FACILITIES DIVISION

ACCS FORM 7-B

SCHEMATIC DESIGN REVIEW MEETING CHECKLIST

PROJECT NAME:					
ACCS PROJECT #		**DATE:**		**MEETING TIME:**	
MEETING LOCATION:					

NA		
	1.	**GENERAL**
◯ ◯	**A.**	**Use of ACCS Transmittal Form (ACCS Form 4-A) on electronic submittals to ACCS and the College**
◯ ◯	**1.**	Submittals should happen before the "Page Flip" so there is sufficient time to review
◯ ◯	**B.**	**Drawings illustrate the general scope, layout and character of the project**
◯ ◯	**C.**	**Only ACCS Facilities is authorized to provide approval (email) for submittals after the review between the Regional Director, Design Professional, and College**
◯ ◯	**D.**	**Design Professional issues a Construction Industry Notice after Schematic Design approval**
◯ ◯	**1.**	Contractor list: Minimum 15 properly licensed State of Alabama Contractors
◯ ◯	**2.**	List must be approved by ACCS and College Designated Representative
◯ ◯	**E.**	**Architect shall provide preliminary evaluation of the Owner's Project Plan and Program, if available, Project schedule, Project site, Budgeted Cost of the Work, and available surveys, tests and reports to ascertain that each is consistent and comparable with others and the requirements of the Project**
◯ ◯	**F.**	**If Architect detects any inconsistencies or incompatibilities among the documents and information, the Architect shall promptly recommend reasonable adjustments**
◯ ◯	**G.**	**At the Owner's expense, the Design Professional shall arrange for and obtain all necessary testing and surveys to determine the presence of hazardous materials. The results of such testing and surveys shall be used to develop the abatement specifications for inclusion in the bid documents. Such costs to the Owner will be either incorporated into the OA Agreement by amendment or directly contracted by the College with the professional providing the testing and survey services.**
◯ ◯	**H.**	**Reminder that all mechanical equipment will be accessible from all sides with a minimum three (3) feet clearance from any object or wall**
◯ ◯	**I.**	**ACCS Workforce Specialist review**
◯ ◯	**J.**	**For projects that require board approval, bid openings should not occur from the 25th of the month through the 10th of the following month**
◯ ◯	**K.**	**College Information Technology review**
◯ ◯	**L.**	**Review any potential Hardscape, Softscape and Landscape needs**
◯ ◯	**M.**	**Review the aesthetics of the campus to help guide the vision of the exterior elements**
◯ ◯	**N.**	**College to prepare an itemized list of all Furnishings Fixtures and Equipment (FF&E) with cost estimates for the Preliminary Design Review**
◯ ◯	**O.**	**Review requirement of AHJ/ICC reviews. Submission of the plans should be 3-4 weeks before Preliminary Design Review**
NA	**2.**	**MINIMUM DOCUMENT REQUIREMENTS**
◯ ◯	**A.**	**Building Code Review Narrative identifying known Code obstacles and/or potential for any variance requests**
◯ ◯	**B.**	**Primary Systems and Material Narrative Description**
◯ ◯	**C.**	**Storm Shelter Requirements: If the facility is required by law to include a storm/tornado shelter, clearly illustrate the location and extent of the shelter in the enclosed Schematic Design documents**
◯ ◯	**D.**	**Information Provided to ACCS Facilities Division**
◯ ◯	**1.**	Notice of Upcoming Project
◯ ◯	**2.**	Schematic Design Drawings (Floor Plans and/or Site Plans)
◯ ◯	**3.**	Schematic Renderings

NA	2. MINIMUM DOCUMENT REQUIREMENTS (CONTINUED)	
◯	E.	Project File Folders updated in Schematic Design and Meeting Minutes
◯	F.	Approval to proceed with the Preliminary Design Phase of the project is obtained only after the Schematic Design Checklist is completed and all signature reviews are obtained electronically

	3. ATTACHMENTS TO THIS SCHEMATIC DESIGN REVIEW CHECKLIST	
◯	A.	Notice of Upcoming Project
◯	B.	Schematic Rendering to go along with the Notice of Upcoming Project
◯	C.	Preliminary Estimate of Probable Construction Cost and Project Schedule
◯	D.	List of Contractors contacted about this upcoming project

NA	4. SCHEMATIC DESIGN EDITS AND CHANGES (IF ANY)	
◯	A.	Schedule the Schematic Design Follow Up Page Flip to review the following edits and changes
◯	1.	
◯	2.	
◯	3.	
◯	4.	
◯	5.	

ATTENDEE LIST

NAME:	COMPANY:

APPROVALS

BY: _____ **DATE:** _____
SIGNATURE OF ARCHITECHTURAL/ENGINEERING FIRM

BY: _____ **DATE:** _____
COLLEGE DESIGNATED REPRESENTATIVE

BY: _____ **DATE:** _____
SIGNATURE OF REGIONAL FACILITIES DIRECTOR

BY: _____ **DATE:** _____
SIGNATURE OF ACCS CHIEF FACILITIES OFFICER