

WILLIAM J. HUGHES TECHNICAL CENTER
CONSTRUCTION/FACILITY MODIFICATION (C/FM)
PART II – PROJECT REQUIREMENTS CHECKLIST

To Be Completed By Project Lead W/REQUESTOR INPUT		
Date: _____	Project Name: _____	
Project Lead: _____	W O # _____	
Project Objective and Justification:		
Enter Project Priority (1, 2, 3) 1 - high; 3 - low: _____		
Cost: _____	Schedule: _____	Performance/Scope: _____
Project Management		
<input type="checkbox"/> Number of design QA reviews: _____	Type (OTS, Formal): _____	
<input type="checkbox"/> Number of drawing review sets: _____	Sizes: _____ Estimate type: _____	
<input type="checkbox"/> A/E schedule mtgs separately with customers? _____		
<input type="checkbox"/> Schedule discussion(s) _____		
<input type="checkbox"/> QA Review forms _____		
List Team Members		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
Constraints		
<input type="checkbox"/> Schedule	<input type="checkbox"/> Change Control	<input type="checkbox"/> Comprehensive O&M Manual - special equipment
<input type="checkbox"/> Budget	<input type="checkbox"/> Turn Around Space Required	<input type="checkbox"/> Construction Sequencing/Operational Restrictions
<input type="checkbox"/> Rooms/Building Access	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Government Furnished Equipment (GFE)
<input type="checkbox"/> Special Training		<input type="checkbox"/> Special Accept Testing/Calibration/Program
Space Management <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Continue Below		
<input type="checkbox"/> Issues Pertaining to Space Ownership	<input type="checkbox"/> Impacts to other Projects, or Building Occupants	
<input type="checkbox"/> Impacts to Building/Space Design Basis	<input type="checkbox"/> Change in Space Chargeback	
<input type="checkbox"/> Other: _____		
Architecture <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Continue Below		
<input type="checkbox"/> Modifications to Space/Building Envelope	<input type="checkbox"/> Space/Office Layout	<input type="checkbox"/> Signage
<input type="checkbox"/> Exit Corridor/Area Separations	<input type="checkbox"/> Accessibility	<input type="checkbox"/> Restrooms
<input type="checkbox"/> Change to Occupancy Classification	<input type="checkbox"/> LEED Certification	<input type="checkbox"/> Conference Rooms/AV
<input type="checkbox"/> Systems Furniture/Furnishings	<input type="checkbox"/> Paint/Finishes	<input type="checkbox"/> Roofing/Penetrations
<input type="checkbox"/> Doors/Door Hardware (see Security section for Locks/Keys)	<input type="checkbox"/> Flooring	
<input type="checkbox"/> Other: _____		
Structural <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Continue Below		
<input type="checkbox"/> New/Modification to Building/Structure	<input type="checkbox"/> Installation/Move of Heavy Equipment	
<input type="checkbox"/> Vibration Sensitive Equipment		
<input type="checkbox"/> Other: _____		

Video Conferencing			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<input type="checkbox"/> Video Conferencing <input type="checkbox"/> Audio/Visual - Auditoriums, Conference <input type="checkbox"/> Other: _____					
Environmental and Occupational Health and Safety			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<input type="checkbox"/> OSHA Standards apply <input type="checkbox"/> Safety Precautions (Chemical, Biological, Radiological, or other Hazardous Material) <input type="checkbox"/> Potential for Asbestos, Lead Based Paint, Fumes, Gasses, or Hazardous Materials or Liquids <input type="checkbox"/> Confined Space(s) <input type="checkbox"/> Work Height over 6 feet (scaffolding/roof/tower) <input type="checkbox"/> Potable Drinking Water or Sanitary Sewer/Septic Connections <input type="checkbox"/> Fuel, Oil, or Chemical storage/disposal <input type="checkbox"/> Solid Waste creation/storage/disposal <input type="checkbox"/> Air Emissions liquid or gas heating, cooling/fuel tank/fumes/exhaust/engine generator <input type="checkbox"/> Install or Remove Electrical Equipment transformers, capacitors, switches, regulators (PCBs) <input type="checkbox"/> Federal Resources funds/activity/permitting/approval (National Environmental Protection Act (NEPA)) <input type="checkbox"/> Land Lease, Permit, Transfer, Acquisition, or Demolition (Environmental Due Diligence Audit (EDDA)) <input type="checkbox"/> Ground or Vegetation disturbance or removal <input type="checkbox"/> Creation of Pervious or Impervious Surfaces (Stormwater) <input type="checkbox"/> Well or Geoprobe potable/non-potable/geotextile/dewatering <input type="checkbox"/> In or Within 300 feet of a Wetland <input type="checkbox"/> On or Near a Superfund Area of Concern <input type="checkbox"/> Impact to Cultural or Historical Resources <input type="checkbox"/> In or Near Threatened or Endangered Species Habitat or Other Sensitive Natural Resource(s) <input type="checkbox"/> Other: _____					
Sites Planning/Infrastructure			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<u>Sites Planning</u>					
<input type="checkbox"/> Landscaping/Irrigation <input type="checkbox"/> Land Use Permit <input type="checkbox"/> Site development > 5,000 SF <input type="checkbox"/> Other: _____		<input type="checkbox"/> Pedestrian Paths/Accessibility <input type="checkbox"/> Hazards Mapping <input type="checkbox"/> Environmental Management Review		<input type="checkbox"/> Site Development-Building/Site Placement; Emergency Access, Building Exits, Gathering Areas, Service Areas, Storage Areas, etc.	
<u>Infrastructure</u>					
<input type="checkbox"/> Sanitary Sewer <input type="checkbox"/> Roads/Parking <input type="checkbox"/> Communications <input type="checkbox"/> Other: _____		<input type="checkbox"/> Water: Chilled, Fire, Domestic <input type="checkbox"/> Site Power/Electric <input type="checkbox"/> Traffic Lights/Signs		<input type="checkbox"/> Natural Gas <input type="checkbox"/> Storm Water Drainage <input type="checkbox"/> Site Lighting	
Mechanical			<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<u>Equipment</u>					
<input type="checkbox"/> Comfort Conditioning - HVAC <input type="checkbox"/> Compressed Air <input type="checkbox"/> Fume Hoods <input type="checkbox"/> Other: _____		<input type="checkbox"/> Air Filtration - HEPA <input type="checkbox"/> Commissioning - T&B <input type="checkbox"/> Process Cooling		<input type="checkbox"/> Cryogenics/Gasses/DI/Acid Drain/Vacuum <input type="checkbox"/> Exhaust Systems <input type="checkbox"/> System/Equipment Redundancy/Reliability - HVAC <input type="checkbox"/> Natural gas use-conformance w/ '05 DOE Energy Act	
<u>Controls</u>					
<input type="checkbox"/> Customer Monitor Station <input type="checkbox"/> Customer Notification <input type="checkbox"/> Other: _____		<input type="checkbox"/> Space/System Control - temp, humidity, pressure <input type="checkbox"/> Central Reporting and Control - FCS			

