Save a copy for your records before returning it.
- You will be asked to attend a meeting to answer questions regarding your responses.

Schedule

The questionnaire should be completed and returned no later than Monday, November 1, 2010 to:

Shara Zatopek
S&R2, Room 137
713.743.1262
szatopek@uh.edu

Questionnaire Questions

Please email all questions to Christa Howard with the University of Houston's Facilities Planning and Construction Department at the following address.

cahoward@central.uh.edu

Program Questionnaire

A. General Department Information

Please provide the following information regarding the structure of your department. Again, feel free to handwrite the information or type directly on this form.

Department Information

1. College Division:
2. Department Name:
3. Please see the attached building floor plans and circle the existing locations your department is currently located.

Department Leader/Head Information

Provide the following information regarding the Department Leader/Head of the unit.

1. Name:
2. Title:
3. Email:
4. Phone No.:

Questionnaire Respondent Information

Provide the following information regarding the person who completed this questionnaire.

1. Name:
2. Title:
3. Email:
4. Phone No.:

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B. Department Function Description

Provide a brief description of the services provided and tasks performed by your department.

Internal Organization

Please ✓ how your department is subdivided internally.

- Work Individually
- Static Teams (long term: 3-12 months or permanently)
- Dynamic Team (short term: 1-3 months)
- Dynamic Team (short term: 1-3 months)
- Other: (please use the space below to describe other)

Security

Please ✓ the security level required for your department.

- No special departmental requirement
- Passive (entry past a receptionist)
- Restricted (key access)
- Restricted after hours only (key access)
- Secure (card key)
- Secure (code or combination entry)
- Other: (please use the space below to describe other)

Department Location

Please ✓ the location that your department needs to be located within the building (new space).

- No special location requirement
- Located on the first floor
- Located near the main building entry with visibility to public building traffic
- Located away from public building traffic
- Located close to the loading docks for frequent deliveries
- Located close to the freight elevator
- Located close to the public elevators
- Other: (please use the space below to describe other)

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Organizational Structure

If you have a current Organizational Chart, please attach a copy to this sheet. If you do not have a chart, please draw your chart in the space provided below. Please use "job titles".

Department Unit

Describe how your unit would ideally be organized if different from above. Please draw a diagram below.

Department Organizational Work Flow

Briefly describe the work flow within your department. This will give us a better picture of where spaces should be located in relation to each other.

C. Departmental Suite Individual Space Requirements –Office/Workstations

The attached form has been developed to elicit your response to your departments office and workstation requirements. **Be sure to read all instructions and review the form before starting.** Refer to the example for an indication of the type of information required. Your careful attention to this form will help to ensure that your individual requirements and those of the other staff in the organizational unit are accounted for.

Instructions for filling out the attached worksheet:

1. List all personnel by Job Title (including vacant positions which have the authorization to be filled).
2. Note the Staff Quantity for each job title (ie: 3 admin. Assistants).
3. Under Future 2020 add any additions that you foresee through 2020.

PLEASE COMPLETE THE ATTACHED EXCEL SPREADSHEET AT THIS TIME. After you complete this form, please continue with this questionnaire.

D. Departmental Suite Requirements

Departmental Adjacencies

To determine the adjacency of your unit to other departments, list in order of priority those organizational units which your organization unit has a functional adjacency. Please use the following values and note any relation and reason for the adjacency to the different groups.

Relation	Scale	Value	Reason	Scale	Value
Immediate Adjacency		1	Personal Contacts		A
Same Floor		2	Use of Same Personnel		B
Adjacent Floor		3	Number of Visitors		C
No Adjacency Required		4	Convenience		D
			Supervisory Control		E
			Movement of Paper		F
			Use of Supplies		G
			Noise		H
			Shared Conference Room		I
			Technical Requirements		J
			Security		K
			Share Labs		L
			Share Storage		M
			Other (list reason in comment area)		N

Department/Group	Relation	Reason	Other Comments
(example) Dean's Office	3	D, E	Need occasional access to shared files

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Departmental Suite Additional Requirements

Include any additional comments on special requirements for your department.

