

Project Guide

Space Assessment Planning Document

Assessment Committee/Team

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

Name: _____ Role: _____

The deadline for the delivery of this space assessment is _____

The goal(s) of this space assessment are:

(1) _____

(2) _____

(3) _____

The storage rooms, storage fixtures, collection types included in this assessment are:

What types of items will need special consideration during the assessment? Describe.

The Profiling Unit of this assessment is _____.

Document the dimensions of your existing fixtures

Fixture Type	# of Fixtures	Exterior Dimensions	Cubic footprint, Single Fixture	Cubic Footprint, Total Fixtures	Available Shelf Space	Available interior Space (Height)	Shelf Height
Totals							

Document the dimensions of your planned fixtures

Fixture Type	# of Fixtures	Exterior Dimensions	Cubic footprint, Single Fixture	Cubic Footprint, Total Fixtures	Available Shelf Space	Available interior Space (Height)	Shelf Height
Totals							

Space Standards

Object Type _____ From the Edge _____ Overhead _____

Object Type _____ From the Edge _____ Overhead _____

Object Type _____ From the Edge _____ Overhead _____

What are the restrictions/considerations needed for your data collection categories?

Notes from space assessment trial run

Attach to this guide:

- Detailed Project Timeline
- Storage Map
- Tracking Matrix