Feasibility Checklist

Use this Checklist with the original Project Proposal Form to determine feasibility of project.

Name of Requestor		Director of Operations or Finance Contact	
Date of Request		Building Number	
Contact Email		Room Number(s)	
Contact Phone Number		Work Order # (Original MC Ticket)	
Department			

Infrastructure

Will this project impact the existing infrastructure? If so, what are to cumulative effects of this change?

Item	Status	Follow-up
Access Points (Doors/Entrances, Hallways)		
Egress		
Emergency Exit Routes		
Occupancy Limits		
Fire/Safety Hazards		
Electrical		
Gas		
Equipment		
Signage for exits, rooms, offices		
HVAC		
Furniture		
Flooring		
Existing Walls		
Ceiling		
Electrical Panels		
Operation of Doors/Windows		

Impact

Will this project impede the space of other units or neighbors?

Unit or Department	Impacted Space	Status	Follow-up

Other

Will this project impact the infrastructure in a way that requires re-evaluation or re-certification?

Item	Status	Follow-up
Risk Management		
DRC/ADA		