Fire Protection		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<u>Life Safety</u>				
<input type="checkbox"/> Occupancy Change	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Code Analysis/Code Footprint		
<input type="checkbox"/> Closed Areas-Egress	<input type="checkbox"/> Hot Work Permit	<input type="checkbox"/> Fire/Smoke Barriers-Penetrations		
<input type="checkbox"/> Impact to Means of Egress	<input type="checkbox"/> In-Rack Storage	<input type="checkbox"/> Separation Distance		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Fire Extinguishers - occupancy, use, spacing		
<u>Suppression</u>				
<input type="checkbox"/> Automatic Sprinkler System	<input type="checkbox"/> Hydrants	<input type="checkbox"/> Fire/Smoke Barriers-Fire Dampers		
<input type="checkbox"/> Other: _____				
<u>Fire Alarm</u>				
<input type="checkbox"/> Fire Detection/Notification		<input type="checkbox"/> Fire Safety Functions (AHU shutdown, stairwell, pressure, etc.)		
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Under-floor detection - High Sensitivity Smoke Detection (HSSD)		
Electrical		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<input type="checkbox"/> Building/Space/Equipment service/capacity	<input type="checkbox"/> Emergency Lighting/Inverters	<input type="checkbox"/> Power Receptacles		
<input type="checkbox"/> System/Equipment Redundancy/Reliability	<input type="checkbox"/> High Voltage Power	<input type="checkbox"/> Space Lighting		
<input type="checkbox"/> EMI/EMP Shielding	<input type="checkbox"/> Back-up Power - UPS, Generator	<input type="checkbox"/> Lightning Protection		
<input type="checkbox"/> Code - clearance requirements	<input type="checkbox"/> Equipment Disconnects			
<input type="checkbox"/> Other: _____				
Infrastructure/Network		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<input type="checkbox"/> New/Modify Red or GPON		<input type="checkbox"/> Phone Lines		
<input type="checkbox"/> Phone and Data Line Activation Computer Networks		<input type="checkbox"/> TS		
<input type="checkbox"/> Project crosses limited area boundary and/or impacts security fences or barriers		<input type="checkbox"/> Wireless LAN		
<input type="checkbox"/> OOU Classification for all Documents				
<input type="checkbox"/> Other: _____				
NOTE: DOE Approval required for TS and Wireless LAN				
Security		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Continue Below
<u>Physical Security</u>				
<input type="checkbox"/> Impacts to Security Fences or Barriers	<input type="checkbox"/> Project work within 20 feet of a limited area boundary			
<input type="checkbox"/> Project Crosses limited area boundary	<input type="checkbox"/> Impact to Response Paths			
<input type="checkbox"/> Access - Uncleared, Foreign Nationals	<input type="checkbox"/> Closed Areas or High Security Building			
<input type="checkbox"/> SCI Information	<input type="checkbox"/> High Value Equipment, Storage of Precious Metals/Materials			
<input type="checkbox"/> Pro Force Support	<input type="checkbox"/> SNM stored, processed, or handled			
<input type="checkbox"/> Install/Removal of Security Locks/Keys	<input type="checkbox"/> Use of Classified Documents, Materials, Mtgs/Discussions			
<u>Technical Security</u>				
<input type="checkbox"/> Access Control System (ACS)	<input type="checkbox"/> Intrusion Alarm			
<input type="checkbox"/> Classified Computing	<input type="checkbox"/> OOU Classification			
<input type="checkbox"/> TSCM				
<input type="checkbox"/> Other: _____				
Approved:				
Project Proponent/Date		Construction Official/Date		