DGS

...ON OF REAL ESTATE SERVICES

SPACE DESIGN, PROGRAMMING
LEASE BACKGROUND, SPACE REQUIREMENTAND BASE BUILDING SURVEYS
FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

- These three questionnaires have been designed by Space Design to gather essential information for the planning of your new facility
- Space Design must have all questionnaires in order to process any space request. If information is missing on any of the questionnaires, the project will be put on hold until the information is received.
- Please ensure you indicate your backfill plans. Without this information, the request will be put temporarily on hold until we obtain it.
- For all requests, return two completed copies of this form to Space Design at the address listed on the cover letter accompanying this form
- Please type or print clearly all answer and spell all acronyms out at least once.
- Questions regarding these forms may be directed to the Assistant Director, Space Design/ Programming [redacted]
- Undoubtedly, you will require copies of many pages. We suggest you make a copy of the packet **before** you fill out the origininal.
- Please ensure that the Deputy Commissioner of your Division has read, approved and signed the space request.
- Thank you for your cooperation.

Approved By:

_____ _____

Deputy Commissioner Date

Reviewed By:

_____ _____

Space Coordinator Date

_____

Telephone Number

Project #__ _____

_____

DGS/DRES/SPACE DESIGN 5/94

NEW NEEDS 1997

- Windows
- Satellite dish
-

GENERAL INSTRUCTIONS:

A. General and Base Building Survey (M/Z/N): This section is to be filled out by the space coordinator once for the entire Group requesting the move. Please read the instructions on the cover page of this section.

B. Lease Background Survey (M/Z): This section is to be filled out once by the space coordinator if all units are under the same lease. If the units are in different locations, please fill out one lease background survey per location. Please read the cover page of this section.

C. Space Requirement Survey (M/Z/N): This section is to be filled out by each unit. Make copies of this part of the questionaire and distribute to each unit. Keep a blank copy for yourself before distribution. The space coordinator should review the answered questionaire and make the corrections, if any, before submission.

Please return all original copies with the approvals of the Deputy Commissioner and the Space Coordinator as requested.

DGS

FOR NEW NEEDS

N

Project # _____

DGS

FOR NEW NEEDS

N

1. Please supply the following information about the Agency making this request.

Agency Name: Office of Emergency Management

Agency Number:

Agency Division:

Administrative unit (s) or program (s) for which space is needed:

Executive Staff, planning and response personnel, 24hr Watch Command GIS Project Coordination, Emergency Operations Center, Press Briefing Room, Public Information Unit, Training Room, Conference Room

2. Please supply the following information about the person serving as your agency's contact for APSA throughout this project.

Name: Jerry McCarty

Title: Assistant Director

Telephone #: (212) 788-1521

3. If staff or units work currently already for the City, please list where these employees are now.

Number of People	Current Unit	Current Location
37	O.E.M.	100 Church St. 20th Floor
50 to 55		New York, NY 10007

4. Geographic Requirements:

_____	No preference	_____	Bronx
_____	Staten Island	_____	Manhattan, North of 96th Street
_____	Brooklyn	XX	Manhattan, South of 96th Street
_____	Queens		

NOTE: If you checked the last entry you must also complete the Mayor's Office of Operations "Manhattan Location Justification Form", which can be obtained by calling the Assistant Director, Environmental Services at (212) 788-1436.

We hereby certify that a completed Manhattan Justification Form was mailed to the Mayor's Office of Operations

On: _____

Today's Date: _____

Signature: _____

5. If you have a location preference, state reason and specify whether space has to be in a particular neighborhood and why:

Due to the nature of OEM operations, this Office needs to be in close proximity to City Hall, with easy access for the Mayor, commissioners and agency personnel.

6. Was this space request included in this Division's/Unit's "Citywide Statement of Needs"? Yes ___ No XX
Specify for which Fiscal Year: FY _____
If yes, attach copy of form. If no, state reason:

7. Do you expect to need the space for less than 10 years? Yes ___ No xx
If yes, indicate for how long and reason:

8. Is there a critical event by which the program must be in its new location? Yes ___ No ___
If yes, what is that event and date?

EVENT: This Office enables the Mayor, and the executive staff of City government to manage the resources and personnel of the City during an emergency. DATE: _____

DGS

GENERAL AND BASE BUILDING SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

- This section is to be filled out by the Space Coordinator once for the entire Group requesting move, expansion or new space.
- If a question does not apply to you indicate by writing N/A" for "Not applicable".

