

Department of Architecture

WORK SPACE INSPECTION FORM	STUDIO
I certify that I have inspected the studio work sp 2010 semester. The conditions are noted belo am responsible for any damage I cause to the s	ow. I further certify that I acknowledge that I
Desk Top Mat	
Good	
Needs Repair (describe - sketch details	on the back of this form if necessary)
Parallel Bar	
Good	
Needs Repair (describe)	
Homasote® Pin Up Space Good Needs Repair (describe)	
Two functioning desk lamps with CFL bulbs	/ extension cords (if any) secured to avoid
tripping hazard	
Yes (lamps) Yes (cords)	N/A (cords)
No (lamps) No (cords)	
Signature of Student	Date
Signature of Faculty Member	 Date

This form must be completed by each student assigned a work space in Jones Hall. The original must be submitted to the Department of Architecture Administrative Associate before the end of the second week of the semester. Studio faculty should retain a copy in the course files.