

UNIVERSITY *of* WISCONSIN
LA CROSSE

WITTICH HALL RENOVATION

ROOM DATA SHEETS
APPENDIX 4

DFD Project No. 14120

FINAL DRAFT

November 1, 2016



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TABLE OF CONTENTS

- A. DEPARTMENTAL OFFICES – 2ND FLOOR
- B. DEPARTMENTAL OFFICES – 3RD FLOOR
- C. DEAN'S OFFICE
- D. SBDC
- E. MISC. INSTRUCTIONAL / SUPPORT SPACES
- F. TEACHING LABORATORIES
- G. MEP SPACES

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SECTION A - DEPARTMENTAL OFFICES - 2ND FLOOR

Room Data Sheet

Wittich Hall Remodel	11/1/2016	80 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	ADA		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Academic Department Associate Workstation			
Room Adjacencies:	Department Chair Office, Student Worker, Workroom, Reception			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Frame: AL <input checked="" type="checkbox"/> Wood <input checked="" type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input checked="" type="checkbox"/> Solid surface window sills <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input checked="" type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:
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Additional Build-out Information: ADA area to be enclosed with aluminum framed glazing system integrated with desk construction; provide sliding aluminum window (approx.. 5' wide) at transaction surface

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable (of Reception) Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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User Representative Date

UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	60 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Departmental – 2nd Floor	Adjunct Faculty Office	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Adjunct Faculty Office

Room Adjacencies: Enter required adjacencies

Number of Occupants: 1 Occupant	Special Ceiling Height:	Fire Rating: None.	Special/ Hazardous Room Conditions:
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Finishes and Materials

Floor / Base:		Walls:	
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input checked="" type="checkbox"/> Solid surface window sills
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Concrete Masonry
<input type="checkbox"/> Other:		<input type="checkbox"/> Glass	
Ceiling:		Wall Finishes:	
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Mylar faced tile	<input checked="" type="checkbox"/> Latex Paint, no VOC	
Fine Fissured tile		<input type="checkbox"/> Epoxy Paint	
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Vinyl Wall Covering	
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other: Other text	<input type="checkbox"/> Other:	
Doors / Frame:			
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass	<input type="checkbox"/> Acoustic Seals	<input checked="" type="checkbox"/> Frame: HM
<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Closer	<input checked="" type="checkbox"/> Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired

Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	illumination:	Lighting Controls:			
Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System

Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 135 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Departmental – 2nd Floor Chair's Office First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Department Chair Office

Room Adjacencies: Academic Department Associate Workstation, Student Worker, Department Entrance

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
 120V 4
 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
- llumination:**
 Primary LED
 Fluorescent
 Wall Washer
 Task Lighting
 Industrial Fluorescent
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Storage		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Department Storage			
Room Adjacencies:	No adjacency requirements			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None	None	

Finishes and Materials

<p>Floor / Base:</p> <input checked="" type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall
<p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other:	<p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:
<p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Frame: HM	

Additional Build-out Information:	Storage room walls up to underside of 3 rd floor slab
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI							

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: 100 PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Exhaust <input type="checkbox"/> Other:
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Comments: _____

Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/>	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: _____

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																							
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>																							

Comments: _____

Communications

Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 120 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Departmental – 2nd Floor Faculty Office First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Faculty Office

Room Adjacencies: Enter required adjacencies

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted
 Exposed / Painted Other: Other text Vinyl Wall Covering
 Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase #
- 208V – 3 Phase #
- 480V – 3 Phase #
- Illumination:**
 Primary LED
 Fluorescent
 Wall Washer
 Task Lighting
 Industrial Fluorescent
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	100 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Reception		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Reception			
Room Adjacencies:	Student Worker, Academic Department Associate Workstation			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
2-4 Occupants		None		

Finishes and Materials

Floor / Base:	Walls:	<input type="checkbox"/> Solid surface window sills
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Gyp Board	
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Concrete Masonry	
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Glass	
<input type="checkbox"/> Other:	Wall Finishes:	
Ceiling:	<input type="checkbox"/> Latex Paint, no VOC	
<input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Epoxy Paint	
Fine Fissured tile	<input type="checkbox"/> Vinyl Wall Covering	
<input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other: Other text	
<input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text	<input type="checkbox"/> Other:	
Doors / Frame:	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass
<input type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Acoustic Seals
	<input type="checkbox"/> Closer	<input type="checkbox"/> Frame: HM
		<input type="checkbox"/> Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments:

Electrical

Power Service:	illumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V 4 <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

User Representative

Date

UW LaCrosse Representative

Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	100 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Resource	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Resource Area			
Room Adjacencies:	Enter required adjacencies			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None	None	

Finishes and Materials

Floor / Base:
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet / Cpt Base
 Sealed Concrete / 4" Vinyl Base
 Other: [Click or tap here to enter text.](#)

Walls:
 Gyp Board
 Cement Board
 Concrete Masonry
 Other: Other wall

Ceiling:
 2x2 Reveal Edge – Fine Fissured tile
 Mylar faced tile
 Gyp Board / Painted
 Exposed / Non-painted
 Exposed / Painted
 Other:

Doors:
 Hollow Metal
 Wood
 Half Glass
 Vision Panel
 Acoustic Seals
 Closer
 Frames: HM
 Epoxy Paint
 Vinyl Wall Covering
 Other:

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: Floor load PSF
- New Floor Construction
- Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator
- Significant Noise/ Vibrational Sensitivity
- Visual Privacy Required
- Views Desirable
- Natural Light Desired
- Avoid Natural Light

HVAC

Temperature / Relative Humidity:
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification

Air Flow / Changes:
 Not Critical
 Monitored
 Positive
 Negative

Air Quality / Exhaust:
 # AC per hour (occupied)
 # AC per hour (unoccupied)
 Double Positive
 Double Negative

Comments: _____

Plumbing

Fixtures / Features:
 Shower
 Sink
 Stainless Steel
 Single Bowl
 Drop-in
 Water Closet
 Floor mounted
 Integral Solid Surface
 Double Bowl
 Wall Mounted
 Wall Mounted

Services:
 Potable Water.....
 Process Water.....
 Steam.....
 Glycol Chilled Water Loop
 Hot
 Hot
 Plant
 Local

Wastes:
 Floor Drain
 Domestic Sewer

Comments: _____

Electrical

Power Service:
 Type Qty Normal Standby
 120V #
 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
 Other #

Power Supply Features:
 Filtering.....
 UPS System.....
 GFCI Outlets.....
 Dedicated Circuits:
 Emergency Power:
 Other:

Panel **Local**
 Building Local
 Plant Local

Illumination:
 Primary LED
 Fluorescent
 Wall Washer
 Task Lighting
 Industrial Fluorescent
 55-60 FC or other:
 Multi-Level Control
 Occupancy Sensor
 Daylight Sensor

Comments: _____

Communications

- Data Connections
 - Telephone Connections
 - WAP's
 - Clocks
 - Intercom System
 - Public Address System
- Comments: Campus provide and install WAP's

Fire Protection

Potential Fire Hazards:
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.

Sprinkler System Type:
 Wet Pipe
 Dry Pipe
 Pre-Action
 Halon Equivalent

Detection Methods:
 Smoke Detector
 Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	35 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Student Worker	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Student Worker			
Room Adjacencies:	Academic Department Associate Workstation, Reception, Department Chair Office			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

Floor / Base:	Walls:
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Gyp Board <input type="checkbox"/> Solid surface window sills
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Concrete Masonry
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Glass
<input type="checkbox"/> Other:	Wall Finishes:
Ceiling:	<input type="checkbox"/> Latex Paint, no VOC
<input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Epoxy Paint
Fine Fissured tile	<input type="checkbox"/> Vinyl Wall Covering
<input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other:
<input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text	
Doors / Frame:	
<input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Frame: HM	
<input type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input type="checkbox"/> Sidelight	

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	illumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V 4 <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

User Representative

Date

UW LaCrosse Representative

Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	varies	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Hallway		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function: Suite Circulation				
Room Adjacencies: None				
Number of Occupants: 0 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input type="checkbox"/> Frame: HM <input type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Solid surface window sills <input type="checkbox"/> Wood Paneling <input checked="" type="checkbox"/> Tackable Surface <input type="checkbox"/> Other:
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Additional Build-out Information:	
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
None								

*Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table style="width:100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall</p>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>llumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments:

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	35 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Departmental – 2nd Floor	Testing Carrel	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Testing Carrel

Room Adjacencies: None

Number of Occupants: 1 Occupant	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:
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Finishes and Materials

Floor / Base:		Walls:	
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Gyp Board	<input type="checkbox"/> Solid surface window sills
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Concrete Masonry
<input type="checkbox"/> Other:		<input type="checkbox"/> Glass	
Ceiling:		Wall Finishes:	
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Latex Paint, no VOC	<input type="checkbox"/> Epoxy Paint
Fine Fissured tile			
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Vinyl Wall Covering	
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other: Other text	<input type="checkbox"/> Other:	
Doors / Frame:			
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass	<input type="checkbox"/> Acoustic Seals	<input type="checkbox"/> Frame: HM
<input type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Closer	<input type="checkbox"/> Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Seating	OFOI	1						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None

New Floor Construction

Ceiling Mounted Equipment

Comments: _____

Environmental

Significant Noise / Vibrational Generator

Significant Noise/ Vibrational Sensitivity

Visual Privacy Required

Views Desirable

Natural Light Desired

Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical	<input type="checkbox"/> # AC per hour (occupied)
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored	<input type="checkbox"/> # AC per hour (unoccupied)
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive	<input type="checkbox"/> Double Positive
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative	<input type="checkbox"/> Double Negative
Comments: VAV's – (3) Offices to a zone, corner offices on separate zone		

Electrical

Power Service:	Illumination:	Lighting Controls:
Type	Qty	Normal
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/> Primary LED
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/> Standby
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/> Fluorescent
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/> Wall Washer
Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall		

Communications

Data Connections

VOIP

WAP's

Clocks

Intercom System

Public Address System

Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe	<input checked="" type="checkbox"/> Smoke Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe	<input type="checkbox"/> Heat Detector
	<input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
	<input type="checkbox"/> Halon Equivalent	

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 2nd Floor	Workroom	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Document preparation, printing, binding; refrigerator and sink for Department			
Room Adjacencies:	ADA, Student Worker			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base: <input checked="" type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	Walls: <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall Wall Finishes: <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text	Casework: <input type="checkbox"/> Fixed <input type="checkbox"/> Portable <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Plam <input type="checkbox"/> Other: other Countertop: <input checked="" type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: Other text Wall Cabinets / Shelving: <input type="checkbox"/> Open <input type="checkbox"/> Swing Doors <input type="checkbox"/> Sliding Doors <input type="checkbox"/> Adjustable <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Plam
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Microwave	CFCI	1						
Under Counter Ref.	CFCI	1						
Mailboxes	CFCI	As req'd						
Copier(s)	OFOI	1						Two for larger departments
Large Waste Bin – shred	OFOI	1						
Waste Bin – trash	OFOI	1						
Waste Bin – recycle	OFOI	1						
Seating	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity: <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	Air Flow / Changes: <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	Air Quality / Exhaust: <input type="checkbox"/> Filtered Supply <input checked="" type="checkbox"/> Exhaust <input type="checkbox"/> Other: Other
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Comments: _____

Plumbing

Fixtures / Features: <input type="checkbox"/> Shower <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input checked="" type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	Services: <input checked="" type="checkbox"/> Potable Water..... <input checked="" type="checkbox"/> Hot <input checked="" type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop	Wastes: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: No Disposal in Sink

Electrical

Power Service: Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	Power Supply Features: <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local <input checked="" type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input checked="" type="checkbox"/> Dedicated Circuits: for copiers <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	Illumination: <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55–60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: _____

Communications

Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards: <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	Sprinkler System Type: <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	Detection Methods: <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

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SECTION B - DEPARTMENTAL OFFICES - 3RD FLOOR