Project #_____

GENERAL AND BASE BUILDING REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

PERSONNEL SUMMARY SHEET

To be filled out by units for which a Space Requirements Survey was completed - indicate current staff numbers under curr. and 2 -year projections under "2-years". The PS budget code can be obtained from your payroll or budget office.

UNIT NAME	PERSONAL SERVICE BUDGET CODE	UNIT REPORTING TO	COMPLETE ADDRESS, FLOOR & ROOM NUMBER OF PRESENT LOCATION	NOTES CURR.	2 YRS
Office of Emergency Management		Mayor	100 Church St, 20 Floor, New York, NY	37	50-55
			TOTAL		

GENERAL AND BASE BUILDING SURVEY

DGS

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

1. What will be the business hours for this facility? 24 hours a day 7 days a week ____:AM To ____:PM

2. Is access required 24 hrs/day? Yes XX No ___
   If yes, explain: Emergency Operations and Watch Command is in operations 24 hours a day, 7 days a week

3. Is access required: 5 days xx Saturdays XX Sundays XX
   Explain: As in question #2

4. Are building services required beyond normal business hours? Yes XX No ___
   What services are needed and when? Explain:

5. Is access to a freight elevator required? Yes xx No ___
   If yes, when, how often, and what size/loading capacity is required?

6. Is a loading dock required? Yes ___ No XX
   If yes, explain (interior/exterior, how often, size):

7. Are there any special access requirements, such as separate entrance for clients and employees, ground floor access, special delivery areas or other? Yes XX No ___
   If yes, explain: The entire unit will be a secure area. Access to the EOC will be limited to a needs basis. Access to the Mayor's conference room and agency conference rooms will be equally limited.

DGS

GENERAL AND BASE BUILDING SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

8. Are there any special security requirements for your space, such as manned facility, alarm system, card access, cameras etc? Yes XX No ___
If yes, explain: Controlled access systems, and internal security system. Secure documents will be stored at the location.

9. Is a trash room and/or recycling area required? Yes X No ~~XX~~
If yes, indicate approximate size: _____
Type of Rubbish: _____

10. Do you currently provide for your own janitorial services? Yes ___ No XX
If yes, indicate staffing and storage requirements.
Staffing: _____
Storage (explain number and types of items to be stored):
Rooms will be required for computer related material, communications equipment, agency related and emergency field equipment, supplies, etc.

11. Is a telephone equipment room required? Yes XX No ___
If yes, indicate:
Size: To be determined as part of the overall design of the unit.
Equipment: _____
Preferred location: Within Unit
Special Requirements: Access must be limited and secured lines must be installed.

12. Is an HVAC room required? Yes x No ___

If yes, indicate:

Size: To Be determined as part of the overall construction and

Equipment: engineering design

Preferred location: Within the Unit

Special Requirements: ___

13. Are there any other issues affecting base building space needs? Yes XX No ___

If yes, list and explain:

Back-up generator(s) to supply the EOC, basic electrical requirements and a dedicated elevator. This would require fuel storage..

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

DGS

M/Z/N

- We need to obtain the best possible understanding of your operation as it relates to your work environment, as we will determine your needs primarily from the analysis of the information submitted on the succeeding form.
- Please be conscientious in filling out the form. It will affect the amount of space in which the pertinent units will operate.
- Please read instructions at the top of each sheet carefully before completing each page.
- The shaded areas will be completed by APSA.
- This part of the survey is to be filled out for each unit. You will undoubtedly require more questionnaires. Please determine your needs and make your own copies **before** filling out this original.
- Please attach organization charts of units involved to both OMB and DGS and floor plans of your existing space to DGS only.
- Indicate the unit head who can be contacted in regard to questions pertaining to this form.

Name: Jerry McCarty

Title: Assistant Director

Unit: Office of Emergency Mnagement

Telephone: (212) 788-1521

Project #_____

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

1. EXTERNAL ADJACENCIES FORM

The following questions explore the working relationship of your "Unit" to other sections within your department or agency

1. What are the normal business hours for this unit? 24 hours a day 7 days a week AM ___ PM ___

2. Is access required 24 hrs/day? Yes ___ No ___
If yes, explain.

Emergency Operations on a 24 hour and 7 day a week basis.

