You must complete this form to request a change in physical space or a change in how space is allocated on the LJMU campus. Send your completed form to Mike Freeman (Head of Space & Asset Management) m.k.freeman@ljmu.ac.uk . **The requestor must receive written approval from Estates and Facilities Management prior to proceeding with any changes.**

**1. CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty/Division |  | Date: |  |
| Department: |  |
| Name:  |  |
| Contact Tel: |  |
| Contact Email: |  |
| Name of Faculty/Division authoriser: |  |

**2. DESCRIPTION OF SPACE (CURRENT)**

|  |  |
| --- | --- |
| Campus Name:  |  |
| Building Name: |  |
| Room Number/s:  |  |
| Current Occupancy: |  |
| Current Usage: |  |

**3. PROPOSED CHANGES TO THE SPACE or INTRODUCTION OF EQUIPMENT**

|  |  |
| --- | --- |
| What changes are proposed?  |  |
| Reasons for change? |  |
| Is significant re-modelling work required? | Yes [ ]  No [ ]  |
| What equipment (AV, furniture etc.) new or used (if any) is being proposed? |  |
| What is the proposed “New” Occupancy for space?  |  |
| What date is the change required by?  |  |
| Does this request impact other faculties / departments / building users?  | Yes [ ]  No [ ]  |
| Confirm a risk assessment has been completed (where required) and enclosed with this form? | Yes [ ]  No [ ]  |

* An area plan showing the general changes should be provided with this form.
* Additional information can be provided if needed, on separate sheets.

**4. SPACE CHANGE TECHNICAL REVIEW (ESTATE MANAGEMENT)**

|  |  |
| --- | --- |
| **Ref. No.**  |  |

The following responders are required to reply to this request:

|  |  |  |
| --- | --- | --- |
| **Section** | **Name** | **Response required** |
| 4A: Space Management  | Mike Freeman | Yes [ ]  No [ ]   |
| 4B: Sustainability  | Nia Pryce Williams | Yes [ ]  No [ ]   |
| 4C: Timetabling  | Ian Gould Jones | Yes [ ]  No [ ]   |
| 4D: Mechanical, Electrical, & Access | Dave Hannigan/Will Duckworth | Yes [ ]  No [ ]   |
| 4E: Health & Safety, & Fire Safety | Barry Smylie | Yes [ ]  No [ ]   |
| 4F: Security | Gaynor Morris | Yes [ ]  No [ ]   |

**4A: Space Management (Head of Space & Asset Management)**

|  |  |  |
| --- | --- | --- |
| Is the proposed space area a strategic fit? | Yes [ ]  No [ ]  | Note: |
| Will the change increase space usage? | Yes [ ]  No [ ]  | Note: |
| Additional notes: |

**4B: Sustainability (Energy Manager)**

|  |  |  |
| --- | --- | --- |
| Will energy or water consumption increase? | Yes [ ]  No [ ]  | Note: |
| Is there a more sustainable solution? | Yes [ ]  No [ ]  | Note: |
| Additional notes: |

**4C: Timetabling - University Timetabling Manager**

|  |  |  |
| --- | --- | --- |
| Is there an impact on room scheduling? | Yes [ ]  No [ ]  | Note: |
| Is it expected the space will be centrally timetabled?  | Yes [ ]  No [ ]  | Note:  |
| Additional notes: |

**4D: Mechanical, Electrical, & Access (Head of Maintenance & Infrastructure)**

|  |
| --- |
| Will the proposed change impact the following?  |
| Power or data | Yes [ ]  No [ ]   |
| Lighting | Yes [ ]  No [ ]   |
| Hot & cold-water supplies | Yes [ ]  No [ ]   |
| Fire alarms/detection | Yes [ ]  No [ ]   |
| Ventilation limits | Yes [ ]  No [ ]   |
| Will any systems or supplies be temporarily offline? | Yes [ ]  No [ ]  |
| Does any equipment require to be rated or tested? | Yes [ ]  No [ ]  |
| Access or egress | Yes [ ]  No [ ]   |
| Lifts  | Yes [ ]  No [ ]   |
| Floor loading | Yes [ ]  No [ ]   |
| Access to risers, panels, DBs, etc.  | Yes [ ]  No [ ]   |
| Other (please specify) | Note: |
| Additional notes: |

**4E: Health & Safety (Operational H&S Manager)**

|  |
| --- |
| Will the proposed change impact the following?  |
| Asbestos | Yes [ ]  No [ ]   |
| Fire compartmentation | Yes [ ]  No [ ]   |
| Means of escape  | Yes [ ]  No [ ]   |
| Fire detection or alarm system | Yes [ ]  No [ ]   |
| Occupancy figures | Yes [ ]  No [ ]   |
| Is a new Fire Risk Assessment required? | Yes [ ]  No [ ]   |
| Other (please specify) | Note: |
| Are there any temporary works considerations? | Yes [ ]  No [ ]  |
| Additional notes: |

**4F: Security (Head of Campus Support Security)**

|  |  |  |
| --- | --- | --- |
| Is work required to CCTV systems? | Yes [ ]  No [ ]  | Note: |
| Is work required to Intruder Alarm systems? | Yes [ ]  No [ ]  | Note:  |
| Additional notes: |

**Approval**

|  |  |
| --- | --- |
| Director of Estate Development: |  |
| **Approve** [ ]  **Reject** [ ]  |
| Notes: |  |
| Endorsement by ECPSG: |  |
| Dated: |  |

**NB. Requests that require additional resources will require approval of a Business Case by Planning and Resources Committee**

