

## PERIODIC SPACE INSPECTION

<b>BUILDING</b>			AGENCY AND BUREAU INSPECTED		
NAME			ROOM NUMBER OR OTHER IDENTIFICATION		
STREET ADDRESS					
CITY	STATE	ZIP CODE	AGENCY REPRESENTATIVE CONTACTED		
DATE(S) OF INSPECTION		BUILDING NUMBER	LEASE NUMBER <i>(If applicable)</i>		

SUGGESTED INSPECTION ITEMS	FINDINGS
<ol style="list-style-type: none"> <li>1. Accuracy of regional space records.</li> <li>2. Excessive or inadequate space.</li> <li>3. Excess office furniture or other equipment.</li> <li>4. Excessive corridors or passageways.</li> <li>5. Inadequate ingress or egress.</li> <li>6. Excessive or inappropriate use of space for storage purpose.</li> <li>7. Excessive or inappropriate use of space for active files and records*</li> <li>8. Inadequate lighting and ventilation.</li> <li>9. Poor acoustics.</li> <li>10. Inadequate toilet facilities.</li> <li>11. Signs of water leaks-yes/no.</li> <li>12. Floor overloading</li> <li>13. Hazards to health, safety, and comfort of employees.</li> <li>14. Vertical transportation.</li> <li>15. Condition of interior space-acceptable-yes/no.</li> <li>16. Condition of landscape.</li> <li>17. Condition of parking lot.</li> <li>18. Exterior lighting adequate-yes/no</li> <li>19. Condition of building exterior.</li> <li>20. Special conditions and/or problems</li> </ol> <p><i>*NARA will assign a representative, if requested.</i></p>	<p><i>(Report on all items, FOR WHICH CORRECTIVE ACTION IS INDICATED, commenting on improper or inadequate conditions with a brief explanatory statement. Identify each comment by number or letter corresponding to inspection items on this form, if applicable.)</i></p>

### COMPLETE THE FOLLOWING:

A. TOTAL NUMBER OF EMPLOYEES	B. TOTAL SPACE ASSIGNED	C. SQUARE FOOT PER PERSON <i>(B/A)</i>	D. NUMBER OF VACANT DESKS
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RECOMMENDED ACTION

GSA INSPECTOR	REVIEWED BY
SIGNATURE	SIGNATURE
NAME	NAME
TITLE	TITLE