3. Is access required 5 days xxx Saturdays xx Sundays xx
If access is required beyond regular working hours, state unit name, number of staff needing access and indicate week-end hours:

All members of OEM and those individuals necessary for an EOC activation

4. Are building services (ie. HVAC, security) required beyond normal business hours? If yes, explain. Yes xx No ___

OEM is a 24 hour and 7 day operation

5. List, in descending order of importance, those sections and support areas within your department or agency that this unit should be located near in order to operate effectively. Briefly explain your reasons. Indicate by letter code whether adjacency is....
(E) - Essential or **(C)** - Convenient

Unit or Support Area	Code	Explanation
1. Watch Command	E	Monitor's City's activities
2. Emergency Operations Center	E	City's Command & Control Center
3 Mayor's Office, Conf, Press	E	Mayor's Alternative Offices
4. Two Public Informtion Units	E	City's Emergency Information
5. Administrative Offices	E	Director and Staff Personnel
6. Support and Supplies	C	Self-Explanatory

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

2. INTERNAL ADJACENCIES FORM

The following questions are to acquaint us with your "Unit", to give us a general understanding of the work that is performed by your staff, and to indicate the most logical arrangement of people and equipment within your "Unit".

1. Briefly summarize the overall function of your Unit.

Provides the on-scene coordiantion at all emergency incidents that requires a multi-agency response. Coordinate all planning efforts for threats to New York City, natural, technological or man made.

2. Will there be major additions or changes to the unit responsibilities over the next 5 years? Yes XX No ___
If yes explain.

Staffing is anticipated to reach the levels detailed

3. Briefly describe the flow or work through your unit or attach a flow chart.

The scope and degree of work stems from the Mayor's Executive Order.

4. What would be the ideal adjacencies, proximities and working relationships within your unit.

That all elements of this Office are situated in one location.

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

3. PERSONNEL FORM

- List all current authorized staff positions in your section (whether presently filled or vacant) by name, office title and civil service title under "CURR", all electric and non-electric equipment, as well as any special requirements within a workstation or a private office.
- Indicate your staffing projections for 2 years from now by office title and civil service title in column headed "2 yrs".
- Group all positions according to desired internal adjacency requirements, such as "Supervisor" followed by people supervised.
- Certain columns only need to be marked with an affirmative "X" or left blank. I.e. if an employee is part-time, place an "X" in that column or leave it blank if the employee is not part-time.
- Please use the following codes for the "Equipment Column":

  W – Agency Word Processing System
  PC – Personal Computer
  P – Printer
  M – Modem
  G – General for Typewriter, Tasklight, etc.

- Under "Special Requirements" indicate any special conditions or equipment such as safes, desk copiers, special storage requirements, etc.
- See pages 5, 6 and 7, "Work Space Types", to fill out this column.
- The column headed "Temp", is for temporary employees. Mark "X" if the employee is temporary. Place an "X" under "telephone single - or multiline" and "computer/LAN" (Local Area Network) or "mainframe" if they apply to that employee.

DGS

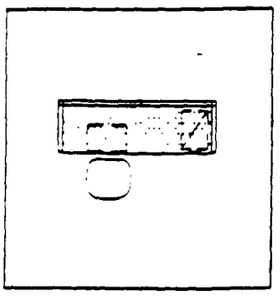
SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

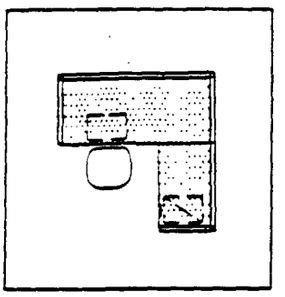
M/Z/N

WORK SPACE TYPES

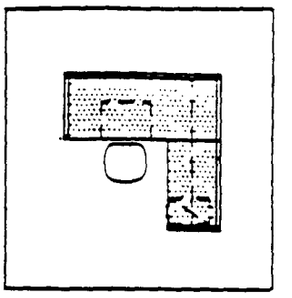
When indicating the work space type, please choose the configuration that most accurately describes the furnishings necessary to efficiently and effectively do your jobs (not necessarily the furnishings you currently have).



