

## Project Requirements Checklist (PRC)

Date: \_\_\_\_\_ (Rev J)

Project Lead: \_\_\_\_\_ Project No: \_\_\_\_\_

Description: \_\_\_\_\_

Customer Functional Objective: \_\_\_\_\_

Justification: \_\_\_\_\_

Project Priority (1,2,3): Cost \_\_\_\_\_ Schedule \_\_\_\_\_ Performance/Scope \_\_\_\_\_

### Customer

Constraints:  Schedule  Budget  Other – Costing, Construction Window, Funding  
 Construction Sequencing/Operational Restrictions  Room/Building Access  
 Turn Around Space Required  Special Training  SFE  Change Control  
 Special Accept. Testing/Calibration/Program  Comprehensive O&M Manual - special equip.

**Safety/IH**  Yes  No **If Yes, see AP 216 for Safety and IH Reviews**

Safety Precautions – Chemical, Biological, Radiological  Environmental Concerns  
 Mods to Lab Exhausts or Drains  Other ES&H hazards in PHS

**Area/Bldg Management**  Yes

Issues Pertaining to Space Ownership  Impacts to Building/Space Design Basis  
 Affecting/Impacting SMU/SMG Plans or other Projects or Building Occupants  
 Change in Space Chargeback

**Architecture**  Yes  No

Modification to Space/Building Envelope  Space/Office Layout  Accessibility  
 Exit Corridors/Area Separations  Signage  Occupancy Classification  
 Systems Furniture/Furnishings  Restrooms  Doors/Door Hardware  
 Paint/Finishes  Roofing/Penetrations  Flooring  Conference Rooms/AV

**Sites Planning/Infrastructure**  Yes\*  No

**\* If Yes, see AP 222 and Complete the Site Modification Review Request.**

**Sites Planning:**  Site Development – Building Placement; Emergency Access/Building Exits/Gathering Areas; Service Areas; Storage Areas, etc.  Site Selection  
 Landscaping/Irrigation  Pedestrian Paths/Accessibility  Roads/Parking  
 Traffic Lights/Sign.  Site Light.  Hazards Mapping  EM Review  KAFB Permits  
**Infrastructure:**  Sanitary Sewer  Water – Chilled, FP, Domestic  Natural Gas  
 Roads/Parking  Site Power/Electric  Chilled Water  Storm Water Drainage  Comm

**Mechanical**  Yes  No

Comfort Conditioning - HVAC  Process Cooling  Compressed Air  
 Cryogenics/ Gasses/DI/Acid Drain/Vacuum  Fume Hoods  Exhaust Systems  
 Air Filtration – HEPA  System/Equipment Redundancy/Reliability – HVAC  
 Natural gas use – conformance w/ '05 DOE Energy Act  Commissioning – T&B  
**Controls:** POC Mike Rocco Phone 844-4132  Space/System Control – temp, humidity, pressure  
 Customer Monitor. Station  Central Reporting and Control - FCS  Customer Notification

**Structural**  Yes  No

New/Modification to Building/Structure  Installation/Move of Heavy Equipment  
 Vibration Sensitive Equipment  ALARA/Shielding