Room Data Sheet

Wittich Hall Remodel	11/1/2016	80 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Departmental – 3rd Floor	ADA	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Academic Department Associate Workstation

Room Adjacencies: Department Chair Office, Student Worker, Workroom, Reception

Number of Occupants: 1 Occupant
 Special Ceiling Height:
 Fire Rating: None
 Special/ Hazardous Room Conditions:

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Wall Finishes:

- Latex Paint, no VOC
 Epoxy Paint

Additional Build-out Information:	ADA area to be enclosed with aluminum framed glazing system integrated with desk construction; provide sliding aluminum window (approx.. 5' wide) at transaction surface;
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable (of Reception) Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc. Wet Pipe Pre-Action
 Explosive Materials: Material Desc. Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	135 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 3rd Floor		Chair's Office	First, Last Name	Phone Number
Department / Group Name		Room Name	Contact, Phone	
Room Function: Department Chair Office				
Room Adjacencies: Academic Department Associate Workstation, Student Worker, Near department entrance				
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input checked="" type="checkbox"/> Solid surface window sills <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input checked="" type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Other: Wood-framed dust cap per building sys. desc.
<p>Ceiling:</p> <input type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text	<p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Frame: AL <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Sidelight

Additional Build-out info:	Third Floor Location; Extend walls to the bottom chord of trusses and insulate / build dust cap beneath bottom chord of trusses / full height glass wall along corridor(s)
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Comments: Verify existing floor loading with file requirements

Environmental

<input type="checkbox"/> Significant Noise / Vibrational Generator	<input type="checkbox"/> Visual Privacy Required	<input checked="" type="checkbox"/> Natural Light Desired
<input checked="" type="checkbox"/> Significant Noise/ Vibrational Sensitivity	<input type="checkbox"/> Views Desirable	<input type="checkbox"/> Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
Comments: VAV's – (3) Offices to a zone, corner offices on separate zone		

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall																						

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System

Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative Date

UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 3rd Floor	Storage		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function: Department Storage				
Room Adjacencies: No adjacency requirements				
Number of Occupants: 0 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

<p>Floor / Base:</p> <input checked="" type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall
<p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted	<p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text
<p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Frame: HM <input type="checkbox"/> Closer

Additional Build-out Information:	Storage room walls up to underside of roof deck at this location (Accountancy, 3 rd floor, 1930 wing)
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: 100 PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Exhaust <input type="checkbox"/> Other: Other
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Comments: _____

Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/>	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: _____

Electrical

<p>Power Service:</p> Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: _____

Communications

Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 3rd Floor	Faculty Office	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Faculty Office			
Room Adjacencies:	None			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input checked="" type="checkbox"/> Other: Other text <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Frame: HM <input checked="" type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Solid surface window sills <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Other: Wood Framed dust cap per building sys. desc.
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Additional Build-out Information:	Third Floor Location; Extend walls to the bottom chord of trusses and insulate / build dust cap beneath bottom chord of trusses / full height glass wall along corridor(s)
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Comments: Verify existing floor loading with file requirements

Environmental

<input type="checkbox"/> Significant Noise / Vibrational Generator	<input type="checkbox"/> Visual Privacy Required	<input checked="" type="checkbox"/> Natural Light Desired
<input checked="" type="checkbox"/> Significant Noise/ Vibrational Sensitivity	<input type="checkbox"/> Views Desirable	<input type="checkbox"/> Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> Monitored <input type="checkbox"/> Positive <input type="checkbox"/> Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Double Positive <input type="checkbox"/> Double Negative
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System

Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 60 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Departmental – 3rd Floor Grad Student First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Grad Student Workstation

Room Adjacencies: Locate near other open workstations; Grad Student

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer Sidelight
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint

Additional Build-out information	Open workstations within departmental suites; ceilings to match suite circulation; Systems furniture or partial height partitions surrounding work area
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase #
- 208V – 3 Phase #
- 480V – 3 Phase #
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments:** Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	100 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 3rd Floor	Reception		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Reception			
Room Adjacencies:	ADA, Student Worker, Department Chair, Suite Circulation, near department entry			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
2-4 Occupants		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input checked="" type="checkbox"/> Other: Carpet tile area rug <p>Ceiling:</p> <input type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Frame: HM <input type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input checked="" type="checkbox"/> Solid surface window sills <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input checked="" type="checkbox"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Other: Open to roof truss structure
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Additional Build-out info:	Open to Suite Circulation
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Comments: Verify existing floor loading with file requirements

Environmental

<input type="checkbox"/> Significant Noise / Vibrational Generator	<input type="checkbox"/> Visual Privacy Required	<input checked="" type="checkbox"/> Natural Light Desired
<input checked="" type="checkbox"/> Significant Noise/ Vibrational Sensitivity	<input type="checkbox"/> Views Desirable	<input type="checkbox"/> Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments: _____	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>Comments: <u>Verify if HVAC requires Occupancy Sensor, provide one outlet per wall</u></p>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Communications

<input checked="" type="checkbox"/> Data Connections	<input checked="" type="checkbox"/> VOIP	<input checked="" type="checkbox"/> WAP's	<input type="checkbox"/> Clocks	<input type="checkbox"/> Intercom System	<input type="checkbox"/> Public Address System
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Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 35 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Departmental – 3rd Floor Student Worker First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Student Worker workstation

Room Adjacencies: Located within ADA work area

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 Occupants None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint
 Vinyl Wall Covering
 Other:
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Additional Build-out Information:	ADA area to be enclosed with aluminum framed glazing system integrated with desk construction; provide sliding aluminum window (approx.. 5' wide) at transaction surface;
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase # Wall Washer
 208V – 3 Phase # Task Lighting
 480V – 3 Phase # Industrial Fluorescent
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	varies	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Departmental – 3rd Floor	Hallway	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Suite Circulation

Room Adjacencies: None

Number of Occupants: 0 Occupants Special Ceiling Height: Fire Rating: None Special/ Hazardous Room Conditions:

Finishes and Materials

Floor / Base:		Walls:	
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input checked="" type="checkbox"/> Solid surface window sills
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Wood Paneling
<input type="checkbox"/> Other:		<input type="checkbox"/> Concrete Masonry	<input checked="" type="checkbox"/> Tackable Surface
Ceiling:		<input checked="" type="checkbox"/> Glass	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Mylar faced tile	Wall Finishes:	
Fine Fissured tile		<input checked="" type="checkbox"/> Latex Paint, no VOC	
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Epoxy Paint	
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other: Other text	<input type="checkbox"/> Vinyl Wall Covering	
Doors / Frame:			
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass	<input type="checkbox"/> Acoustic Seals	<input type="checkbox"/> Frame: HM
<input type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Closer	<input type="checkbox"/> Sidelight

Additional Build-out Information:	
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
None								

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	Illumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	35 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Departmental – 3rd Floor	Testing Carrel	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Testing Carrel

Room Adjacencies: Enter required adjacencies

Number of Occupants: 1 Occupant	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:
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Finishes and Materials

Floor / Base:	Walls:	<input type="checkbox"/> Solid surface window sills
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Gyp Board	
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Concrete Masonry	
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Glass	
<input type="checkbox"/> Other:	Wall Finishes:	
Ceiling:	<input type="checkbox"/> Latex Paint, no VOC	
<input type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Epoxy Paint	
Fine Fissured tile	<input type="checkbox"/> Vinyl Wall Covering	
<input checked="" type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other:	
<input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text		
Doors / Frame:		
<input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Frame: HM		
<input type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input type="checkbox"/> Sidelight		

Additional Build-out Information:	Recess in wall or partial height wall with solid surface top
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Seating	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Comments: [Click or tap here to enter text.](#)

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired

Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	illumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V 4 <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System

Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

User Representative Date

UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Departmental – 3rd Floor	Workroom	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Document preparation, printing, binding; refrigerator and sink for department				
Room Adjacencies: ADA, Student Worker				
Number of Occupants: 0 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

Floor / Base: <input checked="" type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: Ceiling: <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text Doors: <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Frame: HM	Walls: <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall Wall Finishes: <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text	Casework: <input type="checkbox"/> Fixed <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plam <input type="checkbox"/> Portable <input type="checkbox"/> Wood <input type="checkbox"/> Other: other Countertop: <input checked="" type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: Other text Wall Cabinets / Shelving: <input type="checkbox"/> Open <input type="checkbox"/> Sliding Doors <input type="checkbox"/> Wood <input type="checkbox"/> Swing Doors <input type="checkbox"/> Adjustable <input checked="" type="checkbox"/> Plam
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Additional Build-out Information:	Workroom wall framing up to deck at this location (Accountancy, third floor 1930 wing)
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Microwave	CFCI	1						
Apartment size fridge	OFOI	1						Two for larger departments
Mailboxes	CFCI	As req'd						
Copier(s)	OFOI	1						
Large Waste Bin – shred	OFOI	1						
Waste Bin – trash	OFOI	1						
Waste Bin – Recycle	OFOI	1						
Seating	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity: <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments: _____	Air Flow / Changes: <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	Air Quality / Exhaust: <input type="checkbox"/> Filtered Supply <input checked="" type="checkbox"/> Exhaust <input type="checkbox"/> Other: Other
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Plumbing

Fixtures / Features: <input type="checkbox"/> Shower <input checked="" type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input checked="" type="checkbox"/> Single Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	Services: <input checked="" type="checkbox"/> Potable Water..... <input type="checkbox"/> Process Water..... <input type="checkbox"/> Steam..... <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> Hot <input type="checkbox"/> Plant <input type="checkbox"/> Cold <input type="checkbox"/> Local	Wastes: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: No Disposal in Sink

Electrical

Power Service: Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	Power Supply Features: <input type="checkbox"/> Filtering..... <input type="checkbox"/> UPS System..... <input checked="" type="checkbox"/> GFCI Outlets..... <input checked="" type="checkbox"/> Dedicated Circuits: for copiers <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> Plant <input type="checkbox"/> Local	Illumination: <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: _____

Communications

Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards: <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	Sprinkler System Type: <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	Detection Methods: <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

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SECTION C - DEAN'S OFFICE

Room Data Sheet

Wittich Hall Remodel 11/1/2016 80 SF Room # **14120**

Project Name Date Last Assignable SF Room Number DFD Project #

Dean's Office Admin Program Specialist (Dean's Assistant) First, Last Name Phone Number

Department / Group Name Room Name Contact, Phone

Room Function: Administrative Program Specialist Workspace

Room Adjacencies: Student Worker, Workroom

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet Tile / Carpet Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Walls:

- Gyp Board Solid surface window sills
- Cement Board
- Concrete Masonry
- Glass

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint

Ceiling:

- 2x2 Reveal Edge – Mylar faced tile
- Fine Fissured tile
- Gyp Board / Painted Exposed / Non-painted
- Exposed / Painted Other: Other text

- Vinyl Wall Covering
- Other:

Doors / Frame:

- Hollow Metal Half Glass Acoustic Seals Frame: HM
- Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Provide accent wall material behind workstation facing the reception area
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
- Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Other

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent

Lighting Controls:

- Multi-Level Control, flat toggle, slider for dimming
- Occupancy Sensor, for auto shutoff only
- Daylight Sensor

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
- Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	100 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Dean's Office	Archival Storage	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Archival Storage				
Room Adjacencies: May be located remotely from department				
Number of Occupants: 0 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall
<p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted	<p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text
<p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood	<p>Other:</p> <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Other: Other text

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						
File Cabinets	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: 100 PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Exhaust <input type="checkbox"/> Other: Other
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Comments: _____

Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/>	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: _____

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																							
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>																							

Comments: _____

Communications

Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Assistant To Dean	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Assistant to the Dean's Office

Room Adjacencies: Should be located near the public access to the department

Number of Occupants: 1 Occupant
 Special Ceiling Height: None
 Fire Rating: None
 Special/ Hazardous Room Conditions:

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments:** Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 160 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Dean's Office Associate Dean First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Associate Dean's Office

Room Adjacencies: Meeting Room; Dean's Office

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet Tile / Carpet Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Ceiling:

