

**Office of Medicaid Inspector General**  
**Room Data Sheets for OGS Project No. 6189**

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33		08/08/14	
34		08/08/14	
35		08/08/14	
36		08/08/14	
37		08/08/14	
38		08/08/14	
39		08/08/14	

**All quantities and square footage amounts noted within the space forms and room data sheets are estimates only and should only be used as a guide. Actual quantities and square footage amounts will be determined during the Landlords design process and are subject to OGS approval.**

# Typical Requirements (Sheet 1 of 2)

State Of New York  
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

<b>Project Name:</b> <b>Office of Medicaid Inspector General</b>		Division: Bureau: Section/Unit:	
		No. of Spaces @ Net Sq. Ft.	Total Net Sq. Ft. 0
<b>Function of Space:</b> (Provide a description & number of occupants) Workstations, offices, files, furniture & employee spaces along with associated equipment for the purpose of performing daily Agency office functions.		<b>Utilities</b> (place X as appropriate)	
<b>Relationship to Other Spaces:</b> (Describe as appropriate) Next to: Near: Away From: Other:		Heating	X
		Ventilation	X
<b>Finishes:</b> (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )		Cooling	X
		Winter Cooling (24 hrs x 7 days)	
<b>Doors Specify Type</b> Single 36"    Double 36"    Other (specify size & no.) Solid Wood: Hollow Metal: Rated: With Glass: Side Light:		Humidification	
		Temperature Control	X
<b>Wall Types:</b> Or As Required By Code <b>Door Hardware:</b> Specify Type Ceiling High Solid: Slab To Slab: Partial Height: Sound Attenuation: Rated: Other:		Direct Exhaust	
		Water Supply: (Hot & Cold)	
<b>Special Needs/Equipment Requirements:</b> (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:		Floor Drain	
		Wet Type Sprinkler	
<b>Special Features &amp; Remarks:</b> (Use 2nd sheet as needed) 1) Computer receptacles shall be duplex and uniquely identified by color. Maximum of 4 receptacles per 20 amp circuit. 2) For each workstation or desk required by tenant, provide 1 - computer duplex receptacle, 1 - combination data/telephone receptacle box, & 3 - duplex convenience receptacles. Each of the three convenience receptacles shall be fed from a different circuit. Maximum 6 convenience receptacles per 20 amp circuit.		Dry Type Sprinkler	
		Pre-Action Dry Type Sprinkler	
		Chemical Fire Suppression	
		Air/Steam/Oxygen/Vacuum	
		Connect to Emergency Generator	
		Connect to UPS	
		<b>Electric Power Receptacles:</b>	
		Type	Duplex
		Voltage	120v
		Convenience	
		Dedicated	
		Computer	
		Amperes	20
		<b>Lighting</b>	
		Indirect/Direct Recessed (2-tube)	X
		Fluorescent, parabolic (2-tube)	
		Fluorescent, parabolic (3-tube)	
		Incandescent Down light	
		Fluorescent, Down light	
		Decorative wall sconce	
		Independently switched	
		Dimmer switch(s) Number	
		<b>Communications</b>	
		# of Tel/Data receptacle boxes	
		Intercom	
		Cable TV	
		A/V-Satellite Connection	
		Sound System/Speakers	
		Sound Masking	
		Fiber Optics	
		<b>Utilization of Space</b>	
		7:00 AM - 7:00 PM	X
		24 hrs./day x 7 days/week	
		Other	

# Typical Requirements (Sheet 2 of 2)

State Of New York  
Office Of General Services  
Real Estate Planning & Development

**Space Program Room Data Sheet**

<b>Project Name:</b> <b>Office of Medicaid Inspector General</b>	<b>Division:</b> <b>Bureau:</b> <b>Section/Unit:</b>	
	<b>No. of Spaces @ Net Sq. Ft.</b>	<b>Total Net Sq. Ft.</b>