Lighting:

Acoustics:

Visual Privacy:

Access to Public Parking:

Heavy Floor Loading:

Other:

Office/Workstation Furniture

Please ✓ the location that your department's furniture needs.

Relocating existing furniture

New furniture will be requested

Combination of both existing and new

E. Departmental Ancillary/Support Space Requirements

Reception Area Requirements

Provide the following information regarding the reception area requirements needed by your department.

✓ which amenities from the list below are required to support this area.

No reception area needed

Reception Desk

Storage (office supplies)

Fax machine

Telephone

Copier

Printer on counter

Printer on floor

Acoustical privacy

Coffee service

Computer terminal(s)

Seating (number of guest to accommodate with seating)

Other (describe in the space provided below)

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Department Conferencing Requirements

Provide the following information regarding the meetings held by your department. ✓ which amenities from the list below are required to support the meetings held.

Attendance

No conference room required	
6 or less	Per Week:
7-10	Per Week:
11-16	Per Week:
17-25	Per Week:
26 or more (please list max number)	Per Week:

✓ or describe the requirements that your department requires in a meeting room.

- Wall mounted writing surface
- Overhead projection
- Slide projection
- Voice amplification
- Telephone
- Teleconferencing
- Acoustical privacy
- Visual privacy
- Coffee service
- Food service
- Wired for computer terminal(s)
- Other (describe in the space provided below)

Please describe the requirements that your department requires in a meeting room:

Lighting:

Acoustics:

Visual Privacy:

Audio Visual:

Teleconferencing Capabilities:

Telephone:

Internet Connection:

Other:

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Copy/Work Room Requirements

Provide the following information regarding the copy/work room requirements needed by your department.

✓ which amenities from the list below that are required to support this area.

- No copy/work room required
- Counter surface
- Open shelving storage (office supplies)
- Closed storage (office supplies)
- Fax machine
- Telephone
- Copier
- Printer on counter
- Printer on floor
- Acoustical privacy
- Visual privacy
- Coffee service
- Computer terminal(s)
- Computer workstation(s)
- Shredder
- Time clock
- Other (describe in space provided below)

Copy/Work Room Requirements Continued

List all the equipment that is currently located within your department that will be located in the Copy/Work Room. Note its overall dimensions, length (L), width (W), and height (H) and the projected quantities for the assigned years. Also, be sure to list any piece of equipment that may be on order or authorized to be purchased in the future. Give, where possible, model numbers and attach any specifications you might have on the piece of equipment. Add additional sheets if necessary.

Description	Dimensions L x W x H	Quantity	Notes
HP Printer (example)	24" x 24" x 24"	1 but will add one in the future	

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Departmental Break Room Requirements

Provide the following information regarding break room amenities. ✓ which amenities from the list below are required in a break room.

Attendance

- No break room needed
- Share w/ other departments
- Sink
- Waterline for coffee maker
- Storage
- Microwave
- Tables & chairs
- Other (describe in space provided below)

Department Suite File and Storage Requirements

List all the file cabinets and other storage requirements that are currently located within your department which are **not located in a personnel workstation or office**. Describe the type of storage unit, i.e., number of drawers, letter or legal, etc.

Provide the overall dimensions, length (L), width (W), and height (H), the existing and project quantities, and the location of where it needs to be located. This will help us determine the required space at open areas and file/storage rooms.

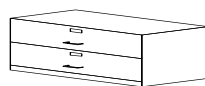
Add additional sheets if necessary.



2 drawer vertical



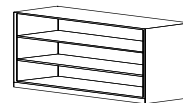
5 drawer vertical



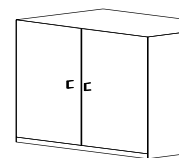
2 drawer lateral



drawer lateral



bookcase



storage cabinet

Description	Dimensions L x W x H	Quantity	Location
2 drawer lateral	30" x 20" x 60"	1 but will add one in the future	File Storage Room

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Department Suite Special Equipment Requirements

Special Equipment is any piece of equipment requiring electrical or cabling, plumbing hook-up, special air, gas hook-up, etc. Do not include normal desk equipment such as calculators or typewriters.