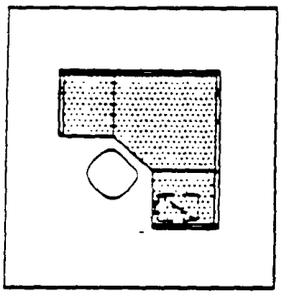
A
FIELDWORKER



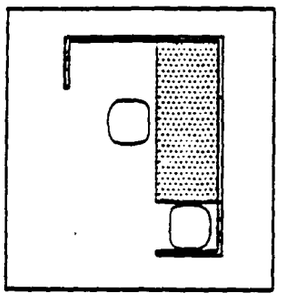
B_1
CLERICAL



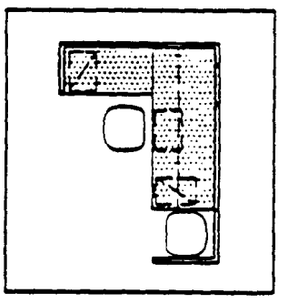
B_2
CLERICAL
WITH ADDED
STORAGE



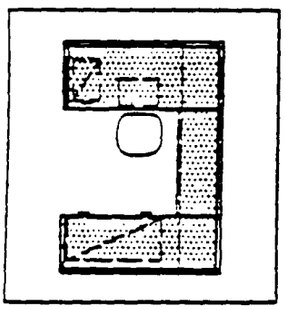
B_3
DATA ENTRY/
WORD PROCESSING



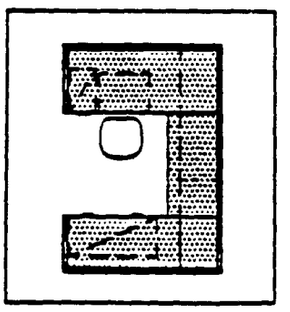
C_1
INTERVIEW
STATION



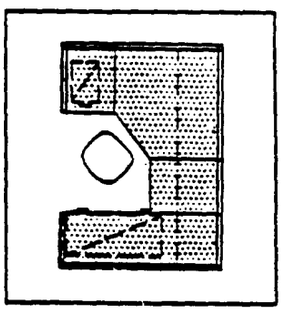
C_2
PERSONAL
WORKSTATION WITH
INTERVIEW SPACE



D_1
SECRETARY



D_2
PROFESSIONAL/
ANALYST



D_3
PROFESSIONAL/
ANALYST/WITH
VDT/TOP

SPACE REQUIREMENTS SURVEY

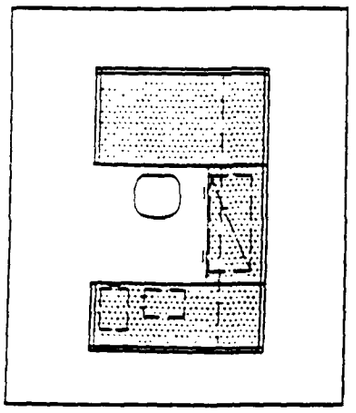
DGS

FOR MOVES, EXPANSIONS AND NEW NEEDS

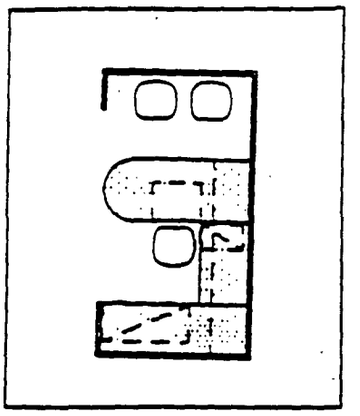
M/Z/N

WORK SPACE TYPES

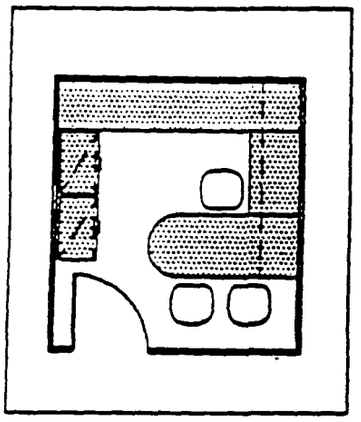
When indicating the work space type, please choose the configuration that most accurately describes the furnishings necessary to efficiently and effectively do your jobs (not necessarily the furnishings you currently have).



