**All details on this form to be completed**

**1. GENERAL**

|  |  |  |  |
| --- | --- | --- | --- |
| **Faculty/Division** |  | **Date:** |  |
| **Department:** |  | **Form Revision:** |  |
| **Person Completing:** |  | | |
| **Position:** |  | | |
| **Contact Tel:** |  | | |
| **Contact Email:** |  | | |
| **Faculty/Divisional Lead (Authorised By):** |  | | |

**2. ABOUT THE SPACE (CURRENT)**

|  |  |
| --- | --- |
| **Campus Area:** |  |
| **Building Name:** |  |
| **Floor:** |  |
| **Room Number/s:** |  |
| **Current Occupancy:** |  |

|  |  |
| --- | --- |
| **Current Space Usage:** |  |
| **Activities:** |  |
| **Current Furniture & Equipment:** |  |
| **Why is the change required:** |  |
| **Has the current space received grant funding in the past for the space and/or equipment within it?** |  |

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

|  |  |
| --- | --- |
| **What changes are proposed?** |  |
| **What will the space be used for?** |  |
| **What equipment and furniture is required to be installed or used within the space?**  **Will there be a change to the number or position of computers used in this space?** |  |
| **Is significant re-modelling work required?** |  |
| **What equipment new or used (if any) is being proposed?** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Current Space Envelope m²:** |  | **Proposed Space Envelope m²:** |  |

|  |  |
| --- | --- |
| **What date is the change required by:** |  |

|  |  |
| --- | --- |
| **What is the proposed “New” Occupancy for space?** |  |

|  |  |
| --- | --- |
| **Does this request impact on other faculties / departments / building users?** |  |

|  |  |
| --- | --- |
| **Confirm a risk assessment has been completed (where required) and enclosed with this form** |  |

**An area plan showing the general changes should be provided with this form.**

**Additional information can be provided if needed, on separate sheets.**

**Please email completed form to** [**EstateManagementHelpdeskTeam@ljmu.ac.uk**](mailto:EstateManagementHelpdeskTeam@ljmu.ac.uk)

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

|  |  |
| --- | --- |
| Unique Reference No |  |
| Date Received: |  |

This form will be reviewed by the following Service Management Teams:-

* Space Management
* Statutory Maintenance
* General Maintenance
* Programme Development
* CDM
* Health Safety & Environment – Fire Safety Advisor
* Timetabling

**4A: Space Management – Head of Business & Stakeholder Services**

**4B: Sustainability - Engineering Services Manager**

|  |  |  |
| --- | --- | --- |
| **Will energy or water consumption rise as a result of the change?** | Yes  No | Note: |
| **Is there a more sustainable solution?** | Yes  No | Note: |

**4C: Grant Funding - Head of Business & Stakeholder Services**

|  |  |  |
| --- | --- | --- |
| **Has the current space received grant funding in the past?** | Yes  No | Note: |
| **Does the grant funding impact on the proposed change** | Yes  No | Note: |

**4D: Mechanical & Electrical Installations - Head of Maintenance & Infrastructure**

|  |  |  |
| --- | --- | --- |
| **Is the electrical loading sufficient to accommodate the proposed change?** | Yes  No | Note: |
| **Are additional power or data outlets required?** | Yes  No | Note: |
| **Are alterations to the hot and cold water supplies required?** | Yes  No | Note: |
| **Is work required to Fire Alarms?** | Yes  No | Note: |
| **Is current ventilation suitable for the proposed change?** | Yes  No | Note: |
| **Does any proposed equipment require additional ventilation or LEV to be installed?** | Yes  No | Note: |
| **Is the work in an existing designated DSEAR zone?** | Yes  No | Note: |
| **Does any mechanical or electrical equipment require to be ATEX rated?** | Yes  No | Note: |
| **Are there any pressure systems involved?** | Yes  No | Note: |
| **Will the works require any systems or supplies to be temporarily offline?** | Yes  No | Note: |
| **Does any equipment where moved, second hand, etc, require to be tested for compliance before use?** | Yes  No | Note: |