List all the special equipment that is currently located within your department. Note its overall dimensions, length (L), width (W), and height (H), location and the projected quantities. Also, be sure to list any piece of equipment that may be on order or authorized to be purchased in the future. Give, where possible, model numbers and attach any specifications you might have on the piece of equipment.

Add additional sheets if necessary.

Description	Dim. L x W x H	Quantity	Location	Notes
Time Clock (example)	12" x 15" x 8"	1	Reception Area	Must sit on counter

Departmental Suite Additional Space Requirements

Please use the space below to provide information on spaces that are needed within your group that were not mentioned above.

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F. Classroom and Lab Requirements

Classroom Requirements

Provide the following information regarding the classrooms used by your department. ✓ the seat capacity that is required to support the class schedule.

<u>Attendance</u>	<u>Classes Per Week</u>
No classrooms needed	
25 or less	Per Week:
26-50	Per Week:
51-75	Per Week:
75-100	Per Week:
101-125	Per Week:
126-150	Per Week:
151-175	Per Week:
176-200	Per Week:
201-250	Per Week:
Over 250 (please list #)	Per Week:

✓ or describe the requirements that the classroom requires.

- Wall mounted writing surface
- Overhead projection
- Slide projection
- Audio Visual
- Voice amplification
- Teleconferencing
- Wired for computer terminal(s)
- Tiered seating
- Fixed seating
- Fixed tables w/ movable chairs
- Movable tables w/ chairs
- Computer charging stations
- Other (describe)

Additional Requirements For Classrooms

Include any additional comments on special requirements for your department.

Lighting:

Acoustics:

Visual Privacy:

Please list any additional requirements in the space provided below:

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Research Lab Requirements

Provide the following information regarding the Labs used by your department. ✓ which amenities from the list below are required to support the class schedule.

Attendance

Number of Students/Researchers

No Lab required

Research Lab

#:

Animal Quarters

This lab is shared with other

Departments (name below)

Please use the space below to add any additional comments.

Lab Furniture Requirements

Use the area below to list furniture requirements for the lab.

Metal Casework

Wood Casework

Student Desk

Research Desk

Mobile Cart Casework

Fixed Casework

Please use the space below to add any additional furniture requirements.

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Research Lab Technical Requirements

✓ the technical lab requirements below that will need to be furnished in the lab.

(OFOI = Owner Furnish Owner Install)