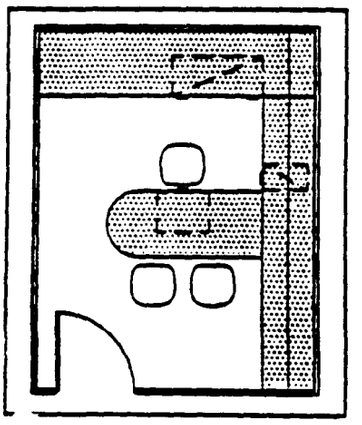
E
ARCHITECT/ENGINEER



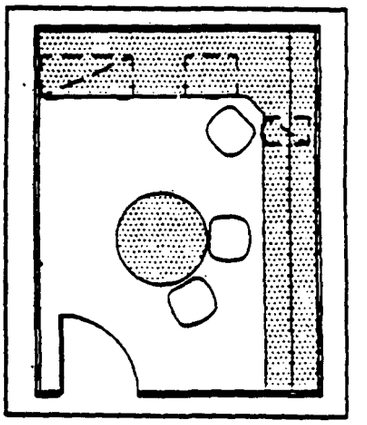
F
SUPERVISOR/
DEPUTY/ASSISTANT
DIRECTOR



G
ATTORNEY



H_1
MANAGER/DIRECTOR
LAYOUT A



H_2
MANAGER/DIRECTOR
LAYOUT B

DGS

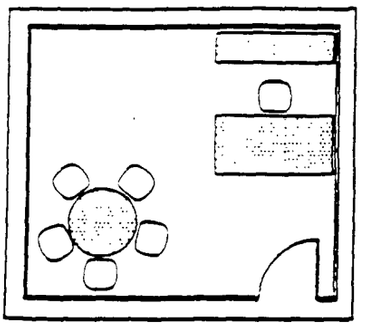
SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

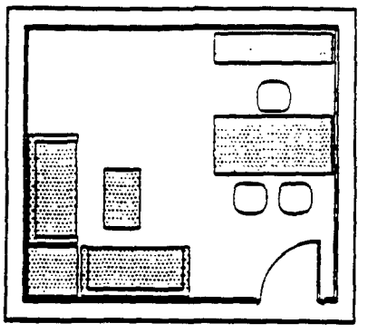
M/Z/N

WORK SPACE TYPES

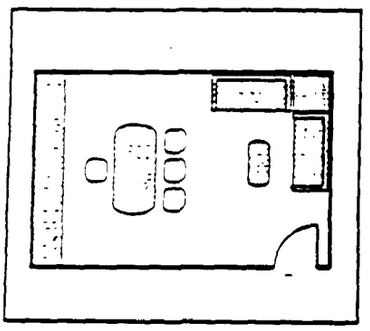
When indicating the work space type, please choose the configuration that most accurately describes the furnishings necessary to efficiently and effectively do your jobs (not necessarily the furnishings you currently have).



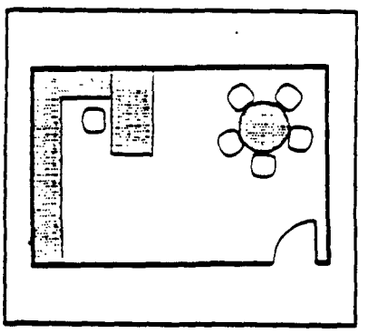
I_1
ASSISTANT COMMISSIONER
OR EQUIVALENT–LAYOUT A



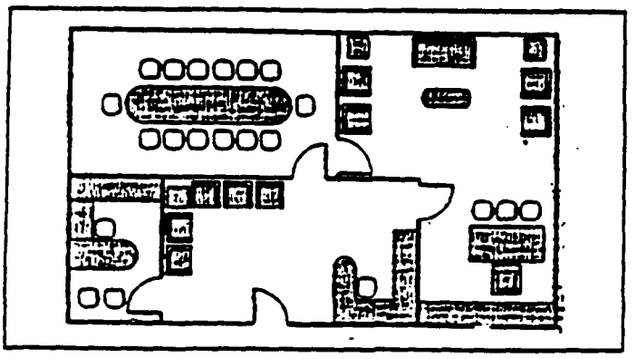
I_2
ASSISTANT COMMISSONER
OR EQUIVALENT–LAYOUT B



J_1
DEPUTY COMMISSIONER
OR EQUIVALENT–LAYOUT A



J_2
DEPUTY COMMISSIONER OR
EQUIVALENT–LAYOUT B



K
SUITE FOR
COMMISSIONER,
SECRETARY, EXEC. ASST.

