Research Space Survey Key

This document provides a description of the specific research space questions asked during Saint Louis University's annual space audit. It aligns with the automated report sent to division leadership from FM systems.

Column Heading	Field Variables or Description
Site	Building Location (North Campus, South Campus)
Building Name	Official Building Name
Floor	Floor Number
Room #	Room Number
Room Name	Room Name
Department Code and Name	Cost Center Name and Number
FICM Code and Description	Facilities Inventory and Classification (FICM) Code and Description
Functional Use Code and Description	• DA- Departmental Administration • DR- Departmental Research • GA- General Administration • INS- Instruction • LIB- Library • NA- Non-Assignable-Common Area • OIA- Other Institutional Activities • OM- Operations and Maintenance • OR- Organized Research • OSA- Other Sponsored Activities • SPA- Sponsored Project Administration • SSA- Student Services Administration • VAC- Vacant Area
Room PIs	Principal Investigator (s) Assigned to the Room
Research Identified Space	Is the room identified as Research Space (Yes/No)
Research Room %	Percentage of the Room used for Research
Lab Type	• Animal • Aquatics • Clinical • Computation • Dry • Engineering • Future Wet Lab • Plant • Server Room • Wet
Lab Condition	• Needs Minor Renovation • Needs Renovation • Not Operating • Satisfactory • Superior • To be Renovated

Sink	Does the room have a Sink (Yes/No)
Biosafety Cabinets Count	Number of Biosafety Cabinets in the room (0-4)
Research in Space Status	Occupied/Unoccupied
Backup / Emergency power supply in space	Does the room have emergency power (Yes/No)
Fume Hood - 3' (total in the room)	Number of 3' Fume Hoods in the room (0-4)
Fume Hood - 4' (total in the room)	Number of 4' Fume Hoods in the room (0-4)
Fume Hood - 5' (total in the room)	Number of 5' Fume Hoods in the room (0-4)
Fume Hood - 6' (total in the room)	Number of 6' Fume Hoods in the room (0-4)
Fume Hood - 8' (total in the room)	Number of 8' Fume Hoods in the room (0-4)
BSL Space	Is the room a Biosafety Lab (Yes/No)
BSL Space Type	Biosafety Level Type (1,2,3)
Research Notes	Example: Lab name or specific type of research that occurs in this space