- 2x2 Reveal Edge – Mylar faced tile
- Fine Fissured tile
- Gyp Board / Painted Exposed / Non-painted
- Exposed / Painted Other: Other text

Doors / Frame:

- Hollow Metal Half Glass Acoustic Seals Frame: AL
- Wood Vision Panel Closer Sidelight

Walls:

- Gyp Board Solid surface window sills
- Cement Board
- Concrete Masonry
- Glass

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint

- Vinyl Wall Covering
- Other:

Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
- Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Other

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent

Lighting Controls:

- Multi-Level Control, flat toggle, slider for dimming
- Occupancy Sensor, for auto shutoff only
- Daylight Sensor

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
- Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Business Manager	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Business Manager's Office

Room Adjacencies: Near Dean's Office

Number of Occupants: 1 Occupant
 Special Ceiling Height: None
 Fire Rating: None
 Special/ Hazardous Room Conditions:

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
Wall Finishes:
 Latex Paint, no VOC
 Epoxy Paint
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted
 Exposed / Painted Other: Other text
 Vinyl Wall Covering
 Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
 120V 4
- Illumination:**
 Primary LED
 Fluorescent
 208V – 1 Phase # Wall Washer
 208V – 3 Phase # Task Lighting
 480V – 3 Phase # Industrial Fluorescent
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Dean Assistant	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Dean Assistant Office

Room Adjacencies: Meeting Room, Dean's Office

Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:
1 Occupant		None	

Finishes and Materials

Floor / Base:		Walls:	
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input checked="" type="checkbox"/> Solid surface window sills
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Concrete Masonry
<input type="checkbox"/> Other:		<input type="checkbox"/> Glass	Wall Finishes:
Ceiling:		<input checked="" type="checkbox"/> Latex Paint, no VOC	<input type="checkbox"/> Epoxy Paint
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Vinyl Wall Covering	<input type="checkbox"/> Other:
Fine Fissured tile		<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other:	
Doors / Frame:		<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass	<input type="checkbox"/> Acoustic Seals	<input checked="" type="checkbox"/> Frame: HM
<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Closer	<input checked="" type="checkbox"/> Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI							

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	Qty	Normal	Standby	illumination:	Lighting Controls:
Type				<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

User Representative Date

UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	185 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Dean	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Dean's Office

Room Adjacencies: Meeting Room, Associate Dean's Office, ADA

Number of Occupants: 1 Occupants
 Special Ceiling Height: None
 Fire Rating: None
 Special/ Hazardous Room Conditions: None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other: Click or tap here to enter text.
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Other: Glass
- Ceiling:**
 2x2 Reveal Edge – Fine Fissured tile
 Mylar faced tile
 Epoxy Paint
 Gyp Board / Painted Exposed / Non-painted
 Exposed / Painted Other:
 Vinyl Wall Covering Accent wall
 Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other:
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
- 120V 4
- 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Comments:** Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	720 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Dean's Office	Conference	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Dean's Conference Room			
Room Adjacencies:	Located along public corridor in close proximity to the Dean's office			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
24 Occupants	9'-0"	None	None	

Finishes and Materials

Floor / Base:	Walls:	Casework:
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input checked="" type="checkbox"/> Fixed <input type="checkbox"/> Portable
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Metal <input type="checkbox"/> Wood
<input checked="" type="checkbox"/> Carpet /Cpt Base	<input type="checkbox"/> Concrete Masonry	<input checked="" type="checkbox"/> Plam <input type="checkbox"/> Other: other
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input checked="" type="checkbox"/> Glass	Countertop:
<input type="checkbox"/> Other:	Wall Finishes:	<input type="checkbox"/> Plastic Laminate
Ceiling:	<input checked="" type="checkbox"/> Latex Paint, no VOC	<input checked="" type="checkbox"/> Solid Surface <input checked="" type="checkbox"/> Solid surface sills
<input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile	<input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Stainless Steel
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other: Other text
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other: Other text	Wall Cabinets / Shelving:
Doors:	<input type="checkbox"/> Epoxy Paint	<input type="checkbox"/> Open <input checked="" type="checkbox"/> Swing Doors
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass	<input type="checkbox"/> Sliding Doors <input type="checkbox"/> Adjustable
<input checked="" type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Wood <input checked="" type="checkbox"/> Plam
<input type="checkbox"/> Acoustic Seals	<input type="checkbox"/> Closer	<input type="checkbox"/> Sidelight
<input checked="" type="checkbox"/> Frames: AL		
Additional Build-out Information: Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck		

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. screen	CFCI	1					Ceiling	
Projector	OFCI	1					Ceiling	
55" TV Monitor	OFCI	1					Wall	
Window Treatment	CFCI	3					Windows	Perf. Roller shade 75% Open
Fixed Markerboard	CFCI	1					Wall	
Touchpanel control	CFCI	1					Wall	
Furniture	OFOI							

Comments: Design, prep, wire and terminate for flat panels. Flat Panels in Furniture Budget-
 *Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None
- New Floor Construction
- Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator
- Visual Privacy Required
- Natural Light Desired
- Significant Noise/ Vibrational Sensitivity
- Views Desirable
- Avoid Natural Light

HVAC

- | | | |
|---|---------------------------------------|---|
| Temperature / Relative Humidity: | Air Flow / Changes: | Air Quality / Exhaust: |
| <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other | <input type="checkbox"/> Not Critical | <input type="checkbox"/> # AC per hour (occupied) |
| <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other | <input type="checkbox"/> Monitored | <input type="checkbox"/> # AC per hour (unoccupied) |
| <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other | <input type="checkbox"/> Positive | <input type="checkbox"/> Double Positive |
| <input checked="" type="checkbox"/> No Humidification | <input type="checkbox"/> Negative | <input type="checkbox"/> Double Negative |
- Comments: _____

Plumbing

- | | | |
|---|--|---|
| Fixtures / Features: | Services: | Wastes: |
| <input type="checkbox"/> Shower | <input checked="" type="checkbox"/> Potable Water..... | <input checked="" type="checkbox"/> Hot |
| <input checked="" type="checkbox"/> Sink | <input type="checkbox"/> Process Water..... | <input type="checkbox"/> Cold |
| <input type="checkbox"/> Stainless Steel | <input type="checkbox"/> Steam..... | <input type="checkbox"/> Local |
| <input checked="" type="checkbox"/> Single Bowl | <input type="checkbox"/> Plant | <input type="checkbox"/> Floor Drain |
| <input type="checkbox"/> Drop-in | <input type="checkbox"/> Glycol Chilled Water Loop | <input type="checkbox"/> Domestic Sewer |
| <input type="checkbox"/> Integral Solid Surface | | |
| <input type="checkbox"/> Double Bowl | | |
| <input type="checkbox"/> Wall Mounted | | |
| <input type="checkbox"/> Water Closet | | |
| <input type="checkbox"/> Floor mounted | | |
| <input type="checkbox"/> Wall Mounted | | |
- Comments: _____

Electrical

- | | | |
|--|-------------------------------|-------------------------------------|
| Power Service: | Power Supply Features: | Illumination: |
| Type | Qty | Normal |
| <input checked="" type="checkbox"/> 120V | # | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> 208V – 1 Phase | # | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 3 Phase | # | <input type="checkbox"/> |
| <input type="checkbox"/> 480V – 3 Phase | # | <input type="checkbox"/> |
| <input type="checkbox"/> Other | # | <input type="checkbox"/> |
- | | | |
|--|-----------------------------------|--------------------------------|
| <input type="checkbox"/> Filtering..... | <input type="checkbox"/> Panel | <input type="checkbox"/> Local |
| <input type="checkbox"/> UPS System..... | <input type="checkbox"/> Building | <input type="checkbox"/> Local |
| <input type="checkbox"/> GFCI Outlets..... | <input type="checkbox"/> Plant | <input type="checkbox"/> Local |
| <input type="checkbox"/> Dedicated Circuits: | | |
| <input type="checkbox"/> Emergency Power: | | |
| <input type="checkbox"/> Other: | | |
- Comments: Elect/Data in floor for conference table

Communications

- Data Connections
- AV Connections
- WAP's
- Intercom System
- Public Address System

Comments: Technology intensive, UWL to provide and install WAPS

Fire Protection

- | | | |
|--|--|---|
| Potential Fire Hazards: | Sprinkler System Type: | Detection Methods: |
| <input type="checkbox"/> Flammable Materials: Material Desc. | <input checked="" type="checkbox"/> Wet Pipe | <input type="checkbox"/> Pre-Action |
| <input type="checkbox"/> Explosive Materials: Material Desc. | <input type="checkbox"/> Dry Pipe | <input type="checkbox"/> Halon Equivalent |
| | | <input checked="" type="checkbox"/> Smoke Detector |
| | | <input type="checkbox"/> Heat Detector |
| | | <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification |

Signatures

 User Representative

 Date

 UW LaCrosse Representative

 Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Dean's Office	Enter Room Name	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Department Storage			
Room Adjacencies:	Enter required adjacencies			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base:

Vinyl Composition Tile / 4" Vinyl Base

Seamless Sheet Vinyl / 4" Vinyl Base

Carpet / 4" Vinyl Base

Sealed Concrete / 4" Vinyl Base

Other:

Walls:

Gyp Board

Cement Board

Concrete Masonry

Other: Other wall

Wall Finishes:

Latex Paint, no VOC

Epoxy Paint

Ceiling:

2x2 Reveal Edge – Fine Fissured tile

Mylar faced tile

Gyp Board / Painted

Exposed / Non-painted

Vinyl Wall Covering

Exposed / Painted

Other: Other text

Other: Other Text

Doors:

Hollow Metal

Half Glass

Acoustic Seals

Frame: HM

Wood

Vision Panel

Closer

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						
File Cabinets	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed

CFOI – Contractor Furnished / Owner Installed

OFCI – Owner Furnished / Contractor Installed

CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: 100 PSF

New Floor Construction

Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator

Visual Privacy Required

Natural Light Desired

Significant Noise/ Vibrational Sensitivity

Views Desirable

Avoid Natural Light

HVAC

Temperature / Relative Humidity:

Summer Temp: 72°F +/- 2°F or Other: Other

Summer RH: 50% +/- 10% or Other: Other

Winter Temp: 68°F +/- 2°F or Other: Other

No Humidification

Air Flow / Changes:

Not Critical

Monitored

Positive

Negative

AC per hour (occupied)

AC per hour (unoccupied)

Double Positive

Double Negative

Air Quality / Exhaust:

Filtered Supply

Exhaust

Other: Other

Comments: _____

Plumbing

Fixtures / Features:

Shower

Sink

Stainless Steel

Single Bowl

Drop-in

Water Closet

Floor mounted

Integral Solid Surface

Double Bowl

Wall Mounted

Wall Mounted

Services:

Potable Water.....

Process Water.....

Steam.....

Glycol Chilled Water Loop

Hot

Hot

Plant

Wastes:

Floor Drain

Domestic Sewer

Local

Comments: _____

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>

Power Supply Features:

Filtering.....

UPS System.....

GFCI Outlets.....

Dedicated Circuits:

Emergency Power:

Other:

Panel

Building

Plant

Local

Local

Illumination:

Primary LED

Fluorescent

Wall Washer

Task Lighting

Industrial Fluorescent

55-60 FC or other:

Multi-Level Control

Occupancy Sensor

Daylight Sensor

Comments: _____

Communications

Data Connections

Telephone Connections

WAP's

Clocks

Intercom System

Public Address System

Fire Protection

Potential Fire Hazards:

Flammable Materials: Material Desc.

Explosive Materials: Material Desc.