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

bathroom **3. PERSONNEL FORM**

NAME	OFFICE TITLE	CIVIL SERVICE TITLE	CURR	2 YRS	PART TIME	TEMP	WORK-SPACE TYPE	TELEPHONE SINGLE	TELEPHONE MULTI	EQUIP-MENT	COMPUTER LAN	COMPUTER OTHER (FAX)	SPEC REQUIREMENTS
Jerome Hauer	Commissioner	N/A	X	X			K		X	PC,M	X		P, FAX
Michael Byrne	1 Deputy Dir	N/A	X	X			J2		X	PC,M	X		P, FAX
William Negel	Asst. Dir	N/A	X	X			I1	X	X	PC	X		
Gerard McCarty	Asst. Dir	N/A	X	X			I1	X	X	PC,M	X		
Bruce Brodoff	Asst. Dir	N/A	X	X			I2	X	X	PC,M	X		P, FAX
Steven Kuhr	Special Projects	N/A	X	X			H2	X	X	PC,M	X		
Sal Lifrieri	Planner/Security	N/A	X	X			H1	X	X	PC,M	X		P, FAX
Barney Puleo	Budget Officer	N/A	X	X			H1	X	X	PC,P	X		
Bruce Butt	Planner/Aid	N/A	X	X			D3		X	PC	x		
Sabrina Askew	Office Manager	N/A	X	X			D2		X	PC	X		
Lillian Jacobs	Executive Sect.	N/A	X	X			D1		X	PC	X		
Robert Wilson	Planner/Respond	N/A	X	X			D3		X	PC	X		
Joseph Buono	Planner/Responder	N/A	X	X			D3		X	PC	X		
James Ellson	Planner/Responder	N/A	X	X			D3		X	PC	X		
James DiCostanza	Planner	N/A	X	X			D3		X	PC	X		

TOTAL

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

3. PERSONNEL FORM

NAME	OFFICE TITLE	CIVIL SERVICE TITLE	CURR	2 YRS	PART TIME	TEMP	WORK-SPACE TYPE	TELEPHONE SINGLE	TELEPHONE MULTI	EQUIPMENT	COMPUTER LAN	COMPUTER MAIN-FRAME	SPECIAL REQUIREMENTS	SPACE REQ
Larry Knafo	GIS Coord.	N/A	X	X			D3	X OK		PC,M	X			
Kevin Smith	Planner	N/A	X	X			D3	X		PC,M	X			
Dennis Honor	Planner/Responder	N/A	X	X			D3	X		PC	X			
Dennis McDonald	Planner	N/A	X	X			D3	X		PC	X			
Gary Hearn	Planner	N/A	X	X			D3	X		PC	X			
Calvin Drayton	Planner	N/A	X	X			D3	X		PC	X			
Cosmo Zingaropoli	Planner	N/A	X	X			D3	X		Pc	X			
Casey Tinnesz	Planner	N/A	X	X			D3	X		PC,M	X		P, FAX	
Sean Waters	Planner	N/A	X	X			D3	X		PC,M	X			
Jeffrey Armstrong	Super. Watch Com	N/A	X	X			D3	X		PC	X			
Vacant till 8/96	Secretary	N/A	X	X			D1	X		PC	X		P, FAX	
Vacant till 8/97	Planner	N/A	X	X			D3	X		PC	X			
Vacant till 8/97	Planner	N/A	X	X			D3	X		PC	X			
Vacant till 8/97	Planner	N/A	X	X			D3	X		PC	X			
Vacant till 8/97	Planner	N/A	X	X			D3	X		PC	X			

OK

TOTAL

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

Conf rooms x 25p.
Press room (40/50p.)
Off. Sleeping
Toilet
Staff room.

3. PERSONNEL FORM

NAME	OFFICE TITLE	CIVIL SERVICE TITLE	CURR	2 YRS	PART TIME	TEMP	WORK-SPACE TYPE	TELEPHONE SINGLE	TELEPHONE MULTI	EQUIP-MENT	COMPUTER LAN	COMPUTER MAIN-FRAME	SPECIAL REQUIREMENTS
Mayor		N/A	X	X			K		X	PC,M	X		**
Commissioner	NYFD	N/A	X	X			Conf Rm		X	PC	X		P, FAX
Commissioner	FDNY	N/A	X	X			Conf Rm		X	PC	X		P, FAX
Commissioner	OTHER	N/A	X	X			Conf Rm		X	PC	X		P, FAX
Mayor support (staff.)													
Watch Commanders (10 people)													
1 Receptionist													

TOTAL

** Secure Communications Equipment

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

DGS

M/Z/N

4. COMMON AREA FURNISHINGS FORM

- List only those items which are **not** included within individual workstations or in private offices. Files and equipment within offices/workstations should **not** be included.
- List all items that take up floor space in your unit outside of individual offices/workstations
- If this unit shares any common area furnishings, indicate name of unit they share it with under "Unit".
- Under "Type", please fill out as follows:
  O - Open area
  P - Fully enclosed room

Equipment	Unit	Number Req'd	Type	Size W	Size D	Size H	Space Required
A. Ver. Files (letter)	O.E.M.	6	P	—	N/A	—	
B. Ver. Files (legal)		4		—	N/A	—	
C. Lateral Files 30" x 18"				—	N/A	—	
36" x 18"				—	N/A	—	
42" x 18"		22	O/P	—	N/A	—	
D. Plan File							
E. Check/Microfiche Files							
F. Book Shelves		40	O/P				
G. Counter/Worktop		4	P				
H. Tables		10	O				
I. Tape Racks		10	P				
K. Other Special Furnishings - List:							
						TOTAL	

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

5. ELECTRICAL & COMPUTER EQUIPMENT FORM

- List only those items that are **not** included within individual workstations or in offices. Any items already appearing in form "3. Personnel" should not be included.
- Under "Type", please fill out as follows:

  O - Open area

  ɔ - Fully enclosed room

- If this unit shares any electrical or computer equipment, indicate name of unit they share it with under "Unit".
- Under "Special HVAC" consider the need for your computer systems.

