

USF DESIGN & CONSTRUCTION GUIDELINE CHANGE FORM

A. SUBMITTED: _____ ATTACHMENTS **URGENT***, RESPONSE DESIRED BY: _____

RECOMMENDATION FOR A **REVISION** TO **USF DESIGN & CONSTRUCTION GUIDELINES**

REQUEST FOR A PROJECT SPECIFIC **DEVIATION** FROM **USF DESIGN & CONSTRUCTION GUIDELINES**

PROJECT: _____

* **URGENT REQUESTS ARE FOR PROJECT SPECIFIC DEVIATIONS ONLY.**

** ONLY ONE REVISION/DEVIATION SHOULD BE REQUESTED ON EACH CHANGE FORM.

*** IF APPLICABLE, A PROJECT SPECIFIC DEVIATION CAN BE SUBMITTED AS A DEVIATION AND A REVISION ON THE SAME CHANGE FORM.

1. FROM REQUESTOR _____ PHONE: _____
 DEPARTMENT/ENTITY: _____ E-MAIL: _____

2. USF FM TECHNICAL STAFF COMMITTEE (TSC) REVIEW

BCA/FCO: _____

FM-DC: _____

FM-PLG: _____

FM-OPS: _____

FM-SVC: _____

FM-EHS: _____

TSC CONSOLIDATED ACTION		CONSOLIDATED REVIEW DATE:
<input type="checkbox"/> RECOMMENDED AS A REVISION		
<input type="checkbox"/> RECOMMENDED AS A DEVIATION		
<input type="checkbox"/> FORWARDED WITH COMMENTS*		
<input type="checkbox"/> RETURNED WITH COMMENTS*		
<input type="checkbox"/> RECOMMENDED FOR DISAPPROVAL		

3. AFFECTED AGENCIES (IF REQUIRED)

_____ YES NO COMMENTS** _____

_____ YES NO COMMENTS** _____

_____ YES NO COMMENTS** _____

_____ YES NO COMMENTS** _____

4. APPROVAL SIGNATURE / DATE

USF FM-DC, Director (or Designee) RECOMMENDED AS A REVISION
 RECOMMENDED AS A DEVIATION

USF FM-PLG, Director (or Designee) RECOMMENDED AS A REVISION
 RECOMMENDED AS A DEVIATION

USF FM-OPS, Director (or Designee) RECOMMENDED AS A REVISION
 RECOMMENDED AS A DEVIATION

USF FM, AVP (or Designee) APPROVED AS A REVISION
 APPROVED AS A DEVIATION

* ATTACH COMMENTS WHEN RECOMMENDATION FOR APPROVAL IS NOT WARRANTED.
 **ATTACH COMMENTS WHEN UNABLE TO ENDORSE THE RECOMMENDATIONS/CONCLUSIONS OF THE TECHNICAL STAFF REVIEW.
 ABBREVIATIONS: **FM** (FACILITIES MANAGEMENT) **BCA** (BUILDING CODE ADMINISTRATOR) **FCO** (FIRE CODE OFFICIAL) **EHS** (ENVIRONMENTAL HEALTH & SAFETY) **PLG** (PLANNING) **DC** (DESIGN & CONSTRUCTION) **OPS** (OPERATIONS) **SVC** (SERVICES) **USF IT** (INFORMATION TECHNOLOGY)

B. PROPOSED CHANGE: THE FOLLOWING RECOMMENDATION FOR A **REVISION** AND/OR REQUEST FOR A PROJECT SPECIFIC **DEVIATION** IS PROVIDED FOR THE CONSIDERATION OF THE **USF TECHNICAL STAFF COMMITTEE**.

1. GUIDELINE SECTION NUMBER & TITLE: _____

2. EXPLANATION / JUSTIFICATION: _____

3. BENEFIT TO THE UNIVERSITY / PROJECT: _____

4. RECOMMENDED REVISION: _____

5. REQUESTED DEVIATION: _____