



Facilities Services Space Inventory Control Form

This form must be completed for any change to OSU university space due to new construction, remodel/renovation, or minor reallocation.

Type of Construction/Allocation:

- New Construction
 Remodel/Renovation
 Minor Reallocation

BUILDING NUMBER: **BUILDING NAME:**

SURRENDERING Departmental Information:		Dept. #: _____
Department Releasing Space: _____		Campus Address: _____
Principal Investigator: _____		Telephone: _____
Date: _____	Dean/Director/Dept Signature: _____	

ACCEPTING Departmental Information:		Dept. #: _____
Department Accepting Space: _____		Campus Address: _____
Principal Investigator: _____		Telephone: _____
Date: _____	Dept Head Signature: _____	
Date: _____	Dean's Signature (proxy): _____	

Accepting Department space inventory data							
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Room No.	Room Type	Room Use	Capacity	Occupant's Name	EClas	PI	Grant

Facilities Use Only
Facilities Contact: _____
Facilities Authorizing Signature: _____
Date: _____
Space Inventory Updated: _____

SIC FORM ROUTE CHECKLIST:

- Original submitted to Surrendering Dept.
- Accepting Information and Signatures
- Facilities Planning Dept for Processing
- Forms completed and distributed

COPY DISTRIBUTION:

- WORK COORDINATION CENTER (OAK CREEK BUILDING)
- PLAN CENTER (OAK CREEK BUILDING)
- ACCEPTING AND SURRENDERING DEPARTMENT CONTACT
- KEY SHOP
- BUILDING MANAGER
- CUSTODIAL SERVICES (ARAMARK)
- SECURITY SERVICES
- BUSINESS SERVICES (Fixed Asset Inventory)