<b>Fire Protection</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Fire Protection:</b> <input type="checkbox"/> Change of Occupancy <input type="checkbox"/> In-Rack Storage-Combustibles <input type="checkbox"/> Code Analysis/Code Footprint <input type="checkbox"/> Permits <b>Fire Protection/Suppression:</b> <input type="checkbox"/> Automatic Sprinkler/Suppression System <input type="checkbox"/> Hydrants <input type="checkbox"/> Fire/Smoke Barriers - Fire Dampers <b>Fire Alarm:</b> <input type="checkbox"/> Fire Detection/Notification <input type="checkbox"/> Fire Safety Functions (AHU shutdown, stairwell pressure, etc.) <input type="checkbox"/> Under-floor Detection – High Sensitivity Smoke Detection (HSSD) <b>Life Safety:</b> <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Means of Egress <input type="checkbox"/> Fire Extinguishers – occupancy/use/spacing <input type="checkbox"/> Fire/Smoke Barriers–Penetrations <input type="checkbox"/> VTR–egress <input type="checkbox"/> Separation Dist.
<b>Electrical</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Building/Space/Equipment service/capacity <input type="checkbox"/> Power Receptacles <input type="checkbox"/> Space Lighting <input type="checkbox"/> System/Equipment Redundancy/Reliability <input type="checkbox"/> Emergency Lighting/Inverters <input type="checkbox"/> Equipment Disconnects <input type="checkbox"/> EMI/EMP Shielding <input type="checkbox"/> Lightning Protection <input type="checkbox"/> Code – clearance requirements <input type="checkbox"/> HV Power <input type="checkbox"/> Back-up Power – UPS, Generator <input type="checkbox"/> System/Equipment Redundancy/Reliability <input type="checkbox"/> Conformance w/ '05 DOE Energy Act
<b>Communications</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Infrastructure:</b> <input type="checkbox"/> New /Modify Red or Black Drops <input type="checkbox"/> Phone lines <input type="checkbox"/> TS & SRD <b>Network:</b> <input type="checkbox"/> Phone and Data Line Activation Computer Networks <input type="checkbox"/> Wireless LAN <b>Video Conferencing:</b> POC Bob Malone Phone 844-8747 <input type="checkbox"/> Video Conferencing <input type="checkbox"/> Audio/Visual – Auditoriums, Conference Rooms & Offices
<b>Security</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No
<b>Physical Security:</b> <input type="checkbox"/> Impacts to Security Fences or Barriers <input type="checkbox"/> Impact to Response Paths <input type="checkbox"/> Access – Uncleared, Foreign Nationals <input type="checkbox"/> VTR/SCIF construction/mod <input type="checkbox"/> High Value/Risk Equipment, Precious Metals/Materials stored or handled <input type="checkbox"/> SNM stored, processed, or handled <input type="checkbox"/> Pro Force Support <input type="checkbox"/> SCI Information <input type="checkbox"/> Use of Classified Documents, Materials, Meetings/Discussions <b>Technical Security:</b> <input type="checkbox"/> Access Control System (ACS) <input type="checkbox"/> Intrusion Alarm <input type="checkbox"/> Classified Computing <input type="checkbox"/> OOU classification <input type="checkbox"/> TSCM <i>* If Yes, enter Security Integration: <a href="http://www-irm.sandia.gov/corpdata/corpforms/2712ssr.doc">http://www-irm.sandia.gov/corpdata/corpforms/2712ssr.doc</a></i>
<b>NEPA</b> <input type="checkbox"/> Yes* <input type="checkbox"/> No <input type="checkbox"/> Unsure*
<input type="checkbox"/> Increase/change to Air Emissions, Waste Volumes, Liquid Effluents, Radiological/ALARA <input type="checkbox"/> New bldg, major renovation, infrastructure or ground disturbance or new PHS <input type="checkbox"/> New Equipment not previously installed, facility life extension, National historic Reg. <input type="checkbox"/> Adversely Impact Environmentally Sensitive Resources or Cultural Resources <i>*If Yes or Unsure, enter NEPA module: <a href="http://info.sandia.gov/esh/nepa_software/">http://info.sandia.gov/esh/nepa_software/</a></i>
<b>Project Management</b>
<input type="checkbox"/> Number of design QA reviews: _____ Type (OTS, Formal): _____ <input type="checkbox"/> Number of review drawing sets: _____ Sizes: _____ Estimate type: _____ <input type="checkbox"/> A/E schedule meetings separately with customers? <input type="checkbox"/> Schedule discussion <input type="checkbox"/> QA Review forms <input type="checkbox"/> Who are the players? Review Reviewers _____
<b>List SNL Team</b>