



Project Verification Form

October 2019

All facility modifications require appropriate planning and funding. This form will facilitate the process to authorize and coordinate projects. Facilities Management will use this form to verify the final project scope, schedule, and budgetary project cost estimate and submitted to Requester and/or Point of Contact for review and secondary approval. The Senior Leadership Group will grant final approval upon their review. **NO WORK MAY COMMENCE WITHOUT A FULLY EXECUTED PROJECT AUTHORIZATION FORM and PROJECT VERIFICATION FORM.**

Facilities Management cannot guarantee that projects will be completed by the preferred date of completion. Some projects will require additional review by the South Carolina Office of State Engineers and could possibly delay the project beyond preferred date of completion. In addition, procurement procedures could cause delays as well.

PART ONE: FACILITIES REVIEW

Section completed by facilities management personnel.

GENERAL REQUIREMENTS

ARCHITECTURAL

- Walls / Partitions
- Masonry / Concrete
- Windows Doors / Hardware
- Waterproofing
- Insulating Roofing/Gutters
- Other _____

FNISHES

- Plastering
- Drywall
- Wall Covering
- Painting
- Vinyl Tile / Base
- Carpet / Base
- Suspended Ceiling
- Other _____

SPECIALTIES

- White / Tack Boards
- Chalkboards
- Toilet / Shower
- Storage / Shelving
- Access Flooring
- Directories/Signs
- Other _____

FURNISHINGS

- Window Treatments
- Fixed/Movable
- Seating Modular
- Office Furniture
- Laboratory Furniture
- Display Case
- Bookcase
- Custom Woodwork
- Other _____

MECHANICAL

- Window A/C
- Central A/C
- Temp/Humid Controls
- Ductwork
- Diffusers/Grilles
- Exhaust Fan
- Fume Hood
- Other _____

LIFE SAFETY & ACCESSIBILITY

- Egress
- Fire protection
- ADA modifications
- Doors
- Furniture
- Cabinets
- Other _____
- Other _____

ELECTRICAL

- Lighting Fixtures
- Receptacles/GFI
- Telecom Outlets
- Power if not 120V
- Dedicated Circuits
- Fire Alarm Emergency
- Lighting
- Other _____

PLUMBING

- Domestic Water
- Distilled Water Air, Gas, Vacuum
- Sink / Fixtures
- Toilet / Fixtures
- Drain/Vent
- Fire Sprinkler
- Other _____

SPECIFIC PROJECT REQUIREMENTS & CONSIDERATIONS

--

PROJECT COST & CONSTRUCTION SUMMARY

ESTIMATED TOTAL PROJECT COST: Attach all written quotes received to price project.		\$ _____	
ESTIMATED PROJECT DURATION: Estimate in weeks.			
ESTIMATED CONSTRUCTION START DATE:			
WORK TO BE COMPLETED:	<input type="checkbox"/> IN HOUSE	<input type="checkbox"/> BY OUTSIDE VENDOR	<input type="checkbox"/> OTHER:
PRIORITY CODE:	<input type="checkbox"/> LIFE SAFETY	<input type="checkbox"/> FUNCTION	<input type="checkbox"/> AESTHETIC
NOTE: Priority code does not mean project is or will be denied.			
PURCHASE OF SPECIAL EQUIPMENT SATISFIES SC STATE PROCUREMENT RULES:		<input type="checkbox"/> YES	<input type="checkbox"/> NO
RECOMMENDATION:			

--

FACILITIES PERSONNEL APPROVAL

Signatures below represent that the project request was reviewed.
The review acknowledges that the project is feasible and all special requirements have been considered.
Project will not be scheduled for completion until all signatures are received from Project Director or Department Head, Dean or Director, Associate VP of Facilities Management, and Provost or VP of Finance and Business.

DIRECTOR OF OPERATION, FACILITES MANAGEMENT	ENVIRONMENTAL HEALTH & SAFTEY PERSONNEL
SIGNATURE / DATE	SIGNATURE / DATE

OTHER FACILITES PERSONNEL REQUIRED	OTHER FACILITES PERSONNEL REQUIRED
SIGNATURE / DATE	SIGNATURE / DATE

Facilities Management personnel will return Project Request Form along with written quotes to person requesting the project who will be responsible for obtaining final approval from the appropriate individuals.

PART TWO: FINAL APPROVALS

RECOMMENDATION:

Project Director or Department Chair	Dean or Director
SIGNATURE / DATE	SIGNATURE / DATE

Associate VP of Facilities Management	Director of Procurement Services
SIGNATURE / DATE	SIGNATURE / DATE

Provost or VP of Finance and Business
SIGNATURE / DATE

PART THREE: CLOSEOUT

FINAL PROJECT COST:	\$ _____		
PROJECT START DATE:		PROJECT COMPLETION DATE:	
PROJECT MANAGER:			
SUMMARY OF PROJECT:			

--	--	--	--