

Office of Children & Family Services
445 Hamilton Ave, White Plains
Room Data Sheets for OGS Project No. 6342

Sheet	Name	Date	Space Form Reference # (For Reference purposes only)
1	Summary List	08/26/14	
2	Typical Space Requirements (sheet 1 of 2)	08/26/14	
3	Typical Space Requirements (sheet 2 of 2)	08/26/14	
4	Offices	08/26/14	
5	Conference Room	08/26/14	
6	Copy/Mail Room	08/26/14	
7	File Room	08/26/14	
8	Storage Room	08/26/14	
9	Work/Training Room	08/26/14	
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
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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

Project Name:		Division:																								
Office of Children & Family Services		Bureau:																								
		Section/Unit:																								
		No. of Spaces	@ Net Sq. Ft.	Total Net Sq. Ft.																						
Function of Space: (Provide a description & number of occupants)		Utilities (place X as appropriate)																								
Workstations, offices, files, furniture & employee spaces along with associated equipment for the purpose of performing daily Agency office functions.		Heating X																								
		Ventilation X																								
		Cooling X																								
		Winter Cooling (24 hrs x 7 days)																								
Relationship to Other Spaces: (Describe as appropriate)		Humidification																								
		Temperature Control X																								
Next to: Near: Away From: Other:		Direct Exhaust																								
		Water Supply: (Hot & Cold)																								
Finishes: (Indicate material, color to be selected at a later date)		Floor Drain																								
		Wet Type Sprinkler																								
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 ()		Dry Type Sprinkler																								
		Pre-Action Dry Type Sprinkler																								
Doors Specify Type		Chemical Fire Suppression																								
		Air/Steam/Oxygen/Vacuum																								
Single 36" Double 36" Other (specify size & no.)		Connect to Emergency Generator																								
		Connect to UPS																								
Solid Wood: Hollow Metal: Rated: With Glass: Side Light:		Electric Power Receptacles:																								
		<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Type</th> <th style="width:20%;">Duplex</th> <th style="width:20%;">Quad</th> <th style="width:30%;"></th> </tr> </thead> <tbody> <tr> <td>Voltage</td> <td>120v</td> <td></td> <td>120v</td> </tr> <tr> <td>Convenience</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Dedicated</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Computer</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Amperes</td> <td>20</td> <td></td> <td></td> </tr> </tbody> </table>			Type	Duplex	Quad		Voltage	120v		120v	Convenience				Dedicated				Computer				Amperes	20
Type	Duplex	Quad																								
Voltage	120v		120v																							
Convenience																										
Dedicated																										
Computer																										
Amperes	20																									
Wall Types: Or As Required By Code		Door Hardware: Specify Type		Lighting																						
Ceiling High Solid: Slab To Slab: Partial Height: Sound Attenuation: Rated: Other:		Passage Lockset: Keyed Lockset: Manual Pushpad: Electric Pushpad: Proximity readers Other:		Indirect/Direct Recessed (2-tube) X																						
				Fluorescent, parabolic (2-tube)																						
				Fluorescent, parabolic (3-tube)																						
				Incandescent Down light																						
				Fluorescent, Down light																						
				Decorative wall sconce																						
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)				Independently switched																						
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:		Dimmer switch(s) Number																						
				Communications																						
				# of Tel/Data receptacle boxes																						
				Intercom																						
				Cable TV																						
				A/V-Satellite Connection																						
				Sound System/Speakers																						
				Sound Masking																						
				Fiber Optics																						
Special Features & Remarks: (Use 2nd sheet as needed)				Utilization of Space																						
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.				7:00 AM - 7:00 PM X																						
				24 hrs./day x 7 days/week																						
				Other																						

Typical Requirements (Sheet 2 of 2)

Space Program Room Data Sheet

Project Name: Office of Children & Family Services	Division: Bureau: Section/Unit:	
	No. of Spaces @ Net Sq. Ft.	Total Net Sq. Ft.

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 3 dedicated 20A duplex receptacles and 3 telecom/data boxes place as directed by OGS for copiers, printers, faxes and other specialized office equipment. Provide access for 17 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 balanced noise criteria (NCB) utilizing recommended ANSI levels are: executive areas & conference rooms 25-30 NCB, open plan office areas 35-40 NCB, computer equipment rooms 38-43 NCB, main lobby areas 38-48 NCB & libraries 33-37 NCB.
- 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: Office of Children & Family Services	Division:		
	Section/Unit:		
	No. of Spaces @ Net Sq. Ft.	Total Net Sq. Ft.	
	2	125	250
	1	150	150

Function of Space: (Provide a description & number of occupants) To provide workspace environment to perform agency and program duties.	Utilities (place X as appropriate)
	Heating <input checked="" type="checkbox"/>
	Ventilation <input checked="" type="checkbox"/>
	Cooling <input checked="" type="checkbox"/>
	Winter Cooling (24 hrs x 7 days)
	Humidification
	Temperature Control <input checked="" type="checkbox"/>
	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