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

ELECTRICAL & COMPUTER EQUIPMENT FORM

EQUIPMENT	UNIT	NUMBER REQ	TYPE	SIZE M	SIZE D	SIZE H	AMP	VOLTS	SPECIAL HVAC	MANUFACTURER	MODEL NAME & NUMBER	SPACE REQ
P.C.	OEM	120										
Docu Copy Machine	OEM	2										
Copy machine	OEM	6										
Printers	OEM	10										
Color Priners	OEM	4										
Scanners	OEM	4										
Color Copy Mach	OEM	2										
Plotters	OEM	1										
FAX Machine	OEM	4										
												TOTAL

SPACE REQUIREMENTS SURVEY

DGS

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

6. AUXILIARY SPACE NEEDS FORM

- Under "Yes" or "No" indicate whether such an area is required.
- Under "#. Req." indicate number required if more than one.
- Answer specific questions from "Question" column pertaining to these areas, in the "Answer" column.
- List any and all specific equipment and/or requirements for these areas in the "Equipment Required" column (ex. projection screen, brochure stand, bookshelves etc.).

Emergency Operations Center - projection screen, projectors,audio-visual
Public Information Unit/ Training Room - projectors and screens
Press Room ← box in room off street for TV news (TV cameras can plug-in from street)
Watch Command
Agency Conference Rooms
Main Copier Room
Copier Room for EOC
Storage Room for communications equipment
Storage room for computer equipment
Storage room for field equipment
Storage room for office supplies
Audio-visual control room
Kitchen
Break Room/ Lunch Room
Bunk Rooms (male/female)
Additional Restrooms and facilities
Rear Screen projection room
Secure closet at Commissioner's (?)
Radio room
VPG room
Antenna

* Agency to develop details

DCS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

AUXILIARY SPACE NEEDS FORM (PAGE 1 OF 5)

	Questions	Answers	Equipment Required	Space Req
Conference/ Meeting Room PIO Yes XX No ____ # Req ____	Frequency and length of meetings.	Twice Daily 1-2 hours	Chairs, tables, audio-visual	
	Number of people in meetings?	20-40, up to 70 people		
	If room can be shared, indicate which Dept./Unit it can be shared with.	N/A		
Reception Area (to office space) Yes XX No ____ # Req ____	Can it be a general Reception serving entire floor?	Yes		
	Does it have to be a Reception for your unit?	Yes		
	Can it be shared and if so indicate Unit it can be shared with?	No		
	Indicate number of visitors per day.	20-40, up to 70 people ←	who are they? office area?	
Waiting Area (to services) Yes ____ No XX # Req ____	Will space be needed for long lines of clients?	(No) ?		
	How many clients visit the site daily?	N/A		
			TOTAL	

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

AUXILIARY SPACE NEEDS FORM (PAGE 2 OF 5)

	Questions	Answers	Equipment Required	Space Req
Waiting Area (lo services) Yes ____ No XX # Req ____	How long do clients remain in waiting area?	N/A		
	For how many people does seating have to be provided for at any time?	N/A		
Work Area (Sorting, collating or other) Yes xx No ____ # Req ____	How and how often is this utilized?	Daily	Tables, chairs, cabnets	
	Can this area be shared and if so, indicate unit it can be shared with.	No		
Library Yes XX No ____ # Req ____	Indicate number and sizes of bookshelves.	20-36x12x72	tables,chairs,copy machine	
	Indicate whether work area is required and what equipment will be needed.			
Kitchen Yes xx No ____ # Req ____			Sink, refrigirator,tables chairs, microwave,stove for 25-30 people. food cabinets? (airline type)	
				TOTAL

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

AUXILIARY SPACE NEEDS FORM (PAGE 3 OF 5)