Sprinkler System Type:

Wet Pipe

Dry Pipe

Pre-Action

Halon Equivalent

Detection Methods:

Smoke Detector

Heat Detector

Other: Simplex – Class 1 notification

Signatures

User Representative

Date

UW LaCrosse Representative

Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	60 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Graduate Assistant	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Graduate Assistant Office

Room Adjacencies: Near public entrance to department

Number of Occupants: 1 Occupant	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:
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Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Frame: AL <input checked="" type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input checked="" type="checkbox"/> Glass <input type="checkbox"/> Solid surface window sills <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:
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Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall</p>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	150 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	MBA Director	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: MBA Director's Office

Room Adjacencies: ADA for MBA director

Number of Occupants: 1 Occupant
 Special Ceiling Height: Special/ Hazardous Room Conditions: None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
Wall Finishes:
 Latex Paint, no VOC
 Epoxy Paint
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Continuous storefront glazing with frosted sections along circulation; fully insulated walls up to deck
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
 120V 4
 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Lighting:**
 Primary LED
 Fluorescent
 Wall Washer
 Task Lighting
 Industrial Fluorescent
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 35 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Dean's Office Student Worker First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Student Worker

Room Adjacencies: Dean's Assistant

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupant None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet Tile / Carpet Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Walls:

- Gyp Board Solid surface window sills
- Cement Board
- Concrete Masonry
- Glass

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint

Ceiling:

- 2x2 Reveal Edge – Mylar faced tile
- Fine Fissured tile
- Gyp Board / Painted Exposed / Non-painted
- Exposed / Painted Other: Other text

- Vinyl Wall Covering
- Other:

Doors / Frame:

- Hollow Metal Half Glass Acoustic Seals Frame: HM
- Wood Vision Panel Closer Sidelight

Additional Build-out Information:	Provide accent wall material behind workstation facing the reception area
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None
 - New Floor Construction
 - Ceiling Mounted Equipment
- Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator
- Visual Privacy Required
- Natural Light Desired
- Significant Noise/ Vibrational Sensitivity
- Views Desirable
- Avoid Natural Light

HVAC

- | | | |
|---|---|---|
| Temperature / Relative Humidity: | Air Flow / Changes: | Air Quality / Exhaust: |
| <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other | <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) | <input type="checkbox"/> Filtered Supply |
| <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other | <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) | <input type="checkbox"/> Filtered Exhaust |
| <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other | <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive | <input type="checkbox"/> Other: Other |
| <input checked="" type="checkbox"/> No Humidification | <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative | |
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- | | | |
|--|---|--|
| Power Service: | Illumination: | Lighting Controls: |
| Type Qty Normal Standby | <input checked="" type="checkbox"/> Primary LED | <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming |
| <input checked="" type="checkbox"/> 120V 4 <input checked="" type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Fluorescent | <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only |
| <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Wall Washer | <input type="checkbox"/> Daylight Sensor |
| <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Task Lighting | |
| <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Industrial Fluorescent | |
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections
 - VOIP
 - WAP's
 - Clocks
 - Intercom System
 - Public Address System
- Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- | | | |
|--|--|---|
| Potential Fire Hazards: | Sprinkler System Type: | Detection Methods: |
| <input type="checkbox"/> Flammable Materials: Material Desc. | <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action | <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector |
| <input type="checkbox"/> Explosive Materials: Material Desc. | <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent | <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification |

Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	varies	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

Dean's Office	Hallway	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Suite Circulation

Room Adjacencies: None

Number of Occupants: 0 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:
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Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text <p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input type="checkbox"/> Frame: HM <input type="checkbox"/> Sidelight	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Glass <input checked="" type="checkbox"/> Solid surface window sills <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:
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Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
None								

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> <p>Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall</p>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

 User Representative Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 120 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Dean's Office Workroom First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Workroom

Room Adjacencies: Resources, Files

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 0 Occupants None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet / 4" Vinyl Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Walls:

- Gyp Board
- Cement Board
- Concrete Masonry
- Other: Other wall

Casework:

- Fixed Portable
- Metal Wood
- Plam Other: other

Countertop:

- Plastic Laminate
- Solid Surface

Ceiling:

- 2x2 Reveal Edge – Fine Fissured tile Mylar faced tile Epoxy Paint
- Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
- Exposed / Painted Other: Other text Other: Other Text

Doors:

- Hollow Metal Half Glass Acoustic Seals Frame: HM
- Wood Vision Panel Closer Open Swing Doors
- Sliding Doors Adjustable Wood Plam

Additional Build-out Information:	Workroom wall framing up to deck at this location
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Equipment Schedule

Equipment Description	*Sup ply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Microwave	CFCI	1						
Apartment size fridge	CFCI	1						Two for larger departments
Mailboxes	CFCI	As req'd						
Copier(s)	OFOI	1						
Large Waste Bin – shred	OFOI	1						
Waste Bin – trash	OFOI	1						
Waste Bin – Recycle	OFOI	1						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Exhaust
- Other: Other

Comments: _____

Plumbing

Fixtures / Features:

- Shower
- Sink
 - Stainless Steel Integral Solid Surface
 - Single Bowl Double Bowl
 - Drop-in Wall Mounted
- Water Closet
 - Floor mounted Wall Mounted

Services:

- Potable Water..... Hot Cold
- Process Water..... Hot Cold
- Steam..... Plant Local
- Glycol Chilled Water Loop
-
-

Wastes:

- Floor Drain
- Domestic Sewer

Comments: No Disposal in Sink

Electrical

Power Service:

- | | | | |
|--|-----|-------------------------------------|--------------------------|
| Type | Qty | Normal | Standby |
| <input checked="" type="checkbox"/> 120V | # | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 1 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 480V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | # | <input type="checkbox"/> | <input type="checkbox"/> |

Power Supply Features:

- Filtering..... Panel Local
- UPS System..... Building Local
- GFCI Outlets..... Plant Local
- Dedicated Circuits: for copiers
- Emergency Power:
- Other:

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent
- 55-60 FC or other:
- Multi-Level Control
- Occupancy Sensor
- Daylight Sensor

Comments: _____

Communications

- Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

 User Representative

 Date

 UW LaCrosse Representative

 Date

SECTION D - SBDC

Room Data Sheet

Wittich Hall Remodel	11/1/2016	60 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
SBDC	Grad Student	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Grad Student Workstation			
Room Adjacencies:	None			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

Floor / Base:
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:

Walls:
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass

Wall Finishes:
 Latex Paint, no VOC
 Epoxy Paint

Ceiling:
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:

Doors / Frame:
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification

Air Flow / Changes:
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative

Air Quality / Exhaust:
 Filtered Supply
 Filtered Exhaust
 Other: Other

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:

Type	Qty	Normal	Standby	
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Fluorescent
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Wall Washer
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Task Lighting
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Lighting Controls:
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.

Sprinkler System Type:
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent

Detection Methods:
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	35 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

SBDC	Intern	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: Student Worker / Intern Workstation

Room Adjacencies: None

Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:
<u>1 Occupant</u>		<u>None</u>	

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet Tile / Carpet Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Walls:

- Gyp Board
- Cement Board
- Concrete Masonry
- Glass

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint

Ceiling:

- 2x2 Reveal Edge – Mylar faced tile
- Fine Fissured tile
- Gyp Board / Painted
- Exposed / Non-painted
- Exposed / Painted
- Other: Other text

- Vinyl Wall Covering
- Other:

Doors / Frame:

- Hollow Metal
- Half Glass
- Acoustic Seals
- Frame: HM
- Wood
- Vision Panel
- Closer
- Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None
 - New Floor Construction
 - Ceiling Mounted Equipment
- Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator
- Significant Noise/ Vibrational Sensitivity
- Visual Privacy Required
- Views Desirable
- Natural Light Desired
- Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical
- # AC per hour (occupied)
- Monitored
- # AC per hour (unoccupied)
- Positive
- Double Positive
- Negative
- Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Other

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent

Lighting Controls:

- Multi-Level Control, flat toggle, slider for dimming
- Occupancy Sensor, for auto shutoff only
- Daylight Sensor

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections
 - VOIP
 - WAP's
 - Clocks
 - Intercom System
 - Public Address System
- Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe
- Dry Pipe
- Pre-Action
- Halon Equivalent

Detection Methods:

- Smoke Detector
- Heat Detector
- Other: Simplex – Class 1 notification

Signatures

User Representative

Date

UW LaCrosse Representative

Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	varies	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
SBDC	Hallway		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Suite Circulation			
Room Adjacencies:	None			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base:	Walls:	<input type="checkbox"/> Solid surface window sills
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input checked="" type="checkbox"/> Tackable surface
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Concrete Masonry	
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input checked="" type="checkbox"/> Glass	
<input type="checkbox"/> Other:	Wall Finishes:	
Ceiling:	<input checked="" type="checkbox"/> Latex Paint, no VOC	
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Epoxy Paint	
<input type="checkbox"/> Mylar faced tile		
Fine Fissured tile	<input type="checkbox"/> Vinyl Wall Covering	
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Other: Other text	<input type="checkbox"/> Other:
<input type="checkbox"/> Exposed / Non-painted		
<input type="checkbox"/> Exposed / Painted		
Doors / Frame:	<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass
<input type="checkbox"/> Wood	<input type="checkbox"/> Acoustic Seals	<input type="checkbox"/> Frame: HM
	<input type="checkbox"/> Vision Panel	<input type="checkbox"/> Closer
		<input type="checkbox"/> Sidelight
Comments: Extend walls to the underside of deck / floor and insulate		

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
None								

*Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCl – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	
Comments: VAV's – (3) Offices to a zone, corner offices on separate zone		

Electrical

Power Service:	llumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	
Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall		

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	80 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #

SBDC	Program Assoc.	First, Last Name	Phone Number
Department / Group Name	Room Name	Contact, Phone	

Room Function: University Program Associate Workstation

Room Adjacencies: Reception, Interns, Meeting Room

Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:
1 Occupant		None	

Finishes and Materials

Floor / Base:	Walls:	<input type="checkbox"/> Solid surface window sills
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	
<input checked="" type="checkbox"/> Carpet Tile / Carpet Base	<input type="checkbox"/> Concrete Masonry	
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input checked="" type="checkbox"/> Glass	
<input type="checkbox"/> Other:	Wall Finishes:	
Ceiling:	<input checked="" type="checkbox"/> Latex Paint, no VOC	
<input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile	<input type="checkbox"/> Epoxy Paint	
Fine Fissured tile	<input type="checkbox"/> Vinyl Wall Covering	
<input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other:	
<input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text		
Doors / Frame:		
<input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Frame: HM		
<input type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input type="checkbox"/> Sidelight		

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other: Other
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

Power Service:	Illumination:	Lighting Controls:
Type Qty Normal Standby	<input checked="" type="checkbox"/> Primary LED	<input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming
<input checked="" type="checkbox"/> 120V 4 <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Fluorescent	<input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Wall Washer	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Task Lighting	
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Industrial Fluorescent	

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 135 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

SBDC Counselor First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Counselor Office

Room Adjacencies: Meeting Room

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 1 Occupants None

Finishes and Materials

- Floor / Base:**
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet Tile / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
- Walls:**
 Gyp Board Solid surface window sills
 Cement Board
 Concrete Masonry
 Glass
- Wall Finishes:**
 Latex Paint, no VOC
 Epoxy Paint
- Ceiling:**
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering
 Exposed / Painted Other: Other text Other:
- Doors / Frame:**
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer Sidelight

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

- Temperature / Relative Humidity:**
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification
- Air Flow / Changes:**
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative
- Air Quality / Exhaust:**
 Filtered Supply
 Filtered Exhaust
 Other: Other
- Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

- Power Service:**
 Type Qty Normal Standby
 120V 4
- Lighting Controls:**
 Multi-Level Control, flat toggle, slider for dimming
 Occupancy Sensor, for auto shutoff only
 Daylight Sensor
- Other:**
 208V – 1 Phase # Wall Washer
 208V – 3 Phase # Task Lighting
 480V – 3 Phase # Industrial Fluorescent
- Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

- Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

- Potential Fire Hazards:**
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.
- Sprinkler System Type:**
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent
- Detection Methods:**
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	120 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
SBDC	Storage	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Department Storage			
Room Adjacencies:	None			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base: <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: Ceiling: <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted Doors: <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Other: Other text <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text	Walls: <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall Wall Finishes: <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint
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Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						
Furniture	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: 100 PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity: <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments: _____	Air Flow / Changes: <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	Air Quality / Exhaust: <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Exhaust <input type="checkbox"/> Other: Other
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Plumbing

Fixtures / Features: <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Single Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted Comments: _____	Services: <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Process Water..... <input type="checkbox"/> Steam..... <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> <input type="checkbox"/> Hot <input type="checkbox"/> Hot <input type="checkbox"/> Plant <input type="checkbox"/> Local	Wastes: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer <input type="checkbox"/> Local
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Electrical

Power Service: Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	Power Supply Features: <input type="checkbox"/> Filtering..... <input type="checkbox"/> UPS System..... <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> Plant <input type="checkbox"/> Local	Illumination: <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: _____

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards: <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	Sprinkler System Type: <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	Detection Methods: <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	150 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
SBDC	Director's Office		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function: Director's Office				
Room Adjacencies: Meeting Room				
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
1 Occupant		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet Tile / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other:	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input checked="" type="checkbox"/> Solid surface window sills <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint
<p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – <input type="checkbox"/> Mylar faced tile Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text	<input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:
<p>Doors / Frame:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Frame: HM <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Sidelight	

Comments: Extend walls to the underside of deck / floor and insulate

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Window Treatment	CFCI						windows	Perf. roller shade 75% open
Furniture	OFOI	TBD						

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment
 Comments: Verify existing floor loading with file requirements

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: VAV's – (3) Offices to a zone, corner offices on separate zone

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>4</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent	<p>Lighting Controls:</p> <input checked="" type="checkbox"/> Multi-Level Control, flat toggle, slider for dimming <input checked="" type="checkbox"/> Occupancy Sensor, for auto shutoff only <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																			
<input checked="" type="checkbox"/> 120V	4	<input checked="" type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																			

Comments: Verify if HVAC requires Occupancy Sensor, provide one outlet per wall

Communications

Data Connections VOIP WAP's Clocks Intercom System Public Address System
 Comments: 2 std data at side walls. Campus to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	100 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
SBDC	Resource	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function:	Resource Area			
Room Adjacencies:	Workroom, Storage			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base:
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet / Cpt Base
 Sealed Concrete / 4" Vinyl Base
 Other: [Click or tap here to enter text.](#)

Walls:
 Gyp Board
 Cement Board
 Concrete Masonry
 Other: Other wall

Wall Finishes:
 Latex Paint, no VOC
 Epoxy Paint
 Vinyl Wall Covering
 Other: Other Text

Ceiling:
 2x2 Reveal Edge – Fine Fissured tile
 Mylar faced tile
 Gyp Board / Painted
 Exposed / Non-painted
 Vinyl Wall Covering
 Exposed / Painted
 Other: Other text

Doors:
 Hollow Metal
 Wood
 Half Glass
 Vision Panel
 Acoustic Seals
 Closer
 Frames: HM

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Shelving	OFOI	TBD						
Furniture	OFOI	TBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: 100 PSF
- New Floor Construction
- Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator
- Visual Privacy Required
- Natural Light Desired
- Significant Noise/ Vibrational Sensitivity
- Views Desirable
- Avoid Natural Light

HVAC

Temperature / Relative Humidity:
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification

Air Flow / Changes:
 Not Critical
 Monitored
 Positive
 Negative

Air Quality / Exhaust:
 # AC per hour (occupied)
 # AC per hour (unoccupied)
 Double Positive
 Double Negative

Comments: _____

Plumbing

Fixtures / Features:
 Shower
 Sink
 Stainless Steel
 Single Bowl
 Drop-in
 Water Closet
 Floor mounted
 Wall Mounted

Services:
 Potable Water.....
 Process Water.....
 Steam.....
 Glycol Chilled Water Loop
 Hot
 Hot
 Plant
 Local

Wastes:
 Floor Drain
 Domestic Sewer

Comments: _____

Electrical

Power Service:
 Type Qty Normal Standby
 120V #
 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #
 Other #

Power Supply Features:
 Filtering.....
 UPS System.....
 GFCI Outlets.....
 Dedicated Circuits:
 Emergency Power:
 Other:

Panel Local
Building Local
Plant Local

Illumination:
 Primary LED
 Fluorescent
 Wall Washer
 Task Lighting
 Industrial Fluorescent
 55-60 FC or other:
 Multi-Level Control
 Occupancy Sensor
 Daylight Sensor

Comments: _____

Communications

- Data Connections
 - VOIP
 - WAP's
 - Clocks
 - Intercom System
 - Public Address System
- Comments: 2 std data at side walls. Campus provide and install WAP's

Fire Protection

Potential Fire Hazards:
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.

Sprinkler System Type:
 Wet Pipe
 Dry Pipe
 Pre-Action
 Halon Equivalent

Detection Methods:
 Smoke Detector
 Heat Detector
 Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

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SECTION E - MISC. INSTRUCTIONAL / SUPPORT SPACES

Room Data Sheet

Wittich Hall Remodel 11/1/2016 50 SF Room # **14120**

Project Name Date Last Assignable SF Room Number DFD Project #

Misc. Instructional/ Support Space Casual Learning Pods First, Last Name Phone Number

Department / Group Name Room Name Contact, Phone

Room Function: Casual Learning Pods

Room Adjacencies: Student focused spaces

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 2 Occupants None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet / Carpet Base
- Sealed Concrete / 4" Vinyl Base
- Other:

Walls:

- Gyp Board
- Cement Board
- Concrete Masonry
- Glass
- Wall Finishes:**
- Latex Paint, no VOC
- Epoxy Paint
- Vinyl Wall Covering
- Other:

Casework:

- Fixed Portable
- Metal Wood
- Plam Other: other

Countertop:

- Plastic Laminate
- Solid Surface
- Stainless Steel
- Other: Other text

Wall Cabinets / Shelving:

- Open Swing Doors
- Sliding Doors Adjustable
- Wood Plam

Ceiling:
 2x2 Reveal Edge – Fine Fissured tile Mylar faced tile Gyp Board / Painted Exposed / Non-painted Vinyl Wall Covering Other:
 Exposed / Painted Other:

Doors:
 Hollow Metal Half Glass Acoustic Seals Frame: HM
 Wood Vision Panel Closer

Comments: _____

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments

Comments: _____

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: Floor load PSF New Floor Construction Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Click or tap here to enter text.

No Humidification Comments: _____

Plumbing

Fixtures / Features:

- Shower
- Sink
 - Stainless Steel Integral Solid Surface
 - Single Bowl Double Bowl
 - Drop-in Wall Mounted
- Water Closet
 - Floor mounted Wall Mounted

Services:

- Potable Water..... Hot Cold
- Process Water..... Hot Cold
- Steam..... Plant Local
- Glycol Chilled Water Loop

Wastes:

- Floor Drain
- Domestic Sewer

Comments: _____

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>

Power Supply Features:

- Filtering..... Panel Local
- UPS System..... Building Local
- GFCI Outlets..... Plant Local
- Dedicated Circuits:
- Emergency Power:
- Other:

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent
- 55-60 FC or other:
- Multi-Level Control
- Occupancy Sensor
- Daylight Sensor

Comments: _____

Communications

- Data Connections Telephone Connections WAP's Clocks Intercom System Public Address System

Comments: UWL to provide and install WAPS

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

 User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	400 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Misc. Instructional / Support Space	Conference	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Conference Room - 16 Person				
Room Adjacencies: None				
Number of Occupants: 16 Occupants	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet / Cpt Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge - Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Other: <p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input type="checkbox"/> Frames: AL <input checked="" type="checkbox"/> folding partition <p>Comments: Extend walls to underside of deck and insulate.</p>	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input checked="" type="checkbox"/> Glass <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input checked="" type="checkbox"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Other: Acoustic wall panel, chair rail 	<p>Casework:</p> <input type="checkbox"/> Fixed <input type="checkbox"/> Metal <input type="checkbox"/> Plam <p>Countertop:</p> <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Solid Surface Sills <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: <p>Wall Cabinets / Shelving:</p> <input type="checkbox"/> Open <input type="checkbox"/> Sliding Doors <input type="checkbox"/> Wood <input type="checkbox"/> Portable <input type="checkbox"/> Wood <input type="checkbox"/> Other: other <input type="checkbox"/> Swing Doors <input type="checkbox"/> Adjustable <input type="checkbox"/> Plam
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. Screen	CFCI	1					Ceiling	
Projector	OFCI	1					Ceiling	
Fixed Markerboard	CFCI	1					Wall	
Touch Panel Control	CFCI	1					Wall	
Furniture	OFOI	TBD					Floor	
Monitor	OFCI	1					Wall	

Comments: Design, prep, wire and terminate for flat panels. Flat Panels in Furniture Budget-

*Supply/ Install Types:

OFOI - Owner Furnished/ Owner Installed CFCI - Contractor Furnished / Owner Installed
 OFCI - Owner Furnished / Contractor Installed CFCI - Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments:	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Single Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted Comments:	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Process Water..... <input type="checkbox"/> Steam..... <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Plant <input type="checkbox"/> Local	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Electrical

<p>Power Service:</p> Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V - 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V - 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V - 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> UPS System..... <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Panel <input type="checkbox"/> Local Building <input type="checkbox"/> Local Plant <input type="checkbox"/> Local</p>	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: Dispersed elect in floor for mobile conference tables.

Communications

Data Connections AV Connections WAP's Intercom System Public Address System
 Comments: Technology intensive, UWL to provide and install WAPS

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex - Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 120 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Misc. Instructional/ Support Space Interview First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Interview Room

Room Adjacencies: Marketing Focus Group

Number of Occupants: 2 Occupants Special Ceiling Height: Fire Rating: None Special/ Hazardous Room Conditions:

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet / Carpet Base
- Sealed Concrete / 4" Vinyl Base

Other:

- Other:
- 2x2 Reveal Edge – Fine Fissured tile
- Mylar faced tile
- Gyp Board / Painted
- Exposed / Non-painted
- Exposed / Painted
- Other: Other text

Doors:

- Hollow Metal
- Half Glass
- Acoustic Seals
- Frame: HM
- Wood
- Vision Panel
- Closer
- Sidelight

Comments: _____

Walls:

- Gyp Board
- Cement Board
- Concrete Masonry
- Other: acoustic separation between rooms

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint
- Vinyl Wall Covering
- Other:

Casework:

- Fixed
- Metal
- Plam
- Portable
- Wood
- Other: other

Countertop:

- Plastic Laminate
- Solid Surface
- Stainless Steel

Other: Other text

Wall Cabinets / Shelving:

- Open
- Sliding Doors
- Wood
- Swing Doors
- Adjustable
- Plam

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
PTZ Camera	CFCI	1					Wall	
Wide Angle Camera	CFCI	1					Wall	
Encoder	CFCI	1					Rack	
Monitors	OFCI	1					Wall	
Touchpad Control	CFCI	1					Wall	
Computer	OFCI						Wall	Wall mounted
Equipment Rack	CFCI	1					Floor	Locate in adjacent Marketing Focus Group Room
Reservation Panel	CFCI	1					Wall	

*Supply/ Install Types:

OFCI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Furniture OFOI TBD _____
 Comments: _____

Structural

- Special Floor Loading Requirements: None
- New Floor Construction
- Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator
- Visual Privacy Required
- Natural Light Desired
- Significant Noise/ Vibrational Sensitivity
- Views Desirable
- Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical
- Monitored
- Positive
- Negative
- # AC per hour (occupied)
- # AC per hour (unoccupied)
- Double Positive
- Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other:

Comments: _____

Plumbing

Fixtures / Features:

- Shower
- Sink
- Stainless Steel
- Single Bowl
- Drop-in
- Water Closet
- Floor mounted
- Integral Solid Surface
- Double Bowl
- Wall Mounted
- Wall Mounted

Services:

- Potable Water.....
- Process Water.....
- Steam.....
- Glycol Chilled Water Loop
- Hot
- Hot
- Plant
- Cold
- Cold
- Local

Wastes:

- Floor Drain
- Domestic Sewer

Comments: _____

Electrical

Power Service:

- | | | | |
|--|-----|-------------------------------------|--------------------------|
| Type | Qty | Normal | Standby |
| <input checked="" type="checkbox"/> 120V | # | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 1 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 480V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | # | <input type="checkbox"/> | <input type="checkbox"/> |

Power Supply Features:

- Filtering.....
- UPS System.....
- GFCI Outlets.....
- Dedicated Circuits:
- Emergency Power:
- Other:
- Panel
- Building
- Plant
- Local
- Local

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent
- 55-60 FC or other:
- Multi-Level Control
- Occupancy Sensor
- Daylight Sensor

Comments: _____

Communications

- Data Connections
- AV Connection
- WAP's
- Clocks
- IP based Intercom System
- Ceiling Microphone

Comments: UWL to provide and install WAPS

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe
- Dry Pipe
- Pre-Action
- Halon Equivalent

Detection Methods:

- Smoke Detector
- Heat Detector
- Other: Simplex – Class 1 notification

Signatures

User Representative _____ Date _____

UW LaCrosse Representative _____ Date _____

Room Data Sheet

Wittich Hall Remodel 11/1/2016 1600 SF Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Misc. Instructional/ Support Space Meeting Room First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Large Meeting Room

Room Adjacencies: Meeting Room Support

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 40 Occupants None

Finishes and Materials

Floor / Base:
 Vinyl Composition Tile / 4" Vinyl Base
 Seamless Sheet Vinyl / 4" Vinyl Base
 Carpet / Carpet Base
 Sealed Concrete / 4" Vinyl Base
 Other:
Ceiling:
 2x2 Reveal Edge – Mylar faced tile
 Fine Fissured tile
 Gyp Board / Painted Exposed / Non-painted
 Exposed / Painted Other:
Doors:
 Hollow Metal Half Glass Acoustic Seals Frame: AL
 Wood Vision Panel Closer folding partition
 Comments: Extend walls to underside of deck and insulate

Walls:
 Gyp Board
 Cement Board
 Concrete Masonry
 Other: Glass
Wall Finishes:
 Latex Paint, no VOC
 Epoxy Paint
 Vinyl Wall Covering
 Other:

Casework:
 Fixed Portable
 Metal Wood
 Plam Other: other
Countertop:
 Plastic Laminate
 Solid Surface Solid Surface sills
 Stainless Steel
 Other:
Wall Cabinets / Shelving:
 Open Swing Doors
 Sliding Doors Adjustable
 Wood Plam

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. screen	CFCI	2					Ceiling	16:9 aspect ratio
Projector	OFCI	2					Ceiling	
Monitors	OFCI	2					Wall	
Fixed Marker Boards	CFCI	TBD					Wall	
Instructor Computer	OFOI	1					Lectern	
Instructor's Station	OFOI	2					Floor	Mobile
Blue Ray /DVD Player	CFCI	1					Lectern	
Document Camera	OFCI	1					Ceiling	
PTZ Camera	CFCI	1					Wall	

*Supply/ Install Types:
 OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Equipment Rack	CFCI	1					Floor	Locate in adjacent room
Window treatment	CFCI	2					Ceiling	Perf. Roller shade 75% open
Furniture	OFOI	TBD						

Comments: Design, prep, wire and terminate for flat panels. Flat Panels in Furniture Budget-

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:
 Summer Temp: 72°F +/- 2°F or Other: Other
 Summer RH: 50% +/- 10% or Other: Other
 Winter Temp: 68°F +/- 2°F or Other: Other
 No Humidification

Air Flow / Changes:
 Not Critical # AC per hour (occupied)
 Monitored # AC per hour (unoccupied)
 Positive Double Positive
 Negative Double Negative

Air Quality / Exhaust:
 Filtered Supply
 Filtered Exhaust
 Other:

Comments: _____

Plumbing

Fixtures / Features:
 Shower
 Sink
 Stainless Steel Integral Solid Surface
 Single Bowl Double Bowl
 Drop-in Wall Mounted
 Water Closet
 Floor mounted Wall Mounted

Services:
 Potable Water..... Hot Cold
 Process Water..... Hot Cold
 Steam..... Plant Local
 Glycol Chilled Water Loop

Wastes:
 Floor Drain
 Domestic Sewer

Comments: _____

Electrical

Power Service:
 Type Qty Normal Standby
 120V #
 208V – 1 Phase #
 208V – 3 Phase #
 480V – 3 Phase #

Power Supply Features:
 Filtering..... Panel Local
 UPS System..... Building Local
 GFCI Outlets..... Plant Local
 Dedicated Circuits:
 Emergency Power:

Illumination:
 Primary LED
 Fluorescent
 Daylight Sensor
 Multi-Level Control
 Occupancy Sensor

Comments: Dispersed elect in floor for mobile conference tables.

Communications

Data Connections AV Connections WAP's Clocks Ceiling Speakers Wireless Microphones
 Clnq Microphone Assistive Listening System (portable)
 Comments: UWL to provide and install WAPS and Clocks

Fire Protection

Potential Fire Hazards:
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.

Sprinkler System Type:
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent

Detection Methods:
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

User Representative Date

 UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	600 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Misc. Instructional/ Support Space	Student Investment Center		Trading Room	First, Last Name
Department / Group Name	Room Name	Contact, Phone	Phone Number	

Room Function: Student Investment Center

Room Adjacencies: Statistics Methods Lab

Number of Occupants: 30 Occupants Special Ceiling Height: Fire Rating: None Special/ Hazardous Room Conditions:

Finishes and Materials

Floor / Base:	Walls:	Casework:
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board	<input type="checkbox"/> Fixed <input type="checkbox"/> Portable
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board	<input type="checkbox"/> Metal <input type="checkbox"/> Wood
<input checked="" type="checkbox"/> Carpet /Cpt Base	<input type="checkbox"/> Concrete Masonry	<input type="checkbox"/> Plam <input type="checkbox"/> Other: other
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input checked="" type="checkbox"/> Glass	Countertop:
<input type="checkbox"/> Other:	Wall Finishes:	<input type="checkbox"/> Plastic Laminate
Ceiling:	<input checked="" type="checkbox"/> Latex Paint, no VOC	<input type="checkbox"/> Solid Surface <input checked="" type="checkbox"/> Solid surface sills
<input checked="" type="checkbox"/> 2x2 Reveal Edge –	<input type="checkbox"/> Epoxy Paint	<input type="checkbox"/> Stainless Steel
Fine Fissured tile	<input type="checkbox"/> Mylar faced tile	
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Exposed / Non-painted	<input type="checkbox"/> Other: Other text
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other:	Wall Cabinets / Shelving:
Doors:	<input checked="" type="checkbox"/> Vinyl Wall Covering	<input type="checkbox"/> Open <input type="checkbox"/> Swing Doors
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Other:	<input type="checkbox"/> Sliding Doors <input type="checkbox"/> Adjustable
<input type="checkbox"/> Half Glass		<input type="checkbox"/> Wood <input type="checkbox"/> Plam
<input type="checkbox"/> Acoustic Seals	<input checked="" type="checkbox"/> Frames: AL	
<input checked="" type="checkbox"/> Wood	<input checked="" type="checkbox"/> Sidelight	
<input type="checkbox"/> Vision Panel		
<input type="checkbox"/> Closer		

Comments: Extend walls to deck and insulate, upgraded finishes in this room, instructor's station and equipment cabinet.

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. screen	CFCI	2					Ceiling	16:9 aspect ratio
Projector	OFCI	2					Ceiling	
Monitors	OFCI	Multiple					Wall	
Fixed Marker Boards	CFCI	TBD					Wall	
Instructor Computer	OFOI	1					Lectern	
Blue Ray /DVD Player	CFCI	1					Lectern	
Document Camera	OFCI	1					Ceiling	
USB Camera	OFOI	1					Lectern	
Lecture Capture	OFOI	1					Wall	
Furniture	OFOI	TBD					Floor	

Comments: Design, prep, wire and terminate for flat panels. Flat Panels in Furniture Budget-

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed

CFOI – Contractor Furnished / Owner Installed

OFCI – Owner Furnished / Contractor Installed

CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input type="checkbox"/> Filtered Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> No Humidification	<input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	

Comments: _____

Plumbing

Fixtures / Features:	Services:	Wastes:
<input type="checkbox"/> Shower	<input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Floor Drain
<input type="checkbox"/> Sink	<input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold	<input type="checkbox"/> Domestic Sewer
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Integral Solid Surface	<input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local
<input type="checkbox"/> Single Bowl	<input type="checkbox"/> Double Bowl	<input type="checkbox"/> Glycol Chilled Water Loop
<input type="checkbox"/> Drop-in	<input type="checkbox"/> Wall Mounted	
<input type="checkbox"/> Water Closet	<input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	

Comments: _____

Electrical

Power Service:	Power Supply Features:	Illumination:
Type Qty Normal Standby	<input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local	<input checked="" type="checkbox"/> Primary LED
<input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local	<input type="checkbox"/> Daylight Sensor
<input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local	<input type="checkbox"/> Wall Washer
<input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Dedicated Circuits:	<input type="checkbox"/> Task Lighting
<input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Emergency Power:	<input type="checkbox"/> Industrial Fluorescent
<input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Other:	<input checked="" type="checkbox"/> Occupancy Sensor
		<input checked="" type="checkbox"/> Multi-Level Control

Comments: _____

Communications

Data Connections Card Key Access WAP's Clocks Loud speakers (wall mtd) Microphone
 AV Connections Ceiling Speakers Assistive Listening System (portable)

Comments: Technology intensive

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

User Representative

Date

UW LaCrosse Representative

Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	280 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Misc. Instructional/ Support Space	Student Orgs	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Student Organization Space				
Room Adjacencies: Student focused spaces				
Number of Occupants: 14 Organizations	Special Ceiling Height:	Fire Rating: None	Special/ Hazardous Room Conditions:	

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet / Cpt Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: Click or tap here to enter text. <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted <p>Doors:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Wood	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input checked="" type="checkbox"/> Solid Surface Sills <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:	<p>Casework:</p> <input checked="" type="checkbox"/> Plam
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Digital Signage	CFCI	14						Data Jack and Power
Furniture	OFOI	RBD						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other:
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Comments: _____

Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/>	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: _____

Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> Local <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input checked="" type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																							
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																							
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>																							

Comments: _____

Communications

- Data Connections WAP's Clocks Intercom System Public Address System

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	60 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Misc. Instructional / Support Space	Vending		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	Vending			
Room Adjacencies:	Student focused spaces			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

Floor / Base:	Walls:
<input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base	<input checked="" type="checkbox"/> Gyp Board
<input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base	<input type="checkbox"/> Cement Board
<input type="checkbox"/> Carpet / 4" Vinyl Base	<input type="checkbox"/> Concrete Masonry
<input type="checkbox"/> Sealed Concrete / 4" Vinyl Base	<input type="checkbox"/> Glass
<input checked="" type="checkbox"/> Other: Tile or Epoxy Terrazzo	Wall Finishes:
Ceiling:	<input checked="" type="checkbox"/> Latex Paint – No VOC
<input checked="" type="checkbox"/> Standard Lay-in Tile	<input type="checkbox"/> Epoxy Paint
<input type="checkbox"/> Gyp Board / Painted	<input type="checkbox"/> Vinyl Wall Covering
<input type="checkbox"/> Exposed / Painted	<input type="checkbox"/> Other:
<input type="checkbox"/> Mylar faced tile	
<input type="checkbox"/> Exposed / Non-painted	
<input type="checkbox"/> Upgraded Lay-in; Clouds	
Doors:	
<input type="checkbox"/> Hollow Metal	<input type="checkbox"/> Half Glass
<input type="checkbox"/> Wood	<input type="checkbox"/> Vision Panel
	<input type="checkbox"/> Acoustic Seals
	<input type="checkbox"/> Closer
	<input type="checkbox"/> Frame: HM
	<input type="checkbox"/> Sidelight
Comments: _____	