**4E: Security - Head of Campus Support Security**

|  |  |  |
| --- | --- | --- |
| **Is work required to CCTV systems?** | Yes  No | Note: |
| **Are any alterations required to the Intruder Alarm System** | Yes  No | Note: |
| **Is work required to access control systems?** | Yes  No | Note: |

**4F: Fire Safety - Fire Safety Advisor**

|  |  |  |
| --- | --- | --- |
| **Will the change affect the fire compartmentation properties of the area / room / building?** | Yes  No | Note: |
| **Will the change affect the means of escape internally or externally? (Consider means of escape for persons with reduced mobility)** | Yes  No | Note: |
| **Will the change affect any existing DSEAR zones (gas / dust)?** | Yes  No | Note: |
| **Will the change bring about a potentially new DSEAR Zone (gas / dust)?**  **DSEAR Risk Assessment required….** | Yes  No | Note: |
| **Will a new Fire Risk Assessment need to be conducted?** | Yes  No | Note: |
| **Will additional fire-fighting equipment be required?** | Yes  No | Note: |
| **Is there any proposed change to fire detection or alarm system?** | Yes  No | Note: |
| **Is void detection required as part of the change?** | Yes  No | Note: |
| **Will there be any additional requirement / change to fire doors?** | Yes  No | Note: |
| **Will the change affect the internal or external fabric of the building? i.e. penetrations though compartmentation** | Yes  No | Note: |
| **Does the change increase the occupancy (total number of persons) for the room, area or building?** | Yes  No | Note: |

**4G: General Access - Head of Maintenance & Infrastructure**

|  |  |  |
| --- | --- | --- |
| **Have DDA access provisions been considered?** | Yes  No | Note: |
| **Is there any unusual access identified as part of the change?** | Yes  No | Note: |
| **Will change of space increase the volume of pedestrian traffic in or around the room / area?** | Yes  No | Note: |
| **Are current entrance / exit points (internal and external) adequate to cope with any additional demand?** | Yes  No | Note: |
| **If upper floors, are lifts of an adequate size to cope with any additional demand?** | Yes  No | Note: |
| **Are the proposed loadings for the floor or area suitable?** | Yes  No | Note: |
| **Will the new layout of the area create access issues to risers, panels, DBs, etc?** | Yes  No | Note: |

**4H: General H&S Considerations - Operational H&S Manager**

|  |  |  |
| --- | --- | --- |
| **Is there asbestos present / likelihood of disturbing asbestos risk during the works?** | Yes  No | Note: |
| **Are there any temporary works considerations?** | Yes  No | Note: |
| **Will any inspections be required following the works?** |  |  |
| **Are there any potential conflicts with other users or stakeholders?** | Yes  No | Note: |
| **Will the activity be a temporary or permanent change / likely to be changed in the future?** | Yes  No | Note: |
| **Other:** |  |  |
|  |  |  |
|  |  |  |

**4I: Timetabling - University Timetabling Manager**

|  |  |  |
| --- | --- | --- |
| **Will this repurposing create an issue with scheduling or room booking?** | Yes  No | Note: |
| **Is the expectation that this space appears on the Central Timetable? If so, what information will be required?** | Yes  No | Note: |
| **What other information will the Central Timetabling require?** | Yes  No | Note: |
| **Timetabling Approver** | Ian Gould-Jones | |

**5 : Further Consultation Required**

|  |  |  |
| --- | --- | --- |
| **Does this proposed change impact other Faculty/ Service Teams?** | Yes  No | Please specify: |

**Approval**

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

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

**ROOM / AREA CHANGE REQUEST FLOW PROCESS**

Faculty/Divisional representative completes the change of use request form (sections 1-3) and provides the name of the Faculty / Divisional Lead (Authoriser)

Note: A copy of the area floor plan should be obtained from Estates to be used for general annotation

Completed form (sections 1-3) provided to the Space Management Team for initial review

Space Management Team provides a copy of the form to the relevant Service Management Team leads for review (Statutory Compliance etc.) See list at top of Estate Review (form section 4)

Determine if Change of Use Form can progress for approval or if a Business Case for additional resources is required.

Service Management Team leads to provide comments to Space Management Team along with any additional requirements or requests for information

Feedback to Submitter

Feedback to Submitter

Submit to Director of Estate Development for approval and onward endorsement by ECPSG.