Ventilation		Electrical		Lighting	
<input type="checkbox"/>	100% Outside Air	<input type="checkbox"/>	110V, 20A, 1Ph	<input type="checkbox"/>	Level/fc
<input type="checkbox"/>	Recirculated Air	<input type="checkbox"/>	280V, 20A, 1ph	<input type="checkbox"/>	Fluorescent
<input type="checkbox"/>	Other	<input type="checkbox"/>	208V, 30A, 2ph	<input type="checkbox"/>	Incandescent
<input type="checkbox"/>	Temperature Control	<input type="checkbox"/>	Emergency Power	<input type="checkbox"/>	Variable
<input type="checkbox"/>	Temperature Range	<input type="checkbox"/>	Special Voltage	<input type="checkbox"/>	Task
<input type="checkbox"/>	Special	<input type="checkbox"/>	Dedicated Circuits	<input type="checkbox"/>	Emergency
<input type="checkbox"/>	Humidity Range	<input type="checkbox"/>	Isolated Ground	Lab Equipment	
<input type="checkbox"/>	Air Filtration	<input type="checkbox"/>	Lightning Protection	<input type="checkbox"/>	Chemical Fume Hood
<input type="checkbox"/>	Filter Supply Air	<input type="checkbox"/>	Stand-By Power	<input type="checkbox"/>	Biosafety Cabinet
<input type="checkbox"/>	Filtered Exhaust Air	<input type="checkbox"/>	UPS	<input type="checkbox"/>	Incubator (OFOI)
<input type="checkbox"/>	Positive Pressure	<input type="checkbox"/>	Other	<input type="checkbox"/>	Autoclave (OFOI)
<input type="checkbox"/>	Negative Pressure	Piped Services		<input type="checkbox"/>	Environmental Room
<input type="checkbox"/>	Exhaust Devices	<input type="checkbox"/>	Domestic Water	<input type="checkbox"/>	Refrigerator (OFOI)
<input type="checkbox"/>	Chemical Fume Hoods	<input type="checkbox"/>	Cold/Potable	<input type="checkbox"/>	Freezer (OFOI)
<input type="checkbox"/>	Special Hoods	<input type="checkbox"/>	RO (OFOI)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Laminar Flow Hoods	<input type="checkbox"/>	Purified Water	<input type="checkbox"/>	Large Equip. To
<input type="checkbox"/>	Exhaust Canopy	<input type="checkbox"/>	DI Water	<input type="checkbox"/>	Accommodate
<input type="checkbox"/>	Scrubbed Exhaust	<input type="checkbox"/>	Industrial Cold	Additional Items	
<input type="checkbox"/>	Special Exhaust Req.	<input type="checkbox"/>	Industrial Hot	<input type="checkbox"/>	
<input type="checkbox"/>	Noise Producing	<input type="checkbox"/>	Well/Filtered	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Producing	<input type="checkbox"/>	Industrial Chilled	<input type="checkbox"/>	
<input type="checkbox"/>	Vibration Producing	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Vibration Sensitive	<input type="checkbox"/>	Lab Air (15lb) (LA)	<input type="checkbox"/>	
<input type="checkbox"/>	Isolation Requirements	<input type="checkbox"/>	Compressed Air (100psi) (A)	<input type="checkbox"/>	
<input type="checkbox"/>	Communication	<input type="checkbox"/>	Vacuum (V)	<input type="checkbox"/>	
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Natural Gas (G)	<input type="checkbox"/>	
<input type="checkbox"/>	Voip	<input type="checkbox"/>	CO2-Local	<input type="checkbox"/>	
<input type="checkbox"/>	Data Outlets	<input type="checkbox"/>	CO20-Central	<input type="checkbox"/>	
<input type="checkbox"/>	Equipment Monitoring/Alarm	<input type="checkbox"/>	Bottle Rack	<input type="checkbox"/>	
<input type="checkbox"/>	Clock/Central	<input type="checkbox"/>	Floor Drains	<input type="checkbox"/>	
<input type="checkbox"/>	CCTV-Security	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Security Monitoring	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Intruder detection	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Intruder detection	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Program Questionnaire

Teaching Lab Requirements

Provide the following information regarding the Labs used by your department. ✓ which amenities from the list below are required to support the class schedule.

Attendance

Number of Students/Researchers

No Lab required

Teaching Lab

#:

Animal Quarters

This lab is shared with other

Departments (name below)

Please use the space below to add any additional comments.

Lab Furniture Requirements

Use the area below to list furniture requirements for the lab.

Metal Casework

Wood Casework

Student Desk

Research Desk

Mobile Cart Casework

Fixed Casework

Please use the space below to add any additional furniture requirements.

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Teaching Lab Technical Requirements

✓ the technical lab requirements below that will need to be furnished in the lab.

(OFOI = Owner Furnish Owner Install)