**Special Features & Remarks - Continued**

- 3) Additional electrical/telcom/data boxes checked in electrical section of room data sheets are to be provided over and above that required at each staff workstation/desk.
- 4) Provide an additional 7 dedicated 20A duplex receptacles and 7 telecom/data boxes place as directed by OGS for copiers, printers, faxes and other specialized office equipment. Provide access for 42 telecommunication/data cable points (i.e. core drilling with flush distribution boxes for powered panels, and/or raised access floor (6" minimum), and/or in wall access with metal boxes, conduits of sufficient size and quantity as determined by design, bushings, and drag line extended to above ceiling and/or in floor wire distribution system, etc.) Landlord to fire seal as required after installation of cabling by others. If powered modular furniture panels are used, Landlord to provide and install power to and final electrical connection to panels and associated equipment.
- 5) Power poles will not be acceptable. Provide service to workstations/desks and office requirements by wall and/or floor outlets as directed by OGS.
- 6) All Agency and associated spaces including accessibility to and from the outside must be ADA compliant.
- 7) Reserved.
- 8) Temperature Controls: Maximum of 1/1200sf. Plus additional controls as required to address exterior wall heat loss/gain along with controls as called out in Room Data Sheets. Private offices may be grouped 4/temperature control (unless noted otherwise) or less as required to address heat loads.
- 9) Refer to space forms for additional information including circulation requirements. Space forms and room data sheets should be used together.
- 10) Provide horizontal window blinds at all exterior windows and interior glass walls.
- 11) Wiring for telephone-data lines to be done by others.
- 12) A minimum of one convenience outlet is to be installed in corridors @ 20' OC for maintenance at landlord's expense.
- 13) Design parameters for rooms requiring sound attenuation shall meet sound transmission class (STC) ratings; large conference rooms, demising walls, toilet rooms STC 45-49. Executive offices, conference rooms of 4-8 occupants STC 40-44. Mechanical rooms adjacent to work areas STC 50-55. Enclosed break rooms STC 45-49. Open plan break rooms shall have provisions for reduced sound transmission at walls adjacent to work areas. Walls, ceilings and doors shall be designed, specified and installed to meet or exceed required STC ratings. Specific rooms may require higher STC ratings as noted on Room Data Sheets.
- 14) Each agency to have agency sub-master key under building master.
- 15) Provide air lock vestibule at main entrance when access is directly from exterior.
- 16) Items checked within room data sheets for multiple rooms are for each room.
- 17) All areas, including areas with only one luminaire, that are required to have manual lighting control shall incorporate an occupancy sensing device with override.
- 18) In each computer server room and telcom-data closets provide grounding for tenant equipment: Wall mounted 1/4" x 4" x 10" Cu ground plate connected to building steel or suitable ground via # 4/0 Aught Cu cable.

**Special Needs / Equipment Requirements- Continued**

- 1) Tenant shall have access to the Premises, and the Building 24 hours per day, 7 days a week, 52 weeks per year. The Landlord will provide an electronic HID iCLASS (or compatible) system controlling access to the Building and Tenant's space at all times. This system must be compatible with State ID cards and will include a UPS, proximity card readers, screen, computer, keyboard and software capable of handling multiple facility codes. Tenant will provide and maintain the ID cards at Tenant's cost. Normal office hours are from 7am - 7 pm. Please list, in detail, all security and safety measures Landlord has or plans to have for the Building, including, without limitation, electronic surveillance, guards, lighting, physical barriers, electronic entry control, etc. Provide cards for client use. Initial employee input to be performed by vendor in conjunction with Agency authorized system operator. Provide 8 hours of training over and above time required to input employee data. Multiple state agencies may share security system if data for staff is segregated.
- 2) Provide photo badging system for public access and control of visitor access which is suitable to the selected site.
- 3) HVAC heating and cooling systems must be available for 24/7/365 operation.
- 4) Provide door closers at all main doors entering agency space, secure areas and doors controlled by card access.