	Questions	Answers	Equipment Required	Space Req
Lunch Room Yes XX No ____ # Req ____	Indicate for how many people sit-down space is required (Please note that lunch rooms are allocated based on location and program function)	20-30	Chairs, tables, vending machines, water cooler.	
Hearing Room Yes ____ No XX # Req ____	Types of Hearings			
	Number of people attending the hearings			
	Frequency and length of hearings.			
Storage Room Yes XX No ____ # Req ____	Items stored, dimensions & quantity.	Computer, communications, field equipment & supplies	The min. of 4 rooms with tables, shelves & cabnets.	
	Can this room be shared with another unit?			
Computer Room Yes XX No ____ # Req ____	Please refer to form "5. Electrical & Computer Equipment" page 11.	Please see from #5		
	If a tape library is required, refer to form "4. Common Area Furnishings", page 9.			
			TOTAL	

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

AUXILIARY SPACE NEEDS FORM (PAGE 4 OF 5)

	Questions	Answers	Equipment Required	Space Req
Central File Room Yes XX No ____ # Req ____	Indicate sizes, number and types of cabinets	10-15, fireproof, locking 42X18, limited access area	tables, chairs	
Mail Room Yes ____ No XX # Req ____	List equipment, electrical requirements and dimensions			
	If mail room can be shared, indicate units it can be shared with			
Locker Rooms Yes ____ No XX # Req ____	Indicate number of male and female lockers required			
Muster Room Yes ____ No XX # Req ____	Times of day in use			
	Number of people mustering			
	Can this room be combined with another function?			
			TOTAL	

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

AUXILIARY SPACE NEEDS FORM (PAGE 5 OF 5)

	Questions	Answers	Equipment Required	Space Req
Shower Facilities Yes XX No ____ # Req ____	Number of male and female showers required.	2 - male 2 - female		
Warehousing (Basement or off-site) Yes ____ No XX # Req ____	List types of items, dimensions, quantity			
	Do the items have to be stored within your space/ building/vicinity? Specify.			
	How many square or cubic are required?			
Restrooms Yes XX No ____ # Req ____	If restrooms in addition to regular requirements are needed, indicate how many male/female restrooms and function to which this requirement relates.	1 - male 1 - female During an activation of EOC up to 200 people would be on the floor		
Any Other Facility	EOC PIU Room Watch Command Mayor's Facilities Agency Conf Rooms Bunk Rooms	up to 125 people up to 50 people 6 people 6 males - 6 females		
			TOTAL	

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

AUXILIARY SPACE NEEDS FORM (PAGE 5 OF 5)

	Questions	Answers	Equipment Required
Shower Facilities Yes ____ No ____ # Req ____	Number of male and female showers required.		
Warehousing (Basement or off-site) Yes ____ No ____ # Req ____	List types of items, dimensions, quantity		
	Do the items have to be stored within your space/ building/vicinity? Specify.		
	How many square or cubic are required?		
Restrooms Yes ____ No ____ # Req ____	If restrooms in addition to regular requirements are needed, indicate how many male/female restrooms and function to which this requirement relates.		
Any Other Facility	Break/Lunch Rooms Copy Rooms Storage Rooms Kitchen		
			TOTAL

DGS

SPACE REQUIREMENTS SURVEY

FOR MOVES, EXPANSIONS AND NEW NEEDS

M/Z/N

7. SPECIAL REQUIREMENTS/MISCELLANEOUS/COMMENTS

1. Does your unit, or any part of it require a special security system (camera, guard, code lock)? Yes XX No ___

If yes, explain:

Unit will have access control, limited movement within the unit such as the EOC and other sensitive areas. Cameras will be employed out-side of the unit as well as inside. A security package will be developed.

2. Are there any special design requirements for your space? Yes XX No ___

If yes, explain:

The unit must be self-contained with a redundancy of basic utilities and communications.

3. Do you anticipate technological developments in your unit/agency such as new computer system, LAN (Local Area Network) system, new telephone system? Yes XX No ___

If yes, explain:

All telecommunications and information systems will be developed in conjuction with the design and construction of the entire unit.

What will be the effects of these developments, if any, on your unit/agency:

N/A

4. Does you agency have funds budgeted for the monthly telephone charges? Yes ___ No XX

7. SPECIAL REQUIREMENTS/MISCELLANEOUS/COMMENTS

5. If your agency pays the telephone bills for the program, please have your telephone coordinator supply the following information about the program (refer to phone bill):

Main telephone number: (212) 442-9260

Customer ID number: N/A

6. Do you anticipate new furniture needs? Yes XX No ___

If yes, which will you need?

- Casegoods/Freestanding furniture XX
- Systems Furniture XX