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Vending machines	OFOI	3-4						

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed
- CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed
- CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:	Air Flow / Changes:	Air Quality / Exhaust:
<input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other	<input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied)	<input type="checkbox"/> Filtered Supply
<input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other	<input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied)	<input checked="" type="checkbox"/> Exhaust
<input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other	<input type="checkbox"/> Positive <input type="checkbox"/> Double Positive	<input type="checkbox"/> Other:
<input checked="" type="checkbox"/> No Humidification	<input checked="" type="checkbox"/> Negative <input type="checkbox"/> Double Negative	
Comments: Possible microwave- combine with servery?- exhaust needed if microwave		

Plumbing

Fixtures / Features:	Services:	Wastes:
<input type="checkbox"/> Shower	<input type="checkbox"/> Potable Water.....	<input type="checkbox"/> Hot <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Floor Drain
<input type="checkbox"/> Sink	<input type="checkbox"/> Process Water.....	<input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Domestic Sewer
<input type="checkbox"/> Stainless Steel	<input type="checkbox"/> Steam.....	<input type="checkbox"/> Plant <input type="checkbox"/> Local
<input type="checkbox"/> Integral Solid Surface	<input type="checkbox"/> Glycol Chilled Water Loop	
<input type="checkbox"/> Single Bowl	<input checked="" type="checkbox"/> Water line for coffee machine	
<input type="checkbox"/> Double Bowl		
<input type="checkbox"/> Drop-in		
<input type="checkbox"/> Wall Mounted		
<input type="checkbox"/> Water Closet		
<input type="checkbox"/> Floor mounted	<input type="checkbox"/> Wall Mounted	
Comments: _____		

Electrical

Power Service:	Power Supply Features:	Illumination:					
Type	Qty	Normal	Standby	<input type="checkbox"/> Filtering.....	<input type="checkbox"/> Panel	<input type="checkbox"/> Local	<input checked="" type="checkbox"/> Primary LED
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> UPS System.....	<input type="checkbox"/> Building	<input type="checkbox"/> Local	<input type="checkbox"/> Fluorescent
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GFCI Outlets.....	<input type="checkbox"/> Plant	<input type="checkbox"/> Local	<input type="checkbox"/> Wall Washer
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Dedicated Circuits:			<input type="checkbox"/> Task Lighting
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Emergency Power:			<input type="checkbox"/> Industrial Fluorescent
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other:			<input type="checkbox"/> 55-60 FC or other:
							<input type="checkbox"/> Multi-Level Control
							<input checked="" type="checkbox"/> Occupancy Sensor
							<input type="checkbox"/> Daylight Sensor
Comments: _____							

Communications

Data Connections WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards:	Sprinkler System Type:	Detection Methods:
<input type="checkbox"/> Flammable Materials: Material Desc.	<input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action	<input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector
<input type="checkbox"/> Explosive Materials: Material Desc.	<input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<input checked="" type="checkbox"/> Other: Simplex – Class 1 notification

Signatures

_____ User Representative	_____ Date
_____ UW LaCrosse Representative	_____ Date

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SECTION F - TEACHING LABORATORIES

Room Data Sheet

Wittich Hall Remodel	11/1/2016	1280 sf	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Teaching Laboratories	Teaching Lab	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Teaching Lab				
Room Adjacencies: Support space				
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
32 Occupants	Required Ceiling Height	None	None	

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet / Cpt Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Painted <p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood Comments: Casework includes instructor's stations	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:	<p>Casework:</p> <input type="checkbox"/> Fixed <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plam <p>Countertop:</p> <input checked="" type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: Other text
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Document Camera	OFOI	1					Lectern	
Instructor's Computer	OFOI	1					Lectern	
Instructor Station	CFCI	1					Floor	Fixed or movable
Student Computers	OFOI	32					Table	
Blue ray/ DVD Player	CFCI	1					Lectern	
Touch panel Control	CFCI	1					Lectern	
Monitors	OFCI	2					Wall	
Furniture	OFOI	TBD					Floor	

Comments: _____

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: None
 New Floor Construction
 Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator
 Visual Privacy Required
 Natural Light Desired
 Significant Noise/ Vibrational Sensitivity
 Views Desirable
 Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments: _____	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other:
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Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Single Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted Comments: _____	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Process Water..... <input type="checkbox"/> Steam..... <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Plant <input type="checkbox"/> Local	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> UPS System..... <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Panel</p> <input type="checkbox"/> Local <input type="checkbox"/> Building <input type="checkbox"/> Plant <input type="checkbox"/> Local	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Daylight Sensor <input type="checkbox"/> 55-60 FC or other: <input checked="" type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor
Type	Qty	Normal	Standby																								
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>																								

Comments: Lutron Graphic Eye- Interface with Crestron systems

Communications

Data Connections
 AV Connection
 WAP's
 Clocks
 Microphone
 Ceiling Speakers
 Assistive Listening System (portable)
 Comments: UWL to provide and install WAPS and Clocks

Fire Protection

Potential Fire Hazards:
 Flammable Materials: Material Desc.
 Explosive Materials: Material Desc.

Sprinkler System Type:
 Wet Pipe Pre-Action
 Dry Pipe Halon Equivalent

Detection Methods:
 Smoke Detector Heat Detector
 Other: Simplex – Class 1 notification

Signatures

User Representative _____ Date _____
 UW LaCrosse Representative _____ Date _____

Room Data Sheet

Wittich Hall Remodel	11/1/2016	1109 sf	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Teaching Laboratories	Classroom	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Active Learning Classroom				
Room Adjacencies: Teaching Lab, Student Spaces				
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
32 Occupants		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input checked="" type="checkbox"/> Carpet / Carpet Base <input type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: Click or tap here to enter text. <p>Ceiling:</p> <input checked="" type="checkbox"/> 2x2 Reveal Edge – Fine Fissured tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: <p>Doors:</p> <input type="checkbox"/> Hollow Metal <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Half Glass <input type="checkbox"/> Vision Panel <input type="checkbox"/> Acoustic Seals <input type="checkbox"/> Closer <input checked="" type="checkbox"/> Frame: AL Comments: Casework includes instructor's stations	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: <p>Wall Finishes:</p> <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other:	<p>Casework:</p> <input type="checkbox"/> Fixed <input type="checkbox"/> Metal <input checked="" type="checkbox"/> Plam <input type="checkbox"/> Portable <input type="checkbox"/> Wood <input checked="" type="checkbox"/> Other: Instructor's station <p>Countertop:</p> <input checked="" type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: Other text
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. screen	CFCI	1					Ceiling	
Projector	OFCI	1					Ceiling	
Monitors	OFCI	5					Wall	
Document Camera	OFCI	1					Lectern	Fixed or movable?
Blu-ray / DVD player	CFCI	1					Lectern	
Marker Board Rails	CFCI	TBD					Wall	
Mobile Marker Boards	OFCI	TBD					Wall	
Clickshare or similar	OFCI	5					Table	
Instructor Computer	OFCI	1					Lectern	

*Supply/ Install Types:

OFCI – Owner Furnished/ Owner Installed CFCI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Lecture Capture	CFCI	1					Wall
Student Computers	OFCI	32					Table
Touchpad control	CFCI	1					Wall

Structural

Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other:
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Comments:

Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Single Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Double Bowl <input type="checkbox"/> Wall Mounted	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Process Water..... <input type="checkbox"/> Steam..... <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> Hot <input type="checkbox"/> Hot <input type="checkbox"/> Plant <input type="checkbox"/> Local	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments:

Electrical

<p>Power Service:</p> Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> UPS System..... <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Dedicated Circuits: <input type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> 55-60 FC or other: <input checked="" type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: Lutron Graphic Eye- Interface with Crestron systems, task lighting

Communications

Data Connections WAP's, OFOI Assisted Listening System Wall mtd / cing speakers Wireless Microphone

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative _____ Date _____
 UW LaCrosse Representative _____ Date _____

Room Data Sheet

Wittich Hall Remodel 11/1/2016 919 sf Room # **14120**
 Project Name Date Last Assignable SF Room Number DFD Project #

Teaching Laboratories Classroom First, Last Name Phone Number
 Department / Group Name Room Name Contact, Phone

Room Function: Classroom

Room Adjacencies: Other Student Spaces

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 30 Occupants None

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base

Carpet / Cpt Base

- Sealed Concrete / 4" Vinyl Base
- Other: Click or tap here to enter text.

Ceiling:

- 2x2 Reveal Edge – Fine Fissured tile Mylar faced tile
- Gyp Board / Painted Exposed / Non-painted
- Exposed / Painted Other:

Doors:

- Hollow Metal Half Glass Acoustic Seals Frame: AL
- Wood Vision Panel Closer

Comments: Casework includes instructor's stations

Walls:

- Gyp Board
- Cement Board

Concrete Masonry

Other:

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint
- Vinyl Wall Covering
- Other:

Casework:

- Fixed Portable
- Metal Wood

Plam

Countertop:

- Plastic Laminate
- Solid Surface
- Stainless Steel
- Other:

Other: Instructor's station

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Recessed Proj. screen	CFCI	1					Ceiling	
Projector	CFCI	1					Ceiling	
Document Camera	CFCI	1					Lectern	Fixed or movable
Blu-ray / DVD player	CFCI	1					Lectern	
Marker Board/Rails	CFCI	TBD					Wall	
Clickshare or similar	OFOI	5					Table	
Instructor Computer	OFCI	1					Lectern	
Touchpad control	CFCI	1					Wall	
Furniture	OFOI	TBD					Floor	

Comments:

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Comments:

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Other

Plumbing

Fixtures / Features:

- Shower
- Sink
 - Stainless Steel Integral Solid Surface
 - Single Bowl Double Bowl
 - Drop-in Wall Mounted
- Water Closet
 - Floor mounted Wall Mounted

Comments:

Services:

- Potable Water..... Hot Cold
- Process Water..... Hot Cold
- Steam..... Plant Local
- Glycol Chilled Water Loop

Wastes:

- Floor Drain
- Domestic Sewer

Electrical

Power Service:

Type	Qty	Normal	Standby
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>

Power Supply Features:

- Filtering..... Panel Local
- UPS System..... Building Local
- GFCI Outlets..... Plant Local
- Dedicated Circuits:
- Emergency Power:
- Other:

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent
- 55-60 FC or other:
- Multi-Level Control
- Occupancy Sensor
- Daylight Sensor

Comments: Lutron Graphic Eye- Interface with Crestron systems, task lighting

Communications

- Data Connections WAP's, OFOI Assisted Listening System Wall mtd / clng speakers Wireless Microphone

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

 User Representative

 Date

 UW LaCrosse Representative

 Date

SECTION G - MEP SPACES

Room Data Sheet

Wittich Hall Remodel	11/1/2016	12 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Mechanical/Electrical/Plumbing Space	Electrical	First, Last Name	Phone Number	
Department / Group Name	Room Name	Contact, Phone		
Room Function: Electrical Closet				
Room Adjacencies:				
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants				

Finishes and Materials

Floor / Base: <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input checked="" type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input checked="" type="checkbox"/> Other: Secondary floor sealer	Walls: <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: Other wall Wall Finishes: <input checked="" type="checkbox"/> Latex Paint, no VOC <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input type="checkbox"/> Other: Other Text	Casework: <input type="checkbox"/> Fixed <input type="checkbox"/> Portable <input type="checkbox"/> Metal <input type="checkbox"/> Wood <input type="checkbox"/> Plam <input type="checkbox"/> Other: other Countertop: <input type="checkbox"/> Plastic Laminate <input type="checkbox"/> Solid Surface <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Other: Other text Wall Cabinets / Shelving: <input type="checkbox"/> Open <input type="checkbox"/> Swing Doors <input type="checkbox"/> Sliding Doors <input type="checkbox"/> Adjustable <input type="checkbox"/> Wood <input type="checkbox"/> Plam
Doors: <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input checked="" type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text	<input checked="" type="checkbox"/> Frame: HM	