Relationship to Other Spaces: (Describe as appropriate)	
Next to:	
Near:	
Away From:	
Other:	

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 ()	

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

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

Special Needs/Equipment Requirements: (Use 2nd sheet as needed)			Communications
Floor load:		Projector Screen-Manual:	# of Tel/Data receptacle boxes
Security:		Projector Screen-Electric:	Intercom
Casework:		Ceiling Mount Projector:	Cable TV
Chair Rail:		White Bd w/Presentation Rail:	A/V-Satellite Connection
Other:		Wall Mounted Tack Strip:	Sound System/Speakers
			Sound Masking
			Fiber Optics

Special Features & Remarks: (Use 2nd sheet as needed) Refer to Typical Requirements for power and data.	
	Utilization of Space
	7:00 AM - 7:00 PM <input checked="" type="checkbox"/>
	24 hrs./day x 7 days/week
	Other

Conference Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name:		Division:			
Office of Children & Family Services		Bureau:			
		Section/Unit:			
		No. of Spaces	@ Net Sq. Ft.	Total Net Sq. Ft.	
		1	250	250	
Function of Space: (Provide a description & number of occupants)			Utilities (place X as appropriate)		
Meeting space for approx 12 occupants			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		
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:		
Next to:			Type	Duplex	Quad
Near: Centrally located			Voltage	120v	120v
Away From:			Convenience	3	
Other:			Dedicated		
			Computer	1	
			Amperes	20	
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 ()				
Doors Specify Type					
	Single 36"	Double 36"	Other (specify size & no.)		
Solid Wood:					
Hollow Metal:	X				
Rated:					
With Glass:	X				
Side Light:					
Wall Types: Or As Required By Code			Door Hardware: Specify Type		
Ceiling High Solid:	X		Passage Lockset:		
Slab To Slab:			Keyed Lockset:		
Partial Height:			Manual Pushpad:		
Sound Attenuation:	X		Electric Pushpad:		
Rated:			Proximity Reader:		
Other:			Other:		
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)					
Floor load:			Projector Screen-Manual:		
Security:			Projector Screen-Electric:		
Casework:			Ceiling Mount Projector:		
Chair Rail:	X		White Bd w/Presentation Rail:		
Other:			Wall Mounted Tack Strip:		
Special Features & Remarks: (Use 2nd sheet as needed)					
			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		
			Communications		
			# of Tel/Data receptacle boxes	1	
			Intercom		
			Cable TV		
			A/V-Satellite Connection		
			Sound System/Speakers		
			Sound Masking		
			Fiber Optics		
			Utilization of Space		
			7:00 AM - 7:00 PM	X	
			24 hrs./day x 7 days/week		
			Other		

Copy/Mail Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name:		Division:			
Office of Children & Family Services		Bureau:			
		Section/Unit:			
		No. of Spaces @ Net Sq. Ft.		Total Net Sq. Ft.	
		1 @ 255		255	
Function of Space: (Provide a description & number of occupants)			Utilities (place X as appropriate)		
Receive/distribute mail and office supplies			Heating <input checked="" type="checkbox"/>		
			Ventilation <input checked="" type="checkbox"/>		
			Cooling <input checked="" type="checkbox"/>		
			Winter Cooling (24 hrs x 7 days)		
			Humidification		
			Temperature Control <input checked="" type="checkbox"/>		
			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		
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:		
Next to:			Type		
Near: Freight elevator			Duplex		
Away From: Executives and conference rooms			Quad		
Other:			Voltage		
			120v		
			Convenience		
			3		
			Dedicated		
			1		
			Computer		
			2		
			Amperes		
			20		
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 ()					
Doors Specify Type					
			Single 36"		
			Double 36"		
			Other (specify size & no.)		
Solid Wood:					
Hollow Metal: X					
Rated:					
With Glass:					
Side Light: X					
Wall Types: Or As Required By Code		Door Hardware: Specify Type		Lighting	
Ceiling High Solid: X		Passage Lockset:		Indirect/Direct Recessed (2-tube) <input checked="" type="checkbox"/>	
Slab To Slab:		Keyed Lockset: X		Fluorescent, parabolic (2-tube)	
Partial Height:		Manual Pushpad:		Fluorescent, parabolic (3-tube)	
Sound Attenuation: X		Electric Pushpad:		Incandescent Down light	
Rated:		Proximity Reader:		Fluorescent, Down light	
Other:		Other:		Decorative wall sconce	
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)			Independently switched <input checked="" type="checkbox"/>		
Floor load:			Dimmer switch(s) Number		
Security:			Communications		
Casework:			# of Tel/Data receptacle boxes		
Chair Rail:			2		
Other:			Intercom		
			Cable TV		
			A/V-Satellite Connection		
			Sound System/Speakers		
			Sound Masking		
			Fiber Optics		
Special Features & Remarks: (Use 2nd sheet as needed)			Utilization of Space		
			7:00 AM - 7:00 PM <input checked="" type="checkbox"/>		
			24 hrs./day x 7 days/week		
			Other		