Ventilation		Electrical		Lighting	
<input type="checkbox"/>	100% Outside Air	<input type="checkbox"/>	110V, 20A, 1Ph	<input type="checkbox"/>	Level/fc
<input type="checkbox"/>	Recirculated Air	<input type="checkbox"/>	280V, 20A, 1ph	<input type="checkbox"/>	Fluorescent
<input type="checkbox"/>	Other	<input type="checkbox"/>	208V, 30A, 2ph	<input type="checkbox"/>	Incandescent
<input type="checkbox"/>	Temperature Control	<input type="checkbox"/>	Emergency Power	<input type="checkbox"/>	Variable
<input type="checkbox"/>	Temperature Range	<input type="checkbox"/>	Special Voltage	<input type="checkbox"/>	Task
<input type="checkbox"/>	Special	<input type="checkbox"/>	Dedicated Circuits	<input type="checkbox"/>	Emergency
<input type="checkbox"/>	Humidity Range	<input type="checkbox"/>	Isolated Ground	Lab Equipment	
<input type="checkbox"/>	Air Filtration	<input type="checkbox"/>	Lightning Protection	<input type="checkbox"/>	Chemical Fume Hood
<input type="checkbox"/>	Filter Supply Air	<input type="checkbox"/>	Stand-By Power	<input type="checkbox"/>	Biosafety Cabinet
<input type="checkbox"/>	Filtered Exhaust Air	<input type="checkbox"/>	UPS	<input type="checkbox"/>	Incubator (OFOI)
<input type="checkbox"/>	Positive Pressure	<input type="checkbox"/>	Other	<input type="checkbox"/>	Autoclave (OFOI)
<input type="checkbox"/>	Negative Pressure	Piped Services		<input type="checkbox"/>	Environmental Room
<input type="checkbox"/>	Exhaust Devices	<input type="checkbox"/>	Domestic Water	<input type="checkbox"/>	Refrigerator (OFOI)
<input type="checkbox"/>	Chemical Fume Hoods	<input type="checkbox"/>	Cold/Potable	<input type="checkbox"/>	Freezer (OFOI)
<input type="checkbox"/>	Special Hoods	<input type="checkbox"/>	RO (OFOI)	<input type="checkbox"/>	Other
<input type="checkbox"/>	Laminar Flow Hoods	<input type="checkbox"/>	Purified Water	<input type="checkbox"/>	Large Equip. To
<input type="checkbox"/>	Exhaust Canopy	<input type="checkbox"/>	DI Water	<input type="checkbox"/>	Accommodate
<input type="checkbox"/>	Scrubbed Exhaust	<input type="checkbox"/>	Industrial Cold	Additional Items	
<input type="checkbox"/>	Special Exhaust Req.	<input type="checkbox"/>	Industrial Hot	<input type="checkbox"/>	
<input type="checkbox"/>	Noise Producing	<input type="checkbox"/>	Well/Filtered	<input type="checkbox"/>	
<input type="checkbox"/>	Heat Producing	<input type="checkbox"/>	Industrial Chilled	<input type="checkbox"/>	
<input type="checkbox"/>	Vibration Producing	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Vibration Sensitive	<input type="checkbox"/>	Lab Air (15lb) (LA)	<input type="checkbox"/>	
<input type="checkbox"/>	Isolation Requirements	<input type="checkbox"/>	Compressed Air (100psi) (A)	<input type="checkbox"/>	
<input type="checkbox"/>	Communication	<input type="checkbox"/>	Vacuum (V)	<input type="checkbox"/>	
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	Natural Gas (G)	<input type="checkbox"/>	
<input type="checkbox"/>	Voip	<input type="checkbox"/>	CO2-Local	<input type="checkbox"/>	
<input type="checkbox"/>	Data Outlets	<input type="checkbox"/>	CO20-Central	<input type="checkbox"/>	
<input type="checkbox"/>	Equipment Monitoring/Alarm	<input type="checkbox"/>	Bottle Rack	<input type="checkbox"/>	
<input type="checkbox"/>	Clock/Central	<input type="checkbox"/>	Floor Drains	<input type="checkbox"/>	
<input type="checkbox"/>	CCTV-Security	<input type="checkbox"/>	Other	<input type="checkbox"/>	
<input type="checkbox"/>	Security Monitoring	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Intruder detection	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>	Intruder detection	<input type="checkbox"/>		<input type="checkbox"/>	
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

G. Student Function Requirements

Use the area below to list all student areas that will be needed. This can include currently shared public spaces and spaces that will be required by your department only. Please list separately the public spaces and areas that will be used by your department only.

H. Additional Requirements

Use the area below to list all items that you feel are needed by your department that were not mentioned in the questionnaire.

End of Document