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
UPS	OFOI							

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: Floor load PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity: <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification	Air Flow / Changes: <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	Air Quality / Exhaust: <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Comments: _____

Plumbing

Fixtures / Features: <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted	Services: <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> _____	Wastes: <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Comments: _____

Electrical

Power Service: Type Qty Normal Standby <input checked="" type="checkbox"/> 120V # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 1 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 208V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 480V – 3 Phase # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other # <input type="checkbox"/> <input type="checkbox"/>	Power Supply Features: <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> Local <input checked="" type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input checked="" type="checkbox"/> Local <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Dedicated Circuits: <input checked="" type="checkbox"/> Emergency Power: <input type="checkbox"/> Other:	Illumination: <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
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Comments: UPS equipment provided and installed by UWL

Communications

Data Connections WAP's Clocks Intercom System Public Address System

Fire Protection

Potential Fire Hazards: <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc.	Sprinkler System Type: <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	Detection Methods: <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative Date

UW LaCrosse Representative Date

Room Data Sheet

Wittich Hall Remodel	11/1/2016	80 SF	Room #	14120
Project Name	Date Last	Assignable SF	Room Number	DFD Project #
Mechanical/Electrical/Plumbing Spaces	IT Closet		First, Last Name	Phone Number
Department / Group Name	Room Name		Contact, Phone	
Room Function:	IT Closet			
Room Adjacencies:	Enter required adjacencies			
Number of Occupants:	Special Ceiling Height:	Fire Rating:	Special/ Hazardous Room Conditions:	
0 Occupants		None		

Finishes and Materials

<p>Floor / Base:</p> <input type="checkbox"/> Vinyl Composition Tile / 4" Vinyl Base <input type="checkbox"/> Seamless Sheet Vinyl / 4" Vinyl Base <input type="checkbox"/> Carpet / 4" Vinyl Base <input checked="" type="checkbox"/> Sealed Concrete / 4" Vinyl Base <input type="checkbox"/> Other: <p>Ceiling:</p> <input type="checkbox"/> Standard Lay-in Tile <input type="checkbox"/> Mylar faced tile <input type="checkbox"/> Gyp Board / Painted <input type="checkbox"/> Exposed / Non-painted <input checked="" type="checkbox"/> Exposed / Painted <input type="checkbox"/> Other: Other text <p>Doors:</p> <input type="checkbox"/> Hollow Metal <input type="checkbox"/> Half Glass <input type="checkbox"/> Acoustic Seals <input checked="" type="checkbox"/> Other: HM Frame <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Vision Panel <input type="checkbox"/> Closer	<p>Walls:</p> <input checked="" type="checkbox"/> Gyp Board <input type="checkbox"/> Cement Board <input type="checkbox"/> Concrete Masonry <input type="checkbox"/> Other: <p>Wall Finishes:</p> <input type="checkbox"/> Latex Paint <input type="checkbox"/> Epoxy Paint <input type="checkbox"/> Vinyl Wall Covering <input checked="" type="checkbox"/> Other: Plywood with Intumescent Paint
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Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments
Switches	OFOI							
Equipment Rack	CFCI							

*Supply/ Install Types:

OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
 OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

Special Floor Loading Requirements: Floor load PSF New Floor Construction Ceiling Mounted Equipment

Environmental

Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
 Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

<p>Temperature / Relative Humidity:</p> <input checked="" type="checkbox"/> Summer Temp: 72°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> Summer RH: 50% +/- 10% or Other: Other <input checked="" type="checkbox"/> Winter Temp: 68°F +/- 2°F or Other: Other <input checked="" type="checkbox"/> No Humidification Comments: _____	<p>Air Flow / Changes:</p> <input type="checkbox"/> Not Critical <input type="checkbox"/> # AC per hour (occupied) <input type="checkbox"/> Monitored <input type="checkbox"/> # AC per hour (unoccupied) <input type="checkbox"/> Positive <input type="checkbox"/> Double Positive <input type="checkbox"/> Negative <input type="checkbox"/> Double Negative	<p>Air Quality / Exhaust:</p> <input type="checkbox"/> Filtered Supply <input type="checkbox"/> Filtered Exhaust <input type="checkbox"/> Other: Other
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Plumbing

<p>Fixtures / Features:</p> <input type="checkbox"/> Shower <input type="checkbox"/> Sink <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Integral Solid Surface <input type="checkbox"/> Single Bowl <input type="checkbox"/> Double Bowl <input type="checkbox"/> Drop-in <input type="checkbox"/> Wall Mounted <input type="checkbox"/> Water Closet <input type="checkbox"/> Floor mounted <input type="checkbox"/> Wall Mounted Comments: _____	<p>Services:</p> <input type="checkbox"/> Potable Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Process Water..... <input type="checkbox"/> Hot <input type="checkbox"/> Cold <input type="checkbox"/> Steam..... <input type="checkbox"/> Plant <input type="checkbox"/> Local <input type="checkbox"/> Glycol Chilled Water Loop <input type="checkbox"/> _____	<p>Wastes:</p> <input type="checkbox"/> Floor Drain <input type="checkbox"/> Domestic Sewer
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Electrical

<p>Power Service:</p> <table style="width: 100%;"> <tr> <th>Type</th> <th>Qty</th> <th>Normal</th> <th>Standby</th> </tr> <tr> <td><input checked="" type="checkbox"/> 120V</td> <td>#</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 1 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 208V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> 480V – 3 Phase</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td>#</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Type	Qty	Normal	Standby	<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>	<p>Power Supply Features:</p> <input type="checkbox"/> Filtering..... <input type="checkbox"/> Panel <input type="checkbox"/> UPS System..... <input type="checkbox"/> Building <input type="checkbox"/> GFCI Outlets..... <input type="checkbox"/> Plant <input type="checkbox"/> Dedicated Circuits: <input checked="" type="checkbox"/> Emergency Power: IT racks <input type="checkbox"/> Other:	<p>Local:</p> <input type="checkbox"/> Local <input type="checkbox"/> Local <input type="checkbox"/> Local	<p>Illumination:</p> <input checked="" type="checkbox"/> Primary LED <input type="checkbox"/> Fluorescent <input type="checkbox"/> Wall Washer <input type="checkbox"/> Task Lighting <input type="checkbox"/> Industrial Fluorescent <input type="checkbox"/> 55-60 FC or other: <input type="checkbox"/> Multi-Level Control <input checked="" type="checkbox"/> Occupancy Sensor <input type="checkbox"/> Daylight Sensor
Type	Qty	Normal	Standby																								
<input checked="" type="checkbox"/> 120V	#	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																								
<input type="checkbox"/> 208V – 1 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> 208V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> 480V – 3 Phase	#	<input type="checkbox"/>	<input type="checkbox"/>																								
<input type="checkbox"/> Other	#	<input type="checkbox"/>	<input type="checkbox"/>																								

Comments: Ladder and equipment rack by contractor, switches by UWL

Communications

Data Connections WAP's Clocks Intercom System Public Address System

Fire Protection

<p>Potential Fire Hazards:</p> <input type="checkbox"/> Flammable Materials: Material Desc. <input type="checkbox"/> Explosive Materials: Material Desc. Comments: _____	<p>Sprinkler System Type:</p> <input checked="" type="checkbox"/> Wet Pipe <input type="checkbox"/> Pre-Action <input type="checkbox"/> Dry Pipe <input type="checkbox"/> Halon Equivalent	<p>Detection Methods:</p> <input checked="" type="checkbox"/> Smoke Detector <input type="checkbox"/> Heat Detector <input checked="" type="checkbox"/> Other: Simplex – Class 1 notification
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Signatures

User Representative	Date
UW LaCrosse Representative	Date

Room Data Sheet

Wittich Hall Remodel 11/1/2016 Varies Room # **14120**

Project Name Date Last Assignable SF Room Number DFD Project #

Mechanical/Electrical/Plumbing Varies First, Last Name Phone Number

Department / Group Name Room Name Contact, Phone

Room Function: MEP Equipment

Room Adjacencies: Near various utility entrances

Number of Occupants: Special Ceiling Height: Fire Rating: Special/ Hazardous Room Conditions:
 0 Occupants None 1 hr

Finishes and Materials

Floor / Base:

- Vinyl Composition Tile / 4" Vinyl Base
- Seamless Sheet Vinyl / 4" Vinyl Base
- Carpet / 4" Vinyl Base
- Sealed Concrete / 4" Vinyl Base
- Other: Secondary floor sealer

Walls:

- Gyp Board
- Cement Board
- Concrete Masonry
- Other: Block Filler

Wall Finishes:

- Latex Paint, no VOC
- Epoxy Paint
- Vinyl Wall Covering
- Other: Block Filler

Ceiling:

- Standard Lay-in Tile Mylar faced tile
- Gyp Board / Painted Exposed / Non-painted
- Exposed / Painted Other: Other text

Doors:

- Hollow Metal Half Glass Acoustic Seals Frames: HM
- Wood Vision Panel Closer

Equipment Schedule

Equipment Description	*Supply/ Install	Quantity	Length	Width	Depth	Height	Location	Utilities / Comments

*Supply/ Install Types:

- OFOI – Owner Furnished/ Owner Installed CFOI – Contractor Furnished / Owner Installed
- OFCI – Owner Furnished / Contractor Installed CFCI – Contractor Furnished / Contractor Installed

Structural

- Special Floor Loading Requirements: None New Floor Construction Ceiling Mounted Equipment

Environmental

- Significant Noise / Vibrational Generator Visual Privacy Required Natural Light Desired
- Significant Noise/ Vibrational Sensitivity Views Desirable Avoid Natural Light

HVAC

Temperature / Relative Humidity:

- Summer Temp: 72°F +/- 2°F or Other: Other
- Summer RH: 50% +/- 10% or Other: Other
- Winter Temp: 68°F +/- 2°F or Other: Other
- No Humidification

Air Flow / Changes:

- Not Critical # AC per hour (occupied)
- Monitored # AC per hour (unoccupied)
- Positive Double Positive
- Negative Double Negative

Air Quality / Exhaust:

- Filtered Supply
- Filtered Exhaust
- Other: Other

Comments: _____

Plumbing

Fixtures / Features:

- Shower
- Sink
 - Stainless Steel Integral Solid Surface
 - Single Bowl Double Bowl
 - Drop-in Wall Mounted
- Water Closet
 - Floor mounted Wall Mounted

Services:

- Potable Water..... Hot Cold
- Process Water..... Hot Cold
- Steam..... Plant Local
- Glycol Chilled Water Loop
-
-

Wastes:

- Floor Drain
- Domestic Sewer

Comments: _____

Electrical

Power Service:

- | Type | Qty | Normal | Standby |
|--|-----|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> 120V | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 1 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 208V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> 480V – 3 Phase | # | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Other | # | <input type="checkbox"/> | <input type="checkbox"/> |

Power Supply Features:

- Filtering..... Panel Local
- UPS System..... Building Local
- GFCI Outlets..... Plant Local
- Dedicated Circuits:
- Emergency Power:
- Other:

Illumination:

- Primary LED
- Fluorescent
- Wall Washer
- Task Lighting
- Industrial Fluorescent
- 55-60 FC or other:
- Multi-Level Control
- Occupancy Sensor
- Daylight Sensor

Comments: _____

Communications

- Data Connections Intercom System WAP's Clocks

Comments: _____

Fire Protection

Potential Fire Hazards:

- Flammable Materials: Material Desc.
- Explosive Materials: Material Desc.

Sprinkler System Type:

- Wet Pipe Pre-Action
- Dry Pipe Halon Equivalent

Detection Methods:

- Smoke Detector Heat Detector
- Other: Simplex – Class 1 notification

Signatures

User Representative Date

UW LaCrosse Representative Date