You must complete this form to request a change in physical space or a change in how space is allocated on the LJMU campus. Send your completed form to Mike Freeman (Head of Space & Asset Management) [m.k.freeman@ljmu.ac.uk](mailto:m.k.freeman@ljmu.ac.uk) . **The requestor must receive written approval from Estates and Facilities Management prior to proceeding with any changes.**

**1. CONTACT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Faculty/Division |  | Date: |  |
| Department: |  | | |
| Name: |  | | |
| Contact Tel: |  | | |
| Contact Email: |  | | |
| Name of Faculty/Division authoriser: |  | | |

**2. DESCRIPTION OF SPACE (CURRENT)**

|  |  |
| --- | --- |
| Campus Name: |  |
| Building Name: |  |
| Room Number/s: |  |
| Current Occupancy: |  |
| Current Usage: |  |

**3. PROPOSED CHANGES TO THE SPACE or INTRODUCTION OF EQUIPMENT**

|  |  |
| --- | --- |
| What changes are proposed? |  |
| Reasons for change? |  |
| Is significant re-modelling work required? | Yes  No |
| What equipment (AV, furniture etc.) new or used (if any) is being proposed? |  |
| What is the proposed “New” Occupancy for space? |  |
| What date is the change required by? |  |
| Does this request impact other faculties / departments / building users? | Yes  No |
| Confirm a risk assessment has been completed (where required) and enclosed with this form? | Yes  No |

* An area plan showing the general changes should be provided with this form.
* Additional information can be provided if needed, on separate sheets.

**4. SPACE CHANGE TECHNICAL REVIEW (ESTATE MANAGEMENT)**

|  |  |
| --- | --- |
| **Ref. No.** |  |

The following responders are required to reply to this request:

|  |  |  |
| --- | --- | --- |
| **Section** | **Name** | **Response required** |
| 4A: Space Management | Mike Freeman | Yes  No |
| 4B: Sustainability | Nia Pryce Williams | Yes  No |
| 4C: Timetabling | Ian Gould Jones | Yes  No |
| 4D: Mechanical, Electrical, & Access | Dave Hannigan/Will Duckworth | Yes  No |
| 4E: Health & Safety, & Fire Safety | Barry Smylie | Yes  No |
| 4F: Security | Gaynor Morris | Yes  No |

**4A: Space Management (Head of Space & Asset Management)**

|  |  |  |
| --- | --- | --- |
| Is the proposed space area a strategic fit? | Yes  No | Note: |
| Will the change increase space usage? | Yes  No | Note: |
| Additional notes: | | |

**4B: Sustainability (Energy Manager)**

|  |  |  |
| --- | --- | --- |
| Will energy or water consumption increase? | Yes  No | Note: |
| Is there a more sustainable solution? | Yes  No | Note: |
| Additional notes: | | |

**4C: Timetabling - University Timetabling Manager**

|  |  |  |
| --- | --- | --- |
| Is there an impact on room scheduling? | Yes  No | Note: |
| Is it expected the space will be centrally timetabled? | Yes  No | Note: |
| Additional notes: | | |

**4D: Mechanical, Electrical, & Access (Head of Maintenance & Infrastructure)**

|  |  |
| --- | --- |
| Will the proposed change impact the following? | |
| Power or data | Yes  No |
| Lighting | Yes  No |
| Hot & cold-water supplies | Yes  No |
| Fire alarms/detection | Yes  No |
| Ventilation limits | Yes  No |
| Will any systems or supplies be temporarily offline? | Yes  No |
| Does any equipment require to be rated or tested? | Yes  No |
| Access or egress | Yes  No |
| Lifts | Yes  No |
| Floor loading | Yes  No |
| Access to risers, panels, DBs, etc. | Yes  No |
| Other (please specify) | Note: |
| Additional notes: | |

**4E: Health & Safety (Operational H&S Manager)**

|  |  |
| --- | --- |
| Will the proposed change impact the following? | |
| Asbestos | Yes  No |
| Fire compartmentation | Yes  No |
| Means of escape | Yes  No |
| Fire detection or alarm system | Yes  No |
| Occupancy figures | Yes  No |
| Is a new Fire Risk Assessment required? | Yes  No |
| Other (please specify) | Note: |
| Are there any temporary works considerations? | Yes  No |
| Additional notes: | |

**4F: Security (Head of Campus Support Security)**

|  |  |  |
| --- | --- | --- |
| Is work required to CCTV systems? | Yes  No | Note: |
| Is work required to Intruder Alarm systems? | Yes  No | Note: |
| Additional notes: | | |

**Approval**

|  |  |
| --- | --- |
| Director of Estate Development: |  |
| **Approve**  **Reject** | |
| Notes: |  |
| Endorsement by ECPSG: |  |
| Dated: |  |

**NB. Requests that require additional resources will require approval of a Business Case by Planning and Resources Committee**

