UTRGV

Instructions for Correcting/Adding Data

1. Please verify that all the rooms, in a building or by department, appear on the list.

2. If a room(s) is/are missing, please add the room to the list and complete an individual room record for each room (attachment B).

3. After completing the audit, please complete the "Certification Form" (Attachment D) and return the corrected individual room records and/or list to Jazmin Zuniga, EASFC1.226.

4. Should questions arise, please contact the Facilities Planning & Operations at extension 2993.

5. Return this report to EASFC 1.226 no later than September 30, 2016.

THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
ADD/UPDATE/INQUIRE ROOMS INVENTORY

Date: _____

Building #: _____

Building Name #: _____

PREVIOUS INFORMATION:

Department: _____

Room Type: _____	Primary Room Use Code: _____	
Primary CIP Code: _____	Primary Prorated Use: _____	
Secondary - CIP Code: _____	Remaining CIP Code: _____	
Secondary Use Code: _____	Remaining Use Code: _____	
Secondary Prorated Use: _____	Remaining Prorated Use: _____	

NEW INFORMATION:

Department: _____

Room Type: _____	Primary Room Use Code: _____	
Primary CIP Code: _____	Primary Prorated Use: _____	
Secondary - CIP Code: _____	Remaining CIP Code: _____	
Secondary Use Code: _____	Remaining Use Code: _____	
Secondary Prorated Use: _____	Remaining Prorated Use: _____	

STRUCTURAL CHANGES MADE TO THE ROOM:

☐ NO

☐ YES   New Room square footage: _____

Please contact Jazmin Zuniga at x2993 or email jazmin.zuniga@utrgv.edu if room needs to be measured.

Instructions Regarding Codes

CIP (classification of instructional programs) Codes

* Instructional departments should use the same CIP codes that are presently being used for their approved degree program.

Space Use Codes (Type)

* Each room has one best space use code.

* A space use code indicates either a primary activity or a service area. Primary activity areas always end with a "0" (e.g., 310 for office). If a room is significantly dependent on the existence of another room, a service code, which ends with a "5", is appropriate (e.g., 315 office service-storage room).

Room Capacities

* If a room is assigned the following room type, then room capacities must be identified: classroom (110), class laboratory (210), special class laboratory (220), conference room (350), reading/study room (410), open-stack study room (430), assembly (610), and meeting room (680).

NOTE: Rooms with 50 or more people (students plus instructor) MUST have more than one door for entrance/exit or else the room will be non-compliant with life safety codes.

Functional Category Codes (Usage Code)

Classification of a room is often determined by the program's finding: state, auxiliary, federal or private; and, classification is often determined by whom the program serves.

* Often rooms are utilized for more than one type of activity or are shared by two or more departments. In such cases, all activities must be indicated on the room record by pro-rating the use. To determine pro-ration, ask the users which departments use the room and for what purpose. The percentage of use is usually expressed as time estimates. Enter the percentage of use for each type of activity ensuring that the total percentage of use equals 100% (e.g., instruction 62%, recreational 38%). These percentages should reflect use for Fall 2016.

* Percentages may be used in describing split use for CIP and Room Usage as Primary, Secondary, and Remaining use.

> NOTE: THIS SECTION IS EXTREMELY IMPORTANT, AS THERE WERE SEVERAL AUDIT FINDINGS REGARDING THE USAGE CODE BELOW.

* Usage Code 46 should be used for academic administration while use code 11 should be for faculty office. In the cases that a Chair of a department or Dean are also faculty the usage code should be split between 11 and 46 using the appropriate percentage for each code.

Percentages cannot be applied to Space usage.

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CERTIFICATION FORM
PLEASE SIGN AND ATTACH TO FACILITIES INVENTORY

College (if entire college was audited by one person): _____

Department or Office: _____

"I hereby certify that, to the best of my knowledge, the attached survey is a fair representation of our college/department/office space for fiscal year **September 1, 2016 - August 31, 2017**. I also understand that the Assets Management Office will report these changes, additions, deletions to the Texas Higher Education Coordinating Board."

Person completing the survey:

Name (printed): _____

Signature: _____

Phone Number: _____

Date: _____

Approved by:

_____
Department Supervisor