# Offices

State Of New York  
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: <b>Office of Medicaid Inspector General</b>	Division:		
	Section/Unit:		
	No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.
	2	100	200
	1	150	150

Function of Space: (Provide a description & number of occupants) To provide a private workspace environment to perform agency and program duties.	Utilities (place X as appropriate)	
	Heating	X
	Ventilation	X
	Cooling	X
	Winter Cooling (24 hrs x 7 days)	

Relationship to Other Spaces: (Describe as appropriate) Next to: Near: Away From: Other:	Humidification	
	Temperature Control	X
	Direct Exhaust	
	Water Supply: (Hot & Cold)	
	Floor Drain	

Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )	Wet Type Sprinkler	
	Dry Type Sprinkler	
	Pre-Action Dry Type Sprinkler	
	Chemical Fire Suppression	
	Air/Steam/Oxygen/Vacuum	
	Connect to Emergency Generator	
	Connect to UPS	

Doors Specify Type Single 36" Double 36" Other (specify size & no.) Solid Wood: Hollow Metal: X Rated: With Glass: Side Light: X	Electric Power Receptacles:		
	Type	Duplex	Quad
	Voltage	120v	120v
	Convenience		
	Dedicated		
	Computer		
	Amperes	20	

Wall Types: Or As Required By Code Ceiling High Solid: X Slab To Slab: Partial Height: Sound Attenuation: X Rated: Other:	Door Hardware: Specify Type Passage Lockset: Keyed Lockset: X Manual Pushpad: Electric Pushpad: Proximity Reader: Other:	Lighting		
		Indirect/Direct Recessed (2-tube)	X	
		Fluorescent, parabolic (2-tube)		
		Fluorescent, parabolic (3-tube)		
		Incandescent Down light		

Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:	Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:	Independently switched	X
		Dimmer switch(s) Number	
		Communications	
		# of Tel/Data receptacle boxes	
		Intercom	

Special Features & Remarks: (Use 2nd sheet as needed) Refer to Typical Requirements for power and data.	Sound System/Speakers	
	Sound Masking	
	Fiber Optics	
	Utilization of Space	
	7:00 AM - 7:00 PM	X

# Break Area

State Of New York  
Office Of General Services  
Real Estate Planning & Development

Space Program Room Data Sheet (Insert Room Name above)

<b>Project Name:</b> <b>Office of Medicaid Inspector General</b>	Division:	
	Bureau:	
	Section/Unit:	
<b>No. of Spaces @ Net Sq. Ft.</b>	<b>Total Net Sq. Ft.</b>	
1	175	

<b>Function of Space:</b> (Provide a description & number of occupants)	<b>Utilities</b> (place X as appropriate)	
	Heating	X
	Ventilation	X
	Cooling	X
	Winter Cooling (24 hrs x 7 days)	

<b>Relationship to Other Spaces:</b> (Describe as appropriate) Next to: Near: Away From: Other: TBD During Design	Humidification	
	Temperature Control	X
	Direct Exhaust	
	Water Supply: (Hot & Cold)	X
	Floor Drain	

<b>Finishes:</b> (Indicate material, color to be selected at a later date) Floor: VCT Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )	Wet Type Sprinkler		
	Dry Type Sprinkler		
	Pre-Action Dry Type Sprinkler		
	Chemical Fire Suppression		
	Air/Steam/Oxygen/Vacuum		
	Connect to Emergency Generator		
	Connect to UPS		
	Electric Power Receptacles:		
	Type	Duplex	Quad
	Voltage	120v	120v

<b>Doors Specify Type</b> Solid Wood: Hollow Metal: Rated: With Glass: Side Light:	Single 36"	Double 36"	Other (specify size & no.)

<b>Wall Types:</b> Or As Required By Code Ceiling High Solid: Slab To Slab: Partial Height: Sound Attenuation: Rated: Other:	X	<b>Door Hardware:</b> Specify Type Passage Lockset: Keyed Lockset: Manual Pushpad: Electric Pushpad: Proximity Reader: Other:	<b>Lighting</b>		
			Indirect/Direct Recessed (2-tube)	X	
			Fluorescent, parabolic (2-tube)		
			Fluorescent, parabolic (3-tube)		
			Incandescent Down light		

<b>Special Needs/Equipment Requirements:</b> (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:	Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:	Independently switched	X
		Dimmer switch(s) Number	
		<b>Communications</b>	
		# of Tel/Data receptacle boxes	0
		Intercom	

<b>Special Features &amp; Remarks:</b> (Use 2nd sheet as needed)	Sound System/Speakers	
	Sound Masking	
	Fiber Optics	
	<b>Utilization of Space</b>	
	7:00 AM - 7:00 PM	X