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:		Division:			
Office of Children & Family Services		Bureau:			
		Section/Unit:			
		No. of Spaces	@ Net Sq. Ft.	Total Net Sq. Ft.	
		1	150	150	
Function of Space: (Provide a description & number of occupants)			Utilities (place X as appropriate)		
File Storage			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		
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:		
Next to:			Type	Duplex	Quad
Near: Centrally located			Voltage	120v	120v
Away From:			Convenience	3	
Other:			Dedicated		
			Computer		
			Amperes	20	
Finishes: (Indicate material, color to be selected at a later date)			Lighting		
Floor: Carpet Tiles			Indirect/Direct Recessed (2-tube)	X	
Base: Vinyl-Rubber			Fluorescent, parabolic (2-tube)		
Walls: Eggshell or Satin Paint; (1-coat primer, 2-coats finish)			Fluorescent, parabolic (3-tube)		
Trim: Semi-gloss Paint; (1-coat primer, 2-coats finish)			Incandescent Down light		
Ceiling: Acoustical Lay-in Tile			Fluorescent, Down light		
Ceiling Hgt: 9'-0"; or specify other as appropriate ()			Decorative wall sconce		
			Independently switched	X	
			Dimmer switch(s) Number		
Doors Specify Type			Communications		
	Single 36"	Double 36"	Other (specify size & no.)	# of Tel/Data receptacle boxes	
Solid Wood:				Intercom	
Hollow Metal:	X			Cable TV	
Rated:				A/V-Satellite Connection	
With Glass:				Sound System/Speakers	
Side Light:				Sound Masking	
			Fiber Optics		
Wall Types: Or As Required By Code			Door Hardware: Specify Type		
Ceiling High Solid:	X		Passage Lockset:		
Slab To Slab:			Keyed Lockset:	X	
Partial Height:			Manual Pushpad:		
Sound Attenuation:			Electric Pushpad:		
Rated:			Proximity Reader:		
Other:			Other:		
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)			Projector Screen-Manual:		
Floor load:			Projector Screen-Electric:		
Security:			Ceiling Mount Projector:		
Casework:			White Bd w/Presentation Rail:		
Chair Rail:			Wall Mounted Tack Strip:		
Other:					
Special Features & Remarks: (Use 2nd sheet as needed)			Utilization of Space		
			7:00 AM - 7:00 PM	X	
			24 hrs./day x 7 days/week		
			Other		

Work/Training Room

State Of New York
Office Of General Services

Space Program Room Data Sheet (Insert Room Name above)

Real Estate Planning & Development

Project Name: Office of Children & Family Services		Division:						
		Bureau:						
		Section/Unit:						
		No. of Spaces	@ Net Sq. Ft.	Total Net Sq. Ft.				
		1	130	130				
Function of Space: (Provide a description & number of occupants) Private work/training space			Utilities (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					
Relationship to Other Spaces: (Describe as appropriate)			Electric Power Receptacles:					
Next to:			Type	Duplex	Quad			
Near:			Voltage	120v	120v			
Away From:			Convenience	2				
Other:			Dedicated	1				
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 ()			Computer	2				
			Amperes	20				
			Doors Specify Type			Lighting		
				Single 36"	Double 36"	Other (specify size & no.)		
			Solid Wood:				Indirect/Direct Recessed (2-tube)	X
Hollow Metal:	X			Fluorescent, parabolic (2-tube)				
Rated:				Fluorescent, parabolic (3-tube)				
With Glass:				Incandescent Down light				
Side Light:	X			Fluorescent, Down light				
				Decorative wall sconce				
				Independently switched	X			
				Dimmer switch(s) Number				
Wall Types: Or As Required By Code			Door Hardware: Specify Type					
Ceiling High Solid:	X		Passage Lockset:					
Slab To Slab:			Keyed Lockset:	X				
Partial Height:			Manual Pushpad:					
Sound Attenuation:	X		Electric Pushpad:					
Rated:			Proximity Reader:					
Other:			Other:					
Special Needs/Equipment Requirements: (Use 2nd sheet as needed)			Communications					
Floor load:			Projector Screen-Manual:					
Security:			Projector Screen-Electric:					
Casework:			Ceiling Mount Projector:					
Chair Rail:			White Bd w/Presentation Rail:					
Other:			Wall Mounted Tack Strip:					
			# of Tel/Data receptacle boxes					
			2					
			Intercom					
			Cable TV					
			A/V-Satellite Connection					
			Sound System/Speakers					
			Sound Masking					
			Fiber Optics					
			Utilization of Space					
			7:00 AM - 7:00 PM		X			
			24 hrs./day x 7 days/week					
			Other					
Special Features & Remarks: (Use 2nd sheet as needed)								