# Conference Room

State Of New York  
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

<b>Project Name:</b> <b>Office of Medicaid Inspector General</b>		<b>Division:</b>			
		<b>Bureau:</b>			
		<b>Section/Unit:</b>			
		<b>No. of Spaces @ Net Sq. Ft.</b>		<b>Total Net Sq. Ft.</b>	
		1		225	
				225	
<b>Function of Space:</b> (Provide a description & number of occupants) Meeting space for approx 12 occupants			<b>Utilities</b> (place X as appropriate)		
			Heating X		
			Ventilation X		
			Cooling X		
			Winter Cooling (24 hrs x 7 days)		
			Humidification		
			Temperature Control X		
			Direct Exhaust		
			Water Supply: (Hot & Cold)		
			Floor Drain		
			Wet Type Sprinkler		
			Dry Type Sprinkler		
			Pre-Action Dry Type Sprinkler		
			Chemical Fire Suppression		
			Air/Steam/Oxygen/Vacuum		
			Connect to Emergency Generator		
			Connect to UPS		
<b>Relationship to Other Spaces:</b> (Describe as appropriate) Next to: Near: Centrally located Away From: Other:			<b>Electric Power Receptacles:</b>		
			Type Duplex Quad		
			Voltage 120v 120v		
			Convenience 3		
			Dedicated		
			Computer 1		
			Amperes 20		
<b>Finishes:</b> (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )			<b>Lighting</b>		
			Indirect/Direct Recessed (2-tube) X		
			Fluorescent, parabolic (2-tube)		
			Fluorescent, parabolic (3-tube)		
			Incandescent Down light		
			Fluorescent, Down light		
			Decorative wall sconce		
			Independently switched X		
			Dimmer switch(s) Number		
<b>Doors Specify Type</b>			<b>Communications</b>		
Single 36" Double 36" Other (specify size & no.)			# of Tel/Data receptacle boxes 1		
Solid Wood:			Intercom		
Hollow Metal: X			Cable TV		
Rated:			A/V-Satellite Connection		
With Glass: X			Sound System/Speakers		
Side Light:			Sound Masking		
			Fiber Optics		
			<b>Utilization of Space</b>		
			7:00 AM - 7:00 PM X		
			24 hrs./day x 7 days/week		
			Other		
<b>Wall Types:</b> Or As Required By Code Ceiling High Solid: X Slab To Slab: Partial Height: Sound Attenuation: X Rated: Other:			<b>Door Hardware:</b> Specify Type Passage Lockset: Keyed Lockset: Manual Pushpad: Electric Pushpad: Proximity Reader: Other:		
<b>Special Needs/Equipment Requirements:</b> (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: X Other:			Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:		
<b>Special Features &amp; Remarks:</b> (Use 2nd sheet as needed)					



# File Room

State Of New York  
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: <b>Office of Medicaid Inspector General</b>	Division:		
	Bureau:		
	Section/Unit:		
<b>No. of Spaces @ Net Sq. Ft.</b>		<b>Total Net Sq. Ft.</b>	
1 @ 400		400	

Function of Space: (Provide a description & number of occupants) File Storage	<b>Utilities</b> (place X as appropriate)	
	Heating	X
	Ventilation	X
	Cooling	X
	Winter Cooling (24 hrs x 7 days)	

Relationship to Other Spaces: (Describe as appropriate) Next to: Near: Centrally located near program unit Away From: Other:	Humidification	
	Temperature Control	X
	Direct Exhaust	
	Water Supply: (Hot & Cold)	
	Floor Drain	

Finishes: (Indicate material, color to be selected at a later date) Floor: Carpet Tiles Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )	Wet Type Sprinkler	
	Dry Type Sprinkler	
	Pre-Action Dry Type Sprinkler	
	Chemical Fire Suppression	
	Air/Steam/Oxygen/Vacuum	
	Connect to Emergency Generator	
	Connect to UPS	

Doors Specify Type Single 36" Double 36" Other (specify size & no.) Solid Wood: Hollow Metal: X Rated: With Glass: Side Light:	<b>Electric Power Receptacles:</b>		
	Type	Duplex	Quad
	Voltage	120v	120v
	Convenience	3	
	Dedicated		
	Computer		
	Amperes	20	

Wall Types: Or As Required By Code Ceiling High Solid: X Slab To Slab: Partial Height: Sound Attenuation: Rated: Other:	Door Hardware: Specify Type Passage Lockset: Keyed Lockset: X Manual Pushpad: Electric Pushpad: Proximity Reader: Other:	<b>Lighting</b>		
		Indirect/Direct Recessed (2-tube)	X	
		Fluorescent, parabolic (2-tube)		
		Fluorescent, parabolic (3-tube)		
		Incandescent Down light		

Special Needs/Equipment Requirements: (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:	Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:	Independently switched	X
		Dimmer switch(s) Number	
		<b>Communications</b>	
		# of Tel/Data receptacle boxes	
		Intercom	

Special Features & Remarks: (Use 2nd sheet as needed)	Cable TV	
	A/V-Satellite Connection	
	Sound System/Speakers	
	Sound Masking	
	Fiber Optics	
	<b>Utilization of Space</b>	
	7:00 AM - 7:00 PM	X

# Server Room

State Of New York  
Office Of General Services  
Real Estate Planning & Development

## Space Program Room Data Sheet (Insert Room Name above)

<b>Project Name:</b> <b>Office of Medicaid Inspector General</b>	<b>Division:</b>	
	<b>Bureau:</b>	
	<b>Section/Unit:</b>	
<b>No. of Spaces @ Net Sq. Ft.</b>	<b>Total Net Sq. Ft.</b>	
1	300	300

<b>Function of Space:</b> (Provide a description & number of occupants) Secure conditioned space to house network equipment and servers	<b>Utilities</b> (place X as appropriate)	
	Heating	
	Ventilation	X
	Cooling	X
	Winter Cooling (24 hrs x 7 days)	X

<b>Relationship to Other Spaces:</b> (Describe as appropriate) Next to: Near: Centrally located Away From: Other:	Humidification	
	Temperature Control	X
	Direct Exhaust	
	Water Supply: (Hot & Cold)	
	Floor Drain	

<b>Finishes:</b> (Indicate material, color to be selected at a later date) Floor: VCT Base: Vinyl-Rubber Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish) Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish) Ceiling: Acoustical Lay-in Tile Ceiling Hgt: 9'-0"; or specify other as appropriate ( )	Wet Type Sprinkler	
	Dry Type Sprinkler	
	Pre-Action Dry Type Sprinkler	
	Chemical Fire Suppression	
	Air/Steam/Oxygen/Vacuum	
	Connect to Emergency Generator	
	Connect to UPS	
	Electric Power Receptacles:	
	Type Duplex Quad	
	Voltage 120v 120v	

<b>Doors Specify Type</b> Solid Wood: Hollow Metal: Rated: With Glass: Side Light:	Single 36"	Double 36"	Other (specify size & no.)
	X		

<b>Wall Types:</b> Or As Required By Code Ceiling High Solid: Slab To Slab: Partial Height: Sound Attenuation: Rated: Other:	<b>Door Hardware:</b> Specify Type Passage Lockset: Keyed Lockset: Manual Pushpad: Electric Pushpad: Proximity Reader: Other:	<b>Lighting</b>	
		Indirect/Direct Recessed (2-tube)	X
		Fluorescent, parabolic (2-tube)	
		Fluorescent, parabolic (3-tube)	
		Incandescent Down light	

<b>Special Needs/Equipment Requirements:</b> (Use 2nd sheet as needed) Floor load: Security: Casework: Chair Rail: Other:	Projector Screen-Manual: Projector Screen-Electric: Ceiling Mount Projector: White Bd w/Presentation Rail: Wall Mounted Tack Strip:	Independently switched	X
		Dimmer switch(s) Number	
		<b>Communications</b>	
		# of Tel/Data receptacle boxes	2
		Intercom	

<b>Special Features &amp; Remarks:</b> (Use 2nd sheet as needed) Provide special power as required to support agency equipment. Provide 4'x8'x3/4" fire retardent plywood mounted horizontally on wall. Provide 20 linear feet of cable tray.	Sound System/Speakers	
	Sound Masking	
	Fiber Optics	
	<b>Utilization of Space</b>	
	7:00 AM - 7